



LISTENING
TO YOUNG
MOTHERS IN
KENYA,
MOZAMBIQUE
& TANZANIA

IN HER WORDS



CONRAD N.



FOUNDATION

Summary

Grounded in the perspectives of nearly 200 young mothers in Kenya, Mozambique, and Tanzania, *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. From December 2021–January 2022, dialogues were held with nearly 200 young mothers in both rural and urban areas across Kenya, Mozambique, and Tanzania. Young mothers ranged from ages 17 to 25, and all had at least one child.

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.

In Her Words showcases young mothers' voices as they describe what their lives are like since they have become mothers.¹ 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'

¹ This report captures results from a project to listen to young mothers' voices across Kenya, Mozambique and Tanzania. It is one of a series of reports documenting young mothers' perspectives. Some of the introductory content is duplicated across reports to ensure that each is readable as a standalone document.

experiences and how they are treated as pregnant and parenting girls and young women. **Section 3** shares quotes from young mothers about the impact of COVID-19 in their lives. 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

Early childbearing and marriage are common for adolescent girls, and young mothers face ill health and violence

Life for adolescent girls, young women and young mothers is challenging in Kenya, Mozambique, and Tanzania. In all three countries, girls and women often begin childbearing in adolescence, leading to high rates of early marriage, significant maternal mortality, increased risk of HIV and high exposure to violence (see Table 1).

Although girls, young women, and young mothers in each of these countries face a similar constellation of risks, specific differences exist by country. Both Kenya and Tanzania have high rates of adolescent fertility and marriage. In Mozambique, adolescent fertility is the sixth highest in the world, and adolescent marriage is the fifth highest globally (UNICEF 2021 and 2021a). Encouragingly, between 2012 and 2019, contraceptive use among Mozambican women doubled to 32%, the fastest uptake of

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

	Kenya	Mozambique	e	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

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.

modern contraceptives worldwide (FP2030, 2020 and Bronstein, 2019).

Death during pregnancy and immediately following birth is tragically common for mothers in Tanzania. Its maternal mortality ratio of 524 maternal deaths for every 100,000 live births is in the top 20 highest globally, and far higher than the global average of 211 maternal deaths per 100,000 live births (UNICEF, 2021b). In Tanzania, the majority of maternal deaths result from “hemorrhages, infections, unsafe abortions, hypertensive disorders and obstructed labors” (WHO, n.d.). In Kenya unsafe abortion is a major driver of maternal mortality, while in Mozambique delays in access to care lead to the majority of

maternal deaths (Centre for Reproductive Rights and TICAH, 2021 and Chavane et al, 2018).

Girls and young women in all three countries face a very high HIV burden, and gender-based violence is common. Further, in Kenya girls and young women often experience harmful traditional practices, including female genital mutilation/cutting (FGM/C). Although the Children’s Act of 2001 banned 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, particularly in the northeastern part of the country (UNFPA, 2021).

Table 2: Policies to protect girls and young women in Kenya, Mozambique, and Tanzania

Kenya	Mozambique	Tanzania
<ul style="list-style-type: none"> The 2010 constitution The 2021 Draft Action Plan for Addressing Adolescent Health and Teenage Pregnancy in Kenya Re-entry into education policy for pregnant adolescents and young mothers, drafted 2020 	<ul style="list-style-type: none"> The Constitution of Mozambique Article 47 Law Against Premature Unions, 2019 Liberalization of abortion laws in 2014 Decree 435 in 2018 opens pregnant girls’ school access 	<ul style="list-style-type: none"> The National Plan of Action to End Violence Against Women and Children from 2017/18-2021/22 Vision 2025 Big Results Now! (BRN) in Health (2015-2025)

Note. Re-entry into education policy information source: Ministry of Education, 2020.

Each country has policies designed to protect children, girls, and women, but implementation is often poor.

Multiple laws across the three countries are intended to protect women and girls, see table 2.

