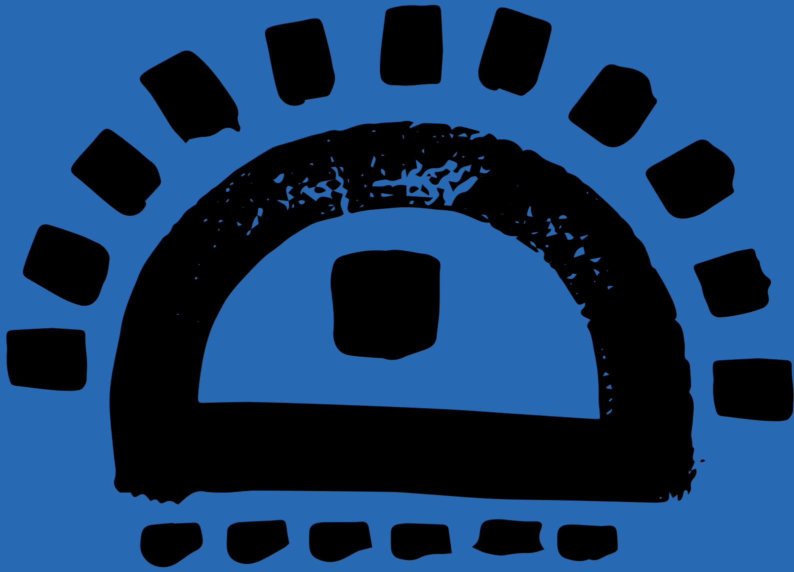

LISTENING TO YOUNG MOTHERS IN KENYA

IN HER WORDS

Summary

Grounded in the perspectives of 88 young mothers in Kenya, ***In Her Words* offers a framework for funders 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.** 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**.

Introduction

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 policymakers and NGOs and shunned by their families and communities.**

In the first years of life, parents, intimate family members and caregivers are the closest to the young child and the best positioned to provide nurturing care (Nurturing Care, 2022). To equip caregivers with the resources to provide nurturing care, policies, services and community supports need to be in place. This is especially important for adolescent and young mothers who are particularly vulnerable and often the most marginalized from these supports.

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.[1] From December 2021–January 2022, dialogues were held with 88 young mothers, ages 17 to 25 across four sites in Kenya: Kibra and Mathare in Nairobi and Kisumu and Homa Bay in Western Kenya. Conversation topics ranged from pregnancy to birth to parenting and addressed peers, families, communities, and systems. While the dialogues were guided by a set of questions, they were also an open forum for young mothers to discuss what felt most important to their lives and the lives of their children.

To put these voices in context, the report begins in **Section 1** by outlining what the data show about the challenges facing girls and young women, existing policies designed to improve outcomes for girls and young women and the gendered inequalities that help explain these challenges and policy limitations. In **Section 2**, the report shares insights and quotations from girls: weaving together an illuminating, and often painful, recount of young mothers' experiences and how they are treated as pregnant and parenting girls and young women. It shows the impact and depth of violence across all aspects of her life – including pregnancy. **Section 3** provides an overview of cross-cutting vulnerabilities that leave young mothers, and their children, at heightened

[1] *In Her Words* captures the voices and perspectives of young mothers' from across Kenya, Mozambique and Tanzania. This specific report is focused on young mothers in Kenya.

risk. The report concludes in Section 4 with the brilliant, two-generation solutions young mothers recommend to the barriers they are facing.

It is clear young mothers are determined to give their children the best, but isolation, discrimination, violence, and a loss of opportunity are major barriers. As the people closest to the problems they face and those with a deep commitment to their children, young mothers are best positioned to understand what solutions will work to address these challenges. Funders, policy makers, social service systems, communities and families all have a role to play in ensuring young mothers, and their children, can reach their full potential. **Listen to their words and invest in their solutions.**

Section 1
THE DATA AND POLICY LANDSCAPE

23% of girls in Kenya are married by 18

25% Almost 25% of girls in Kenya have given birth by age 18 and almost half have given birth by age 20

Early childbearing and marriage are common for adolescent girls in Kenya, and young mothers face ill health and violence. Early childbearing, maternal mortality, unsafe abortion and HIV: Almost 25% of girls in Kenya have given birth by age 18, and almost half have given birth by age 20 (Kenya National Bureau of Statistics, 2015). Many adolescent pregnancies result from early marriage. According to UNICEF, 23% of girls in Kenya are married by 18, despite 18 being the legal age of marriage in the country (2021). In 2021, Kenya's maternal mortality

Figure 1: The Two-Generation Impact of Gender Inequality

	Informal	Formal
Individual	**Trauma** as a result of gender-based violence harms young mothers' well-being. Young mothers lack **social support** to navigate the transition to motherhood. **Shame** keeps young mothers isolated and disconnected from services and is a driver of early marriage.	Gendered **poverty** puts girls at risk of early marriage, a key driver of early pregnancy. Absence of **affordable quality childcare** blocks young mothers from pursuing education and work. **Lack of viable livelihoods and adequate housing** puts young mothers at risk of violence.
Systemic	**Gender-based violence**, including FGM/C and early marriage, is a pervasive rights violation. **Discrimination** pushes young mothers from educational and healthcare settings. Girls and young women bear a disproportionate share of HIV infections.	**Policies** meant to protect girls and young women from violence and ensure educational and healthcare access are not enforced. Lack of **sexual and reproductive health education** puts girls at risk.

