



BUILDING INCLUSIVE FUTURES

Advancing Multi-Sectoral Support for
Adolescent Mothers in **Eastern and Southern Africa**

This evidence brief summarises evidence from recent analysis of five cross-sectional, nationally representative Violence Against Children Surveys (VACS), including 3,665 adolescent and young mothers in Kenya, Lesotho, Mozambique, Namibia, and Eswatini.

BACKGROUND

Adolescent pregnancy remains a critical challenge in Eastern and Southern Africa, with regional adolescent fertility rates being twice the global average.¹ Adolescent mothers in the region face diverse and intersecting challenges that can severely impact their health, education, and economic prospects, hindering progress toward the Sustainable Development Goals.² Despite the multiple risks faced by adolescent mothers, a critical gap remains in understanding how to promote their resilience and long-term well-being through targeted policy and programming.

For many adolescent mothers, compound economic and social vulnerabilities increase their risk of experiencing violence, and they often face social stigma that limits access to services.^{3, 4} During and after pregnancy, adolescent girls and young women are at greater risk for developing mental health distress, particularly when they are living with HIV, have experienced abuse, or lack social support.^{5, 6} Some adolescent mothers may also have heightened sexual risk behaviours, such as inconsistent condom use, which contribute to higher rates of repeat pregnancies and HIV infection.^{7, 8, 9} Adolescent pregnancy is closely linked with high rates of child marriage in some countries in the region, where nearly one-third of young women are married before the age of 18.^{10, 11}



Experiences of internalised and perceived stigma from peers, parents, community leaders, and healthcare workers are common among adolescent mothers, affecting their access to healthcare, including contraceptives, HIV services, and maternal care.¹² Harmful gender norms underpinning social expectations of male control can restrict girls' agency over health choices and impede discussions on sexual and reproductive health.¹³ Norms can often translate to barriers for pregnant and parenting