Although these laws technically support girls, young women, and young mothers, in practice they are rarely implemented to the

letter of the law. The result is that young mothers continue to suffer ill health, violence and inadequate access to education and health care. In all three countries, access to youth-friendly sexual and reproductive health (SRH) information, services and safe abortion remains limited (Tull, 2020). What’s more, education is poor, and in Mozambique and Tanzania pregnant adolescents are effectively banned from school (Human Rights Watch,

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 . Stigma against single motherhood pressures pregnant girls to marry. Rigid gender roles place the burden of contraception and parenting on young women.	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.

2021 and Centre for Reproductive Rights, 2021). Further, the impact of COVID-19 has exacerbated the challenges already facing pregnant and parenting girls and young women.

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 & PARENTING ACROSS KENYA, MOZAMBIQUE & TANZANIA

In her words: Inequities at the interpersonal, community and systemic levels limit her own opportunities and ability to provide nurturing care to her children.

Young mothers shared experiences of violence, discrimination, lack of resources, and loss of opportunity, articulating inequities at the interpersonal, community and systemic levels. While each specific country has its own unique circumstances and risks for young mothers, commonalities exist across all three.² Four key insights were shared across the three countries: she experiences a loss of childhood; she faces violence and abandonment from partners and family; motherhood increases her isolation; and she is excluded from education.

In Mozambique and Tanzania, young mothers talk about marriage as both a driver and consequence of early pregnancy. In Kenya and Tanzania, young mothers often speak about discrimination within the health system and inadequate health care.

Across each of these themes, young mothers were grappling with shame. Shame deepens formalized exclusion and sends the message

that she is unworthy. Shame damages young mothers' social and 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.

Commonalities in Kenya, Mozambique, and Tanzania: shame reinforces a loss of childhood, violence, isolation and exclusion from school

Motherhood has changed her identity; she has lost her childhood and become an adult, overnight.

Across the three countries, young mothers shared a sense of lost childhood once they became mothers. In a short time, they go from being children to 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.

² Details on each country can be found in their specific country reports: In Her Words: Listening to Young Mothers in Kenya; In Her Words: Listening to Young Mothers in Mozambique; and In Her Words: Listening to Young Mothers in Tanzania

“When you have a child your life changes a lot, you stop being a child and become more responsible and patient with others. I felt tired and my house was too far from the school, I had to stop going to school.”

YOUNG MOTHER, MOZAMBIQUE

“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

In Tanzania especially, young mothers have lost their opportunity to be children, and seem resigned to motherhood and its impact in their lives.

“I didn’t want to become a mother so early but I had to accept what had happened to me.”

ADOLESCENT MOTHER, TANZANIA

“I feel like being a mother of twins is a curse since I have no reliable source of income and cannot give the care they deserve. I wonder why God would punish me this way.”

YOUNG MOTHER, TANZANIA

Childcare responsibilities also weigh heavily on young mothers’ minds:

“Being a mother is what I dreamed of but I was not a mother at the time I wanted and I felt very good when I saw it for the first time, it was wonderful, but after seeing the baby, the difficulties came, buying milk and diapers, it did not work out with the father of the child, my mother was the one who supported me a lot.”

YOUNG MOTHER, MOZAMBIQUE

“What is hard is having to leave school to raise the child. Most young mothers drop out of school to take care of their kids as no one wants to take up the responsibility.”

YOUNG MOTHER, MATHARE

Beyond the responsibilities of raising their children, young mothers also feel the heavy burden of financially supporting themselves and their children and express a strong desire for financial independence. For some, this comes with stress and anxiety that they will not be able to earn enough to support their children.

“When the child came, he [my daughter’s father] ran away, abandoned me, said child. I missed school and now I am focused on trying to see life, see something I can do to have money.”

YOUNG MOTHER, MOZAMBIQUE

“I constantly feel stressed and overwhelmed that I have to take care of myself and my child”

ADOLESCENT MOTHER, HOMA BAY

“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

Finally, in addition to supporting themselves and their children, young mothers often feel like they must provide financially for their entire households.