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

ratio was 342 deaths per 100,000 live births, which, while higher than the global average (211 deaths / 100,000 live births), is lower than many countries in East Africa (UNICEF, 2021a). Just over half of all maternal deaths resulted from unsafe abortion, and the majority of all severe complications from induced abortions occur among girls between the ages of 10 and 19 (Center for Reproductive Rights and TICAH, 2021 and Guttmacher Institute, 2013). Finally, as of 2019, HIV/AIDS-related illnesses were the number one cause of death in Kenya (IHME, 2019). Girls and young women are disproportionately impacted, accounting for 75% of new HIV/AIDS infections in the 15–24 age bracket in 2020 (UNAIDS, 2020).

Gender-based violence and harmful cultural practices: Gender-based violence (GBV) is a significant challenge facing Kenyan girls and women; 40.7% of women in Kenya have experienced physical and/or sexual violence by an intimate partner, and many adolescent pregnancies are a result of rape. And, although the Children's Act of 2001 banned Female Genital Mutilation/Cutting (FGM/C) in 2014, 21% of women and girls between the ages of 15 and 49 reported they had experienced FGM/C (UN Women 2016). This suggests that the practice has continued, with research indicating that it is particularly prevalent in the northeastern part of the country, despite it being positioned as an offense by the Kenyan government (UNFPA, 2021).

Policies designed to protect children, girls and women are helping improve some outcomes, but progress remains limited. Multiple laws in Kenya are intended to protect women and girls, including:[2]

- The 2010 constitution (prioritizes reproductive health rights and access to emergency healthcare).
- The 2021 Draft Action Plan for Addressing Adolescent Health and Teenage Pregnancy in Kenya (aims to address the limited access to SRH information and services).
- Re-entry into education policy for pregnant adolescents and young mothers, drafted 2020 (Ministry of Education, 2020).

These laws guarantee girls and women access to reproductive healthcare, to abortion in certain circumstances and to emergency health care (including post abortion care). The education policy stipulates that students are allowed to stay at school for as long as possible prior to giving birth, and to return to school six months post childbirth (Kawire Wabwire, 2020). Please see Appendix 1 for an overview of relevant national policies.

However, access to sexual and reproductive health (SRH) services and safe abortion remains poor, especially for the LGBTQ+ community. For example, less than half of students in schools receive sexual health education and only 2% receive comprehensive sexual health education (Center for Reproductive Rights and TICAH, 2021). Many girls and young women have an unmet need for family planning: 23% of girls aged 15–19 and 19% of young women aged 20–24 have an unmet need for family planning (USAID, n.d.). Interestingly, condom use increased amongst adolescent girls during the pandemic. In 2020, 63% of sexually active girls used condoms, compared to 47% in 2019 (Shujaaz Inc and UNICEF, 2021). Many non-governmental organizations (NGOs) focusing on SRH over-focus on basic immediate needs (e.g., distributing sanitary napkins) and do not sufficiently provide information and services.

Access to safe abortions and post abortion care continues to be a challenge for women in Kenya, because even when abortion is legal, the penal code has not been updated to reflect the constitution (Centre for Reproductive Rights, 2021). Women, girls and health care providers face harassment for seeking and performing abortion, which discourages women from accessing healthcare services and places them at risk during and after pregnancy (Centre for Reproductive Rights, 2021). These challenges are even more acute for the LGBTQ+ community, who are excluded from the constitution. Only heterosexual marriage is recognized as a human right, and sex between men is criminalized (Ingber, 2019).

Education for young mothers: Despite the new Educational Re-Entry Policy for Girls after Teenage Pregnancy, young mothers often face multiple challenges that prevent them from returning to school. Lack of childcare, inadequate finances and social stigma around adolescent pregnancy keep young mothers from returning to school (Odhiambo, 2021 and Shujaaz and UNICEF, 2021). The government offers only limited support and encouragement for young mothers to return to school, and many do not know their rights (Kawire Wabwire, 2020). If a young mother misses a year or more of the school calendar, schools will not readmit her due to a limited number of slots for students. School administrators also believe that parenting girls will bring down their school performance score in the national examination.

[2] An overview of laws and policies related to young mothers can be found in Appendix 1.

The impact of COVID-19: COVID-19 has amplified many of the challenges facing girls and young mothers. Although nationwide research is lacking, a recent study from rural western Kenya showed that while schools were closed, the risk of pregnancy doubled and the risk of dropping out of school tripled (Zulaika et al, 2022). Economic hardship in the household increased, along with work unrelated to school. At the same time, girls and women faced increased levels of gender-based violence, with cases rising by 87% between the months of April – June 2020 (Human Rights Watch, 2021).

Systemic gender inequality compounds the vulnerability of young mothers and their children.
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. While young mothers often know what they need to address the challenges they face in providing nurturing care for their children, gender inequality reduces their access to necessary resources, services and social capital.

An analytical tool developed by Gender at Work (Figure 1) unpacks the dynamics of inequality along two axes – formal to informal and individual to systemic – to explain how gender inequality operates at the level of individual mindsets and access to resources and at the level of the collective in the form of norms and formal policy.

Section 2
YOUNG MOTHERS' EXPERIENCES OF PREGNANCY AND PARENTING ACROSS KIBRA, MATHARE, KISUMU & HOMA BAY

In her words: Her lived experiences from girlhood to parenthood

The data are clear about the challenges facing adolescent girls and young women in Kenya. Every aspect of their lives becomes more challenging for girls if they become pregnant early. Young moms experience isolation, invisibility, discrimination, violence, and a loss of opportunity.

At the center of it all: shame and isolation.

The fear and experience of shame from early pregnancy leaves girls isolated and alone. Shame and isolation damage young mothers' social and emotional wellbeing, curtail their education, harm their health, cut off access to the resources they need to provide nurturing care to their children and constrain their future.