“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

The experience of becoming a young mother and losing her own childhood is a significant

source of trauma for girls and young women. The sense that she is no longer worthy of a promising future is reinforced by violence, social isolation, and exclusion from school. Young mothers deserve a chance to continue to be valued as individuals in addition to their value as mothers.

She experiences regular violence and abandonment from her partner and family.

Violence was a common conversation topic with young mothers in Kenya, Mozambique, and Tanzania. Young mothers experience violence at the hands of their partners, their families and the systems meant to protect them. They experience many forms of violence, and speak most often about the economic, emotional, and sexual violence inflicted upon them by their boyfriends, husbands and families. Sexual violence against girls can lead to pregnancy, and several disclosed that they became pregnant as a result of rape.

Physical violence committed by partners is common and normalized:

"The problem is domestic violence that doesn't end, worse when he drinks alcohol. When I go to my mother's house, he gets jealous and hits me. My family tells me to put up with it. His family only talks to my grandfather. They don't have a clear position on the matter."

YOUNG MOTHER, MOZAMBIQUE

Young mothers also often suffer economic and emotional violence, as well as abandonment:

"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."

YOUNG MOTHER, KISUMU, KENYA

"When I became pregnant, we stopped seeing each other. He did not accept the baby. I never had his support for the pregnancy consultations nor when the baby was born. He disappeared. He doesn't answer the phone."

YOUNG MOTHER, MOZAMBIQUE

"I lost my peace as the boy who made me pregnant ran away, I used to stay at home. I wanted to become a nurse."

YOUNG MOTHER, TANZANIA

"My life has changed a lot since pregnancy. He abandoned me 4 months pregnant. Sometimes he beat me and wouldn't let me talk to my family. I was afraid because he threatened me, left me at home crying every day. When I gave birth, he disappeared."

YOUNG MOTHER, MOZAMBIQUE

Sexual violence is prevalent in all three countries, although young mothers in Mozambique and Tanzania rarely spoke about it in interviews. In Tanzania, families may push girls into the sex trade after they have a child, and in the fishing communities in Mwanza, Tanzania, young mothers may be forced into an exploitative relationship with a fisherman to secure preferential access to fish. In Mozambique, sexual violence spiked after Cyclone Idai in 2019. Young mothers in Kenya spoke more directly about their experiences of sexual violence in interviews:

"I got pregnant because I was raped when I was 17. I was also infected with HIV."

ADOLESCENT YOUNG MOTHER, HOMA BAY, KENYA

"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, KENYA

Young mothers also experience ongoing physical and emotional violence from their natal families:

"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, KENYA

"I was still in school when I got pregnant, it was very hard to inform my parents as they would be disappointed in me. My parents were very upset but later they accepted. My father blamed my mother for the pregnancy."

YOUNG MOTHER, MWANZA, TANZANIA

Violence is a pervasive problem affecting young mothers across these three countries. It violates young mothers' rights and puts their children in ongoing danger of experiencing violence themselves and witnessing violence against their mothers.

She is vocal about the isolation she experiences as a result of motherhood.

Adolescence is already a time of increased isolation for many girls, and becoming a mother accelerates her isolation. An important and devastating source of isolation is young mothers' internalized sense of shame from early pregnancy.

"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, KENYA

Girls across countries also speak about losing friends – either because friends themselves

stigmatize her, their parents fear she has become a bad influence or because her family does not allow her to go out.

"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, KENYA

"I stopped going to friends' parties, I became a little more homely because with the arrival of the baby I had no one to leave it with. Although my mother-in-law and my husband supported me unconditionally, the outings started to reduce in order not to give more work to people, when I wanted to go out, I had to negotiate with my mother-in-law."

YOUNG MOTHER, MOZAMBIQUE

What's more, 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. Young mothers 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, KENYA

The deep shame that many young mothers feel and experience reflects the contradictory messages they receive about their pregnancies. Young mothers are simultaneously told that they should be grateful to be blessed with a child and yet are no longer worthy of love or friendship because of their pregnancies. The cultural expectation of gratitude makes it difficult for young mothers to speak about the challenges of parenting, which leaves them more isolated and significantly detracts from their emotional wellbeing.

Young mothers are pushed out of school because of discrimination towards wives and mothers.

Young mothers' words make it painfully clear that school no longer feels like a welcoming place after they become pregnant. Across all three countries, girls talk about hostility from teachers, peers and school systems.

In each country, young mothers expressed feeling unwelcome in school:

"After the birth, no one explained anything to me about continuing school. The school does not advise and does not expel. 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 feel very bad when I see some of my former classmates and they avoid me because I have a child."

YOUNG MOTHER, HOMA BAY, KENYA

"In my community, people were talking about me, pointing at me, and saying that I got pregnant while in school. It made me stay indoors to avoid the talk and finger pointing."

YOUNG MOTHER, MWANZA, TANZANIA

"It pains me that I am not in school like my age mates."

YOUNG MOTHER, KISUMU COUNTY, KENYA

In addition to discrimination in schools, young mothers in Tanzania also seem to have internalized the idea that school is no longer a place for them, which reflects the previous government's anti-return to school policy for young mothers. Instead, most young mothers want to focus on earning financial independence:

"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

New domestic and childcare responsibilities at home also keep young mothers from returning to school. In urban areas of Kenya, young mothers are less likely to go back to school because of childcare costs and responsibilities as single parents. In more rural areas and in Tanzania and Mozambique, young mothers talk about their responsibilities at home and how they do not want to burden their parents or in-laws to care for their child.

"I had to put the idea of graduating from college out of my mind at that point to focus on caring for my son."

YOUNG MOTHER, MOZAMBIQUE

"I cannot go back to formal education as I have many new responsibilities, maybe vocational training so I can also have time to take care of my daughter."

YOUNG MOTHER, TANZANIA

"[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, KENYA

Despite legal protections against schooling discrimination, girls in Kenya, Mozambique and Tanzania are deprived of their rights to education, because of they became mothers early. Their incomplete education compounds their vulnerability, making it less likely they will be able to earn an adequate living to support themselves and their children, and lowering their children's chance at a good education in the future.

In Mozambique and Tanzania, girls see marriage as a driver and result of pregnancy.

In Mozambique and Tanzania, marriage is at the center of young pregnancy and can feel like the only pathway to a new future.

For girls in Mozambique and Tanzania, early marriage is normalized and expected. Girls are considered ready to marry shortly after their first period, and families often encourage young marriage, especially in the rural Mwanza region of Tanzania. Girls in Mozambique were matter of fact about their pregnancies and young marriages:

"The father of my son asked me to marry him, and he came home with his family to show interest in me. I was 16 when he came to me. He said he wants to get married, and I accepted. They accompanied me to my husband's house and there we lived with his sisters and his mother."

YOUNG MOTHER, MOZAMBIQUE

Once married, girls are expected to become pregnant and give birth right away. If they do not, they can face harmful traditional practices that lead to adolescent pregnancy. In Tanzania, married girls who do not, or are not able to, give birth are often subjected to

harmful traditional practices where they are forced to have sex with an older man to remove the curse of infertility.

PROFILE: ONE YOUNG MOTHER IN TANZANIA

One participant married at 13, and when she did not get pregnant right away her family kicked her out. She was then "cleansed of the curse" by having sex with another man. This time, she became pregnant with twins. The twins died when she was delivering and she was then sent to another cleanse, where she got pregnant a second time. After the death of this child during birth, she faced another cleanse. Again, she got pregnant, and then had a live birth and settled with this man as her husband.

Early pregnancy also leads to early marriage. Marriage is also a vehicle to protect young mothers and their natal families from the shame of getting pregnant before getting married. Girls who become pregnant are often pushed to marry anyone to avoid the shame of single motherhood.

"I took care of my child until I got someone to marry me. I didn't go to the hospital again. My husband refused for me to take contraception, but we use a condom."