What shame + isolation look like for young mothers

She has lost her childhood.
Children themselves, girls who become pregnant are suddenly given adult responsibilities and experience an acute loss of childhood. In a short time, they go from being children to being solely responsible for another person – financially, emotionally and in all caretaking responsibilities. Young mothers describe the painful shift from being a child to someone who must support a child and often an entire household.

> *"My mother asks for all the money I earn during the day because my child and I are living in her house, and she is taking care of my child."*
> YOUNG MOTHER, KIBRA

At the same time as having this incredible new responsibility, pregnant and parenting girls are treated as irresponsible and untrustworthy for becoming pregnant. Often, her future is considered "over", and she must only focus on the future of her child.

> *"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

The responsibilities of motherhood create a heavy psychological burden for young mothers and lead to trauma:

> *"I constantly feel stressed and overwhelmed that I have to take care of myself and my child."*
> ADOLESCENT MOTHER, HOMA BAY

People view it as too late for her to succeed and believe that she is no longer worth investing in – this is reflected in her education, livelihood opportunities and program interventions. School, friendships, the freedom to play and other aspects of girlhood are taken away.

"What is hard is having to leave school to raise the child. Most young mothers dropout of school to take care of their kids as no one wants to take up the responsibility."
YOUNG MOTHER, MATHARE

Marriage is also common for girls who become pregnant, especially in Kisumu and Homa Bay, and signals another end of childhood. Many young mothers opt for marriage to give their sibling(s) the opportunity to study or reduce the burden on their parents. Other young mothers are forced to marry the father of the child (even when the pregnancy is a result of rape) or marry an older man. Marriage functions to reduce burdens on her family and to preserve the family's honor and reduce stigma and shame.

"I had to get married, and my children give me strength to hold on to life as I work hard to ensure I provide them with the best. I hope and pray that my husband gets enough money to take me back to school."
YOUNG MOTHER, KISUMU COUNTY

She lives at the intersection of invisibility and hypervisibility.
Becoming pregnant makes girls and young mothers both invisible and hyper-visible at the same time. Young mothers are invisible in families, communities, programs and policies and hyper-visible because of the stigmatization around young pregnancy. Living at this intersection often results in a dangerous situation for pregnant girls and young mothers.

Pregnant girls and young mothers are regularly rejected by or an afterthought of those who could support them. They are sent away by families, dropped by friends, ignored by programming across sectors and either excluded from government policies or so discriminated against that the policies meant to protect them are ineffective.

"My mother chased me from the house due to my pregnancy. I struggled living with different people including my friend and aunt. My aunt spoke to my mother who eventually agreed to have me back to our house."
ADOLESCENT MOTHER, MATHARE

"Once my mother realized I was pregnant, she sent me to the village to live with my grandmother."
YOUNG MOTHER, MATHARE

And at the same time, pregnant girls and young mothers are hyper-visible. People can visibly see they are pregnant, or parenting and it is something that is widely stigmatized and shamed. This stigma comes from peers, families, communities, services, and systems.

"My neighbors used to talk about me and shame my mother once I got pregnant."
YOUNG MOTHER, KIBRA

"I was my teacher's favorite student before I got pregnant. After that, he would ignore me and make comments about me, I couldn't continue attending school due to the shame I felt."
YOUNG MOTHER, KISUMU

This concurrent invisibility and hypervisibility results in isolation and trauma for most young mothers.

She is vocal about the shame of pregnancy and how it isolates her.
Adolescence is already a time of increased isolation for many girls. Becoming a mother rapidly accelerates and deepens isolation across all aspects of her life. Friendships dissolve – either because friends themselves stigmatize her or their parents fear she has become a bad influence.

"We lose friends when we become moms. No one wants to associate with you. My friends' parents threaten my 'friends' when they see me with them. It gets lonely."
YOUNG MOTHER, KISUMU

"When you get pregnant at an early age, which is normal in this county, the community sees you as a rebel. You can't have friends because you'll 'spoil them.' It is not easy to navigate but I'm hopeful that my child will get the best,"
YOUNG MOTHER, HOMA BAY

Girls internalize the shame and stigma and want to hide, further isolating themselves. Families often hide or reject her because of the shame they feel as parents who have failed. Pregnant girls from poor households are often seen as a waste of hard-earned resources and spend their lives paying for it, both financially and emotionally.

"I've now got used to bringing up children, I gave birth to my first child at the age of 13 years, and I was ashamed of my appearance."
YOUNG MOTHER, KIBRA

Young mothers can no longer be idle in public space with their non-parent peers, as idleness is seen as the cause of the pregnancy. At school, if she is able and willing to attend, she may not be permitted to socialize with other girls and is ridiculed by teachers. At church, pregnant and parenting girls and young women are viewed as 'lost causes' and disobedient of the values most religions teach. They are blamed for their circumstances and bringing this 'calamity' on themselves as a result of not following the 'good girl code.'

"[The greatest challenge is the] discrimination and ridicule from people in the society about being a young mother. Most people in the neighborhood see young mothers as failures and that all they can think of is men and sex instead of focusing on their studies."
YOUNG MOTHER, MATHARE

Young mothers also face contradictory messages that impact their emotional wellbeing. They are simultaneously told that they should be grateful to be blessed with a child and also be deeply ashamed of it. The cultural expectation of gratitude makes it difficult for young moms to speak about the challenges of parenting, which leaves them more isolated.

Her living situation is precarious, and she experiences routine homelessness and housing instability.

Having a safe place to live is foundational and critical to all other parts of a person's life. This is especially true for young mothers and their children who are already economically and socially vulnerable. However, for many young mothers, safe and clean housing is elusive.