YOUNG MOTHER, TANZANIA

In both Mozambique and Tanzania, marriage can feel like the only future available to girls and young mothers. In Mozambique, marriage is tied to the possibility of financial stability, and many girls and young mothers see it as the only path out of economic dependence on their natal families.

"The problem is the people who live with us who force us to have these practices of getting involved with someone to support us. My aunt started pressuring me to have someone so that person could support me. I got pregnant and that person abandoned me. I had to continue living with my aunt and look for another partner to help me."

YOUNG MOTHER, MOZAMBIQUE

"I suffered violence at home with my partner. I ended up running away to my cousin's house. My cousin's husband harassed me, and I had to go to my aunt's house. I ended up getting pregnant to have someone to help me."

YOUNG MOTHER, MOZAMBIQUE

Young mothers in rural Kenya also speak of feeling like they must get married to support themselves and their children, although early marriage is much less common in urban Kenya.

"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, KENYA

Although it is often a means to protect girls, young mothers and their families from shame, early marriage also acts to cut off girls' future opportunities to continue their education and to enter the workforce. Early marriage is also physically dangerous for adolescent girls – it exposes them to higher

risks of physical and sexual violence and an ongoing risk of pregnancy and STIs.

In Kenya and Tanzania, young mothers report discrimination in health care. She barely understands her own health and receives inadequate healthcare.

Despite legislation promoting comprehensive sex education in Kenya and Tanzania, young mothers in both countries have little knowledge about sexual and reproductive health. Young mothers share how they did not even know that sex can lead to pregnancy:

"I did not know that if I had sex, I could get pregnant."

YOUNG MOTHER, HOMA BAY, KENYA

Many young mothers also do not know how to prevent pregnancy. In Kenya, young mothers talk about how health care workers deny them information about contraceptives. In Tanzania, unsafe abortion is a significant concern for young mothers.

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

ADOLESCENT MOTHER, MATHARE, KENYA

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

ADOLESCENT MOTHER, MATHARE, KENYA

"Even when I got pregnant, I didn't procure an abortion because I knew of the dangers of getting an abortion. One girl I know aborted a very big baby, using traditional methods, now I worry whether she will get pregnant again. I know of another who had an abortion and is now married but now she's not been able to get pregnant."

YOUNG MOTHER, TANZANIA

"When your daughter gets pregnant, let them [parents] try to find out how the girl become pregnant because maybe the daughter was raped, and they are afraid to say. It causes psychological stress and leads to unsafe abortion. Girls can ruin their chances of getting pregnant again due to unsafe abortion."

YOUNG MOTHER, TANZANIA

In both countries, young mothers share heartbreaking examples of discrimination at the hands of nurses and doctors.

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

ADOLESCENT MOTHER, MATHARE, KENYA

"When it was my time to deliver, I went to hospital with my mother. Nurses were few and didn't care about me. The nurses were abusive saying that a small girl was getting a baby."

YOUNG MOTHER, TANZANIA

"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, KENYA

"Nurses treat us badly when we go to the clinic because we are young."

YOUNG MOTHER, TANZANIA

In Kenya, the children of young mothers also receive poor health care. 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, KENYA

“Doctors are not consistent in the information and services they provide for young mothers. They judge us.”

YOUNG MOTHER, KIBRA, KENYA

With such 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.

Section 3

COVID-19 IN YOUNG MOTHERS' WORDS

The COVID-19 pandemic has proved to be a crisis that continues to disrupt girls' lives and trajectories. Young mothers in Kenya and Mozambique both spoke about the impact of COVID in their lives – how it has thwarted education, led to early pregnancy, and disrupted their livelihoods.

“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, KENYA

“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,
KENYA

“When I left my husband’s house, I started to sell creams and roll-on, but with the pandemic the whole business stopped; now I stay at home and take care of the baby and the housework.”

YOUNG MOTHER, MOZAMBIQUE

“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, KENYA

“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, KENYA

“I worked in a bar, but it closed due to the pandemic. I have plans to go back to work. I would leave one in daycare if I could afford it.”

YOUNG MOTHER, MOZAMBIQUE

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 psychological support to be a girl, to be in community with other mothers and to deal with her trauma;
- Youth-friendly health services that treat her with humanity and provide accurate SRHR information;
- Opportunity to continue her education, safely;
- Livelihoods opportunities to care for herself and her children.

Young mothers in Kenya, Mozambique and Tanzania are isolated, cut off from school, family, and peers during one of the most challenging times of their lives. Especially in Kenya, young mothers talked about how the

focus group discussion itself provided a safe space and psychological support for them to be with other young mothers and share their experiences and struggles.

"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

"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, KENYA

Young mothers also long for support from their community, parents, and role models to envision a new future.

"The community should be taught about teenage pregnancy to avoid the stigma. Nurses treat us badly when we go to the clinic because we are young."

YOUNG MOTHER, TANZANIA

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

YOUNG MOTHER, KENYA

"Having a role model and someone to inspire me to want to continue with my life. If for now I can get someone to train me to become a better hairstylist, I can become financially independent."

YOUNG MOTHER, TANZANIA

Youth-friendly sexual and reproductive health information and services are also important to young mothers. 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.

"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

"There used to be a lot of radio programs about SRHR, and girls would like these programs to come back as they learned a lot from these widely available platforms."

YOUNG MOTHER, TANZANIA

"Boys and men should be taught about SRHR because they play such a large role in pregnancy"

YOUNG MOTHER, TANZANIA

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.

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

YOUNG MOTHER, KENYA

"Nurses should be trained to be kinder to young mothers and treat them with dignity and respect, regardless of if they are accompanied by parents or partners."

YOUNG MOTHER, TANZANIA

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

YOUNG MOTHER, KENYA

“Efforts should be taken to decrease bribery by medical staff.”

YOUNG MOTHER, TANZANIA

An opportunity to continue her education would also help young mothers manage motherhood and their own lives. Young moms in Kenya and Mozambique talked about both having a supportive environment for education – including quality affordable childcare and encouragement from their families – and having access to mom-friendly schools. Similarly, in Mozambique, young mothers feel unable to study in the face-to-face regime. As a result, some young mothers suggested distance learning, even if there were a kind of quota entry for teenage mothers who risk losing their places when they leave school to deliver.

“Being able to afford a nanny or daycare to leave my child so I can attend school.”

YOUNG MOTHER, KENYA

“Support to return to school for those who would like to so girls can pursue their dreams.”

YOUNG MOTHER, TANZANIA

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

YOUNG MOTHER, KENYA

Finally, most young mothers say improved livelihoods opportunities would make their lives, and those of their children, better. Young mothers have a strong desire for financial independence and to support their children. The need for vocational training comes up often for young mothers:

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

YOUNG MOTHER, KENYA

“To give skills development for those who want to return to school and to get capital to start their businesses.”

YOUNG MOTHER, TANZANIA

“The government should make it easier for young mothers to attend vocational training – either waiving the requirement to live in expensive government hostels or paying for their fees, as well as solutions for childcare during the course.”

YOUNG MOTHER, TANZANIA

Young mothers also talk about access to capital, jobs and income generating opportunities. Also, basic digital literacy education would allow young moms to access information and opportunities that are only available online.

“Access to capital to start businesses but also having the training so that one can be equipped to start a business.”

YOUNG MOTHER, TANZANIA

“I want to do business, however given an opportunity, I would still pursue my dreams.”

YOUNG MOTHER, TANZANIA

In addition to specific support they need, young mothers also emphasized the importance of delivering programming and support holistically. Comprehensive programs can cater to the specific needs of young

mothers, and collaborations between governments, civil social 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 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 shift norms to challenge shame and stigma around early pregnancy.**

E.g., Support campaigns targeting patriarchal norms around marriage, pregnancy and men's and boys' responsibility as parents.