"We are afraid of staying in this meeting for too long because someone may break into our houses. The thieves are not scared, they do it day and night."
YOUNG MOTHER, KIBRA

"In the slums, it is difficult to protect yourself from violence or police brutality, young girls and women are raped during this time. The police throw tear gas into people's houses and since they are close together, children and pregnant mothers suffer more. This is even hard for a young mother like me, living alone with my child."
YOUNG MOTHER, MATHARE

Many pregnant girls are forced out of their homes when their families discover they are pregnant. With limited options, they often end up living in unsafe and unhygienic living conditions.

"Most of the girls become homeless because they are thrown out of their houses by their parents or guardians."
ADOLESCENT MOTHER, MATHARE

"My father disowned me due to my pregnancy. My parents chased me from the house and said that they couldn't live with me."
ADOLESCENT MOTHER, MATHARE

Some young mothers live with the child's father, either with or without his family. These are often called "come-we-stay relationships," which is a common practice where a couple can live together and at any given time, either of them can choose to leave. There is rarely a bride price or visit to either of the parents, which are key for customary marriage to be recognized. With this informal arrangement young mothers and their children are not protected and, if the man or his family does not accept her, she is forced to care for herself and her child alone. In the recent past, the government passed a law that if a couple lives together for two years, then their union is recognizable by law.

"Before I left my partner, he would bring other girls to our house while I was there with the baby, it made me feel worthless."
YOUNG MOTHER, KIBRA

She experiences regular violence from her partner and family.

Violence was brought up in most conversations with young mothers and is a source of significant trauma. In some conversations there were disclosures of violence, followed by a lot of emotion and sadness. Many spoke about violence in the abstract – "girls experience sexual assault" – or gave detailed accounts of something that happened to another young woman in the community. Single young mothers especially face high rates of sexual assault, because they are home alone with their child(ren) and are seen as 'dispensable' and 'easy' because they already have a child.

In Homa Bay, for example, all 20 girls who participated in focus group conversations had experienced emotional, physical, sexual, and domestic violence. Three reported cases of attempted rape, and three openly confessed to becoming mothers as a result of rape.

> *"I got pregnant because I was raped when I was 17. I was also infected with HIV."*
> ADOLESCENT MOTHER, HOMA BAY

Young mothers in relationships also face intimate partner violence, often for seeking support in raising their children.

> *"I live with my boyfriend, and we have constant fights as he claims I have been sitting the whole day doing nothing, not contributing to the financial wellbeing of the family."*
> YOUNG MOTHER, KIBRA

> *"I have to put up with my abusive husband for the sake of my children. He will leave no money for food and expect to eat when he comes home in the evening. He doesn't treat me like a person with feelings."*
> ADOLESCENT MOTHER, KISUMU

Some young mothers want to protect the fathers of their children. For example, because some parents and schools will report adolescent pregnancies to the authorities, young mothers who want a relationship with the father will often not disclose his identity. She fears the disclosure will result in criminal charges and that it might harm her chances of marriage or future relationship with him.

> *"When they asked me who had made me pregnant, I gave them the wrong number because I loved my boyfriend. I told my boyfriend to move to another county to avoid getting arrested."*
> YOUNG MOTHER, KISUMU COUNTY

For young mothers who are allowed to stay with their natal families, staying in their home can come at the expense of ongoing violence.

> *"I got pregnant with my first child at 14, I was raped by my stepfather who often beat me and my mom. I find strength from my mom because she encourages me to be strong and not lose hope."*
> YOUNG MOTHER, HOMA BAY

> *"My mother would sit down and watch me swallow the misoprostol tablets and drink the concoction a friend of hers had recommended, but it didn't work. She took me to a health facility where I was also injected but I didn't lose the baby. She would beat me in the presence of my younger brother, and starve me."*
> YOUNG MOTHER, KISUMU

Education systems ridicule and dehumanize her – she is pushed out of school.

Although Kenya's policy of school re-entry in principle allows young mothers to continue their education, many choose not to because school is a hostile environment rampant with stigma and discrimination from teachers and peers. This is often a painful experience because their peers still attend school and no longer want, or are not allowed, to socialize with young mothers.

> *"I feel very bad when I see some of my former classmates and they avoid me because I have a child."*
> YOUNG MOTHER, HOMA BAY

> *"It pains me that I am not in school like my age mates."*
> YOUNG MOTHER, KISUMU COUNTY

For the majority of young mothers, the lack of access to childcare is a major barrier preventing girls from returning to school. They simply cannot afford the childcare costs necessary to continue their education.

"[what was difficult in becoming a mother was] Having to drop-out of school after getting pregnant. I may not have a chance to go back to school because of all these duties,"
ADOLESCENT YOUNG MOTHER, KIBRA

Additionally, new responsibilities create barriers to young mothers' education, with distinct nuances in urban and more rural settings. In urban Kibra and Mathare, young mothers are less likely to go back to school due to high childcare costs and responsibilities as single moms. Many prefer to attend a technical course instead. In rural Homa Bay and Kisumu, young mothers are less likely to go back to school because they are more likely to marry and are now responsible for their husband and child.

In addition to impacting their own education, some young mothers discussed the barriers they face to sending their own children to school.

"Children from pre-primary 1 to pre-primary 4 share one class here. We have to take them to those schools because that's what we can afford, we struggle most of the time but try to give them the best."
YOUNG MOTHER, MATHARE

Health systems also ridicule and dehumanize her – she barely understands her own health and receives inadequate healthcare.

In addition to limited schooling, pregnant adolescents and young mothers receive inadequate sexual and reproductive health information and pre- and postnatal health care. Despite the government policy and curriculum on sexual and reproductive health, it is rarely taught, leaving widespread gaps in knowledge around pregnancy and contraception.

One participant in Mathare shared that her friends talked about sex and how nice it was, so she asked boyfriend to try with her. She got pregnant the time they had sex. She had no idea sex could result in pregnancy and did not feel ready to parent.

"I did not know that if I had sex, I could get pregnant."
YOUNG MOTHER, HOMA BAY

Further, young mothers have inadequate information about and access to contraception. This may result from myths about contraception and because health care workers refuse to educate young moms. Despite the routine practice of discussing contraception at the 6-week postnatal appointment, none of the young mothers were offered this information. Some are denied contraception even when they ask for it. Further, boyfriends and husbands often forbid contraceptives.

"Doctors and nurses in hospitals do not provide young women with information on the available contraceptives and their side effects."
ADOLESCENT MOTHER, MATHARE

"Young girls are denied contraceptives and criminalized for having sex at a young age."
ADOLESCENT MOTHER, MATHARE

Pregnant and parenting girls and young women also face violence, stigma, and discrimination at hospitals.

"Physical abuse from doctors and nurses. Being beaten by doctors when getting prenatal X-rays."
ADOLESCENT MOTHER, MATHARE

"They [health care workers] say we are prostitutes sleeping around with all kinds of men for money that's why we get infected with these diseases."
YOUNG MOTHER, HOMA BAY

"Women nurses treat the young mothers inhumanely. Insulting and even beating us."
YOUNG MOTHER, KIBRA

Young mothers' health care does not improve after the birth of the child. After delivery, young mothers receive little postnatal care and continue to face discrimination by nurses and doctors.

"The hospital nurses and doctors blame the young mother for the child's illness and criminalize us for not taking better care of our children."
YOUNG MOTHER, KIBRA

"Doctors are not consistent in the information and services they provide for young mothers. They judge us."
YOUNG MOTHER, KIBRA

She is excluded from the informal and formal labor force because of discrimination.

Young mothers have few opportunities to earn money; they most often engage in cleaning clothes or houses, fish mongering, selling food or porridge and beauty work. These are all forms of labor that put them at risk of violence. Most work is irregular and inconsistent, and girls and women have to 'hustle' to find work. In Kibra, where there are many more NGOs, girls are more equipped to hustle than girls in Mathare.

> *"I have to work for as low as Ksh150 for a day of washing so many clothes in order to feed and clothe my child. It is hard."*
> YOUNG MOTHER, MATHARE

> *"We are discriminated against when looking for jobs. People say because you have a baby, you won't do the work as expected. For household jobs, they discriminate against our babies, they don't want their babies to play with our babies, they are denied food and at times they don't take you back because your child fed on their child's food."*
> YOUNG MOTHER, KIBRA

Childcare is often too expensive for young mothers and can be a deterrent to paid work. Most young mothers will leave their child with another woman in the community while she works. Because work is irregular, there is an informal, yet organized, childcare trade system mothers have established in their communities. For mothers who do not have this kind of network, they might be forced to leave their child(ren) unattended in order to make money to meet their basic needs.

> *"Working and having to take care of the child is a difficult task. Not having anyone to leave the child with and having to take them to work jeopardizes their jobs and creates a strained relationship with the employer who may fire them in search of someone without a child,"*
> YOUNG MOTHER, KIBRA

For many young mothers, the sex industry is the only option for survival. While in school, girls are shielded from sexual exploitation by their parents, but after pregnancy they are seen as already sexually active and therefore no longer in need of protection. In Kisumu and Homa Bay, exploitation is based on the fish industry – if a girl has sex with a fisherman, she has preferential access to the fish to sell.

> *"[to me being a mother means] Struggling to earn money, sometimes through commercial sex work."*
> YOUNG MOTHER, KIBRA

> *"Young pregnant women have to engage in sex work to take care of their children. Most men say that sex with pregnant woman is better than other women so young mothers take advantage of this to have sex for money without considering the repercussions."*
> YOUNG MOTHER, KIBRA

Section 3

VULNERABILITIES THAT LEAVE YOUNG MOTHERS PARTICULARLY AT-RISK

While all girls who become pregnant during adolescence and young adulthood face challenges, particular vulnerabilities like very young age and disability leave subsets of young moms at heightened risk. Further, the COVID-19 pandemic has proved to be a crisis that continues to disrupt girls' lives and trajectories.

Younger mothers face higher levels of violence and discrimination in their families, communities and in the healthcare and education systems. The younger the pregnant or parenting girl is, the higher levels of violence and discrimination she faces. They are also the most invisible in their communities and least likely to be reached through services or programs.

Similarly, young mothers who have **children with special needs** face further discrimination and barriers, including increased costs for care and treatment for their children.

"I face lots of discrimination because I'm a young mother with a child with disability. My friends gossip about me and say It is a curse. I'm proud of my child though. I learned about his condition at 10 months during clinic checkup. Before that I didn't know he had a condition."
YOUNG MOTHER, KIBRA

Times of crisis also accelerate young mothers' marginalization. Often, crises can be the death of a parent or community violence like the post-election violence Kenya faced in 2007–2008. The current COVID-19 pandemic has been a similar crisis for young mothers. Girls and young women – who may or may not yet be mothers – have faced increased exposure to violence, higher rates of pregnancy and fewer livelihood opportunities, all with compounding effects on their family, social and economic lives. Girls are clear about the impact of COVID-19 in their lives:

"I was doing well in school until the pandemic happened and my school closed. I was spending a lot of time with my boyfriend and that's how I found myself pregnant."
YOUNG MOTHER, MATHARE

"I used to attend a sponsored school that has since closed due to the pandemic. Now that I got pregnant, I am not sure they would even take me back."
ADOLESCENT MOTHER, MATHARE

"I used to be part of the government's program 'Kazi kwa Vijana' but it ended in June 2021. It's been hard to find a job since then due to the pandemic."
YOUNG MOTHER, KIBRA

"Since the pandemic, it's become harder to find work due to the lock down, the fear and stigma of getting Covid. My former employer said I can't keep going to work since I was using public transport and would infect her family,"
YOUNG MOTHER, KIBRA

Section 4
LISTENING TO HER FOR SOLUTIONS

Young mothers shared detailed and moving ideas about what would make their lives better as young parents, what would have helped during pregnancy and birth, and what support they and their children need now from families, communities, and governments.