E.g., Invest in programs and advocacy that respect young mothers, while also building positive norms around adolescent girls' childhood, schooling and future opportunity.

E.g., Support social norm change that decreases stigma in health systems, and invest in youth friendly health services.

- **Invest in systems change to ensure young mothers have access to critical services such as health care, education and services for their children.**

E.g., Support advocacy efforts to ensure pregnant and parenting girls have access

to quality and stigma-free education, including access to affordable quality childcare while learning.

- **Invest in SRHR programming & youth friendly health spaces - both prevention and safe & supportive pre- and postnatal care.**

E.g., Increase SRHR knowledge and access to judgment free contraception and health services, including access to abortion.

E.g., Partner with grantees to train the nurses and the doctors to instill empathy and humanity.

E.g., Support work to prevent early, child and forced marriage.

E.g., Support work to raise awareness for boys and men on their role to support girls and women.

- **Invest in young mothers' lives during and after pregnancy.**

E.g., Invest in affordable quality childcare to allow the young mothers to go back to school.

E.g., Provide access to capital and training to increase livelihood opportunities and access to education.

E.g., Help young mothers attend vocational training, learn business skills that suit their interest and market, such as sewing or shop management. Combine training with access to start-up capital for young mothers' businesses.

E.g., Invest in CSOs to develop respectful programs explicitly focused on pregnant and parenting girls, filling a critical gap in the ecosystem.

- **Invest in younger mothers who face most risk**

E.g., Resource work serving adolescent (<18) mothers' needs for social support, education, livelihoods opportunities and health. Support work serving very young adolescents (<15) to help girls prevent pregnancy.

Figure 2: Holistic Recommendations from young mothers

Gender at Work's analytical tool illustrates how young mothers' recommendations for two-generation solutions to the challenges they face would also address gendered inequalities.

	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	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.

References

Bronstein, P. (2019). Mozambique is consistently fastest growing country for uptake of modern methods of contraception since 2012. FP2030. Retrieved from: <https://fp2030.org/news/mozambique-consistently-fastest-growing-country-uptake-modern-methods-contraception-2012>

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). Lifting the Ban On Pregnant Schoolgirls and Adolescent Mothers by the United Republic of Tanzania. Retrieved from: <https://reproductiverights.org/press-statement-lifting-the-ban-on-pregnant-schoolgirls-and-adolescent-mothers-by-united-republic-of-tanzania/>

Chavane, L.A., Bailey, P., Loquiha, O. et al. (2018). Maternal death and delays in accessing emergency obstetric care in Mozambique. BMC Pregnancy Childbirth: 18

(71). <https://doi.org/10.1186/s12884-018-1699-z>

FP2030. (2020). Mozambique, Commitment Maker Since 2012. Retrieved from: <https://fp2030.org/mozambique>

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

Human Rights Watch. (2021). Africa: Rights Progress for Pregnant Students; Five More Sub-Saharan Countries Act to Protect Girls' Education; Barriers Remain. Retrieved from: <https://www.hrw.org/news/2021/09/29/afri-ca-rights-progress-pregnant-students>

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/

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

The World Bank. (2022). Adolescent fertility rate (births per 1,000 women age 15-19) - Kenya, Mozambique, Tanzania. Retrieved

On behalf of young mothers in Kenya,
Mozambique, Tanzania and beyond:
Thank you!

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.VA.W.1549.ZS?locations=KE-MZ-TZ&view=chart>

Tull, K. (2020). *Maternal and sexual reproductive health situation in Tanzania*. K4D Helpdesk Report 825. Brighton, UK: Institute of Development Studies.

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>

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). Child Marriage: Child marriage is a violation of human rights, but is all too common. Retrieved from: <https://data.unicef.org/topic/child-protection/child-marriage/>

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

UNICEF. (2021b). 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/>

WHO. (No Date). Maternal, newborn and child health in Tanzania: Trends. Retrieved from: <https://www.who.int/pmnch/activities/counties/tanzania/en/index1.html>



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Jody Myrum & Purity Kagwiria April 28, 2022