This summary gives insight into the brilliant solutions young mothers have to improve their own lives, their children's lives and the lives of other girls and young mothers and highlights the importance of listening to them and investing in their solutions.

Young mothers know the solutions to the challenges they are facing, including:

- Safe spaces and social support specifically for her.
- Opportunity to continue her education.
- Livelihoods opportunities so she can provide for herself and her children.
- Youth-friendly health services before, during and after pregnancy.

Young mothers in Kenya are isolated, cut off from school, family, and peers during one of the most challenging times of their lives. Young mothers often mention that safe spaces and social support would have made their lives better prior to and during pregnancy and would help them manage motherhood now. Moms talk about four types of space and social supports:[3]

1. Support from their families, partners, and community
2. Parenting support
3. Psychosocial support and mental health services
4. Basic safety, including identification documents for her and her children

Young mothers say:

> *"Access to water consumes most of our time because there's nothing you can do without clean water."*

> *"Acceptance from parents and family. Unconditional support from parents even when they get pregnant. Give them advice and information before and after pregnancy."*

Even a few hours together in the focus group discussions provided an opportunity for young mothers to share their experiences and struggles, providing a sense of solidarity, connection, and release.

> *"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

> *"I feel good about today's session, and I am glad that I am not alone in my experiences as a young mother."*
> YOUNG MOTHER, KIBRA

An opportunity to continue her education would also help young mothers manage motherhood and their own lives. Young mothers talk about both having a supportive environment for education – including affordable quality childcare and encouragement from their families – and having access to mom-friendly schools. Young mothers often mention stipends and scholarships so they can go back to school or home-schooling so they can attend school more easily. In response to questions about what would make their lives better, young mothers say:

> *"Being able to afford a nanny or daycare to leave my child so I can attend school."*

> *"If my father had accepted my pregnancy. I wanted to further my education, but he did not provide support for me and my child."*

Most young mothers struggle to provide financially for themselves and their children because they are so often excluded from the labor force. Opportunities to earn a livelihood, and support to help young moms build the skills to do so, are also important for young mothers and their children. Young mothers talk especially about access to capital, jobs and income generating opportunities, and how basic digital literacy education would allow them to access information and opportunities that are only available online. Some ideas from young mothers include:

> *"Government jobs given to youth in the slums should be sustainable and structured in a way that allows many young people to work and earn a living."*

[3] A full list of young mothers' suggestions can be found in this Google Sheet.

"The opportunity to study a technical course and learn a skill that can be used as a source of income."

Finally, young mothers talk about **youth-friendly sexual and reproductive health information and services** as important support that would have made life better before and during pregnancy and would continue to improve their lives as parents. Many young mothers talk about the need for comprehensive sexuality education, where they can get accurate information about menstruation, sexuality, contraceptives and the realities of young motherhood. Particularly, young mothers wish they could have open and honest conversations with their peers, parents, boyfriends and trusted adults about sex and pregnancy. Suggestions emerging from young mothers' conversations include:

Information on SRHR and access to comprehensive sexuality education in schools, beyond abstinence. Knowledge about safe sex and how to prevent pregnancy.

Figure 2: Holistic Recommendations from Young Mothers

	Informal	Formal
Individual	Support safe spaces to build community with other young mothers and disrupt internalized shame and isolation.	Resource young mothers to access health care and quality affordable childcare. Design educational programs that meet young mothers' needs. Expand access to livelihoods opportunities, including start-up capital. Increase access to comprehensive sexuality education.
Systemic	Invest in building young mothers' social capital and leadership to shift culture and social norms around gender-based violence..	Support advocacy efforts to ensure an enabling policy environment for pregnant and parenting girls to access respectful health care, education, childcare, safety at home and livelihoods opportunities.

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

Easy and non-judgmental access to safe contraceptives for sexually active girls and young women, without asking for their National Identification or requiring them to bring partners.

What's more, young mothers need access to high-quality, youth-friendly health care – in well-stocked and convenient facilities, from providers who treat them with respect. Improving the youth-friendliness of the Linda Mama program, aimed at delivering free maternal and neonatal health services, could be an important avenue to reach young mothers.

"Doctors should be trained to be compassionate, respect young mothers and treat them well during pregnancy and birth."

"Most doctors just prescribe medicine without running any tests to ascertain the nature of the illness. This also leads to misdiagnosis."

Young mothers also emphasize the importance of delivering programming and support holistically. Comprehensive programs can cater to the specific needs of young mothers, and collaborations between governments, civil society and community organizations can provide the supportive environment young mothers need to thrive.

Opportunities for investment to meet young mothers' needs

Funders and other power holders have an opportunity to ground their investments in programs, advocacy, and network-building to support young mothers' experiences, voices, and ideas. In particular, there is an opportunity to resource holistic programs and organizations led by young mothers that work to reduce stigma and improve young mothers' health. The most efficient mechanism to deliver funding to girl- and women-led organizations may be through local Kenyan and regional intermediaries, who are closely connected to organizations on the ground.

By listening to young mothers and investing in their solutions, funders can have the greatest impact on young mothers' lives, and the lives of their children.

- **Invest in building young mothers' power and social capital**

  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.

E.g., Fund girls' and young mothers' groups, NGOs, projects that integrate empowerment with livelihood, parenting (childcare) and SRHR training to ensure that the young mothers' needs are being met.

- **Invest to help her continue her education in safe and supportive environment**

E.g., Home schooling or alternative schooling that accommodates the needs for young mothers.

E.g., Scholarships that enable the young mothers to go back to school. Invest in youth-friendly health services before, during and after pregnancy.

E.g., Comprehensive SRHR education for girls and young women to either avoid pregnancy or avoid having a second child.

E.g., Provision of contraceptives with appropriate and adequate information given to the girls and young mothers.

- **Invest in opportunities for her to provide for herself and her child**

E.g., Financial resources for children and young mothers: children's school fees, money for food for children and young mothers, provision of clothes, diapers, and baby food.

E.g., Provide programs on livelihoods to support the economic livelihoods of young mothers and their children.

- **Invest to create space for her and improve support from partners and families**

E.g., Create safe spaces for young mothers to be with each other, talk, be heard, and learn with each other.

E.g., Support from their partners. For example, government policies to make sure that fathers take care of their children.

Appendix 1

OVERVIEW OF NATIONAL LAWS AND POLICIES

Constitution of Kenya, 2010

21. Implementation of rights and fundamental freedoms

(3) All State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities, and members of particular ethnic, religious or cultural communities.

(4) The State shall enact and implement legislation to fulfill its international obligations in respect of human rights and fundamental freedoms.

26. Right to life

(4) Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.

27. Equality and freedom from discrimination

(3) Women and men have the right to equal treatment, including the right to equal opportunities in political, economic, cultural and social spheres.

(4) The State shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status, health status, ethnic or social origin, color, age, disability, religion, conscience, belief, culture, dress, language, or birth.

43. Economic and social rights

(1) Every person has the right-

(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive care.

(2) A person shall not be denied emergency medical treatment.

Health Act, 2017

4. Responsibility for health

It is a fundamental duty of the State to observe, respect, protect, promote, and fulfill the right to the highest attainable standard of health including reproductive health care and emergency medical treatment by *inter alia*—

(c) ensuring the realization of the health related rights and interests of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities and members of particular ethnic, religious or cultural communities;

21. Reproductive health

(1) Every person has a right to reproductive health care which includes—

(a) the right of men and women of reproductive age to be informed about, and to have access to reproductive health services including to safe, effective, affordable and acceptable family planning services;

(b) the right of access to appropriate health-care services that will enable parents to go safely through pregnancy, childbirth, and the postpartum period, and provide parents with the best chance of having a healthy infant;

(c) access to treatment by a trained health professional for conditions occurring during pregnancy including abnormal pregnancy conditions, such as ectopic, abdominal and molar pregnancy, or any medical condition exacerbated by the pregnancy to such an extent that the life or health of the mother is threatened. All such cases shall be regarded as comprising notifiable conditions.

(2) For the purposes of subsection (1)(c), the term "a trained health professional" shall refer to a health professional with formal medical training at the proficiency level of a medical officer, a nurse, midwife, or a clinical officer who has been educated and trained to proficiency in the skills needed to manage pregnancy-related complications in women, and who has a valid license from the recognized regulatory authorities to carry out that procedure.

(3) Any procedure carried out under subsection (1)(a) or (1)(c) shall be performed in a legally recognized health facility with an enabling environment consisting of the minimum human resources, infrastructure, commodities and supplies for the facility as defined in the norms and standards developed under this Act.

The Penal Code, 2009.

Chapter 63

158. Any person who, with intent to procure miscarriage of a woman, whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, is guilty of a felony and is liable to imprisonment for fourteen years.

159. Any woman who, being with child, with intent to procure her own miscarriage, unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, or permits any such thing or means to be administered or used to her, is guilty of a felony and is liable to imprisonment for seven years.

160. Any person who unlawfully supplies to or procures for any person any thing whatever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman whether she is or is not with child, is guilty of a felony and is liable to imprisonment for three years.

The Children Act, 2001 [last revised in 2017]

“An Act of Parliament to make provision for parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and protection of children; to make provision for the administration of children’s institutions; to give effect to the principles of the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child and for connected purposes.”.

13. Protection from abuse, etc

(1) A child shall be entitled to protection from physical and psychological abuse, neglect and any other form of exploitation including sale, trafficking or abduction by any person.

(2) Any child who becomes the victim of abuse, in the terms of subsection (1), shall be accorded appropriate treatment and rehabilitation in accordance with such regulations as the Minister may make.

14. Protection from harmful cultural rites, etc

No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are

likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.

15. Protection from sexual exploitation

A child shall be protected from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials.

The Prohibition of Female Genital Mutilation Act, 2011.

"AN ACT of Parliament to prohibit the practice of female genital mutilation, to safeguard against violation of a person's mental or physical integrity through the practice of female genital mutilation and for connected purposes," (UN Women, 2016a)

Draft Action Plan for Addressing Adolescent Health and Teenage Pregnancy in Kenya.

(National Council for Population and Development, 2021).

- First Developed in 2019
- "The National Plan of Action will guide implementation of adolescents and health programs for the next 5 years from 2022–2027 in a multi-sectoral approach. It is envisaged that the plan will guide counties in developing county specific interventions to address teenage pregnancy and adolescent's health issues".
- Four outcome areas: awareness raising for parents/caregivers, religious and cultural leaders; participation from adolescents in health and protection initiatives; improved government systems that promote adolescent health; improved research and documentation.

References

Centre for Reproductive Rights and Trust for Indigenous Culture and Health (TICAH). (2021). Access to SRHR Information by Women and Girls in Kenya: Assessment of Nairobi, Bungoma, Homabay, Kericho and Kilifi Counties. Retrieved from: https://oltem1bixlohb0d4busw018c-wpengine.netdna-ssl.com/wp-content/uploads/2021/06/ACCESS-TO-INFO-DRFT-5-new-5-may-2021.pdf

Centre For Reproductive Rights. (2021). The Impact of Misalignment Between Kenya's Constitution and the Penal Code on Access to Reproductive Health Care. Retrieved from: https://reproductiverights.org/wp-content/uploads/2021/07/crr-MALINDI-alt2-22-JUNE-2021rvwd-web_.pdf

Constitution of Kenya. (2010). Retrieved from: http://www.kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=Const2010

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

Guttmacher Institute. (2013). Factsheet. Women's Lives Matter: Preventing Unsafe Abortion in Kenya. Retrieved from: https://www.guttmacher.org/fact-sheet/womens-lives-matter-preventing-unsafe-abortion-kenya

Health Act. (2017). (Republic of Kenya). Retrieved from: http://kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=No.%2021%20of%202017

Human Rights Watch. (2021). I Had Nowhere to Go: Violence Against Women and Girls During the Covid-19 Pandemic in Kenya. Retrieved from: https://www.hrw.org/report/2021/09/21/i-had-nowhere-go/violence-against-women-and-girls-during-covid-19-pandemic-kenya

Ingber, S. (2019). Kenya's Judges Uphold Laws That Criminalize Gay Sex. NPR Africa. Retrieved from: https://www.npr.org/2019/05/24/726541735/kenyas-judges-uphold-laws-that-criminalize-gay-sex

Kawire Wabwire, A. (2020). Kenya: Denying Education to Pregnant Teens and Young Mothers harms Girls and Reduces Nation's Potential. AllAfrica, Human Rights Watch. Retrieved from: https://www.hrw.org/news/2020/08/24/kenya-denying-education-pregnant-teens-and-young-mothers

Kenya National Bureau of Statistics, Ministry of Health, National AIDS Control Council, Kenya Medical Research Institute, National Council for Population and Development, The DHS Program, ICF International. (2015). Kenya Demographic and Health Survey, 2014: page 65. Retrieved from: https://dhsprogram.com/publications/publication-fr308-dhs-final-reports.cfm

Ministry of Education, Republic of Kenya. (2020). National guidelines for school re-entry in early learning and basic education. Retrieved from: https://knowledgecommons.popcouncil.org/departments_sbsr-rh/1323/

National Council for Population and Development. (2021). Draft Action Plan for Addressing Adolescent Health and Teenage Pregnancy. Retrieved from: https://ncpd.go.ke/wp-content/uploads/2021/10/Draft-Action-Plan-for-Addressing-Adolescent-Health-and-Teenage-Pregnancy-in-Kenya.pdf

Nurturing Care. (2022). What is Nurturing Care? Retrieved from: https://nurturing-care.org/what-is-nurturing-care/

Odhiambo, A. (2021). Pregnant Girls and Young Mothers in Kenya Have the Right to Education. Education Ministry has Crucial Role in Addressing Teen Pregnancies. Human Rights Watch. Retrieved from: https://www.hrw.org/news/2021/05/13/pregnant-girls-and-young-mothers-kenya-have-right-education

Shujaaz Inc and UNICEF. (2021). Barometer: Tracking the impact of Covid-19 on adolescent girls in Kenya. Retrieved from: https://www.unicef.org/kenya/media/2256/file/Shujaaz%20Inc%20and%20UNICEF%20Girls%20Barometer.pdf

The Children Act. (2001.) (Republic of Kenya). Retrieved from: http://kenyalaw.org:8181/exist/kenyalex/actviewbyid.xql?id=KE/LEG/EN/AR/C/NO.%208%20OF%202001#KE/LEG/EN/AR/C/NO.%208%20OF%202001

The Institute for Health Metrics and Evaluation (IHME). (2019). Kenya. What causes the most deaths? Retrieved from: https://www.healthdata.org/kenya

UN Women. (2016). Kenya. Prevalence Data on Different Forms of Violence against Women. Retrieved from: https://evaw-global-database.unwomen.org/en/countries/africa/kenya#4

UN Women. (2016a). Global Database on Violence Against Women. Prohibition of Female Genital Mutilation Act. Retrieved from: https://evaw-global-database.unwomen.org/en/countries/africa/kenya/2011/prohibition-of-female-genital-mutilation-act—2011-

UNAIDS. (2020). AIDSinfo: New HIV infections – young people (15–24). Retrieved from: https://aidsinfo.unaids.org

UNFPA. (2021). Female Genital Mutilation Dashboard (FGM) – Kenya. Retrieved from: https://www.unfpa.org/data/fgm/KE

UNICEF. (2021). Early Childbearing: Early childbearing can have severe consequences for adolescent girls. Retrieved from: https://data.unicef.org/topic/child-health/adolescent-health/

UNICEF. (2021a). 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/

USAID. (No date). The DHS Program: StatCompiler. Retrieved from: https://www.statcompiler.com/en/ on April 4, 2022.

Zulaika, G., Bulbarelli, M., Nyothach, E., van Eijk, A., Mason, L., Fwaya, E., Obor, D., Kwaro, D., Wang, D., Mehta, S.D., Phillips-Howard, P.A. (2022). Impact of COVID-19 lockdowns on adolescent pregnancy and school dropout among secondary schoolgirls in Kenya. *BMJ Glob Health*, 7(1).

Report prepared for Conrad Hilton Foundation
Report prepared by Jody Myrum Strategies

Jody Myrum & Purity Kagwiria April 28, 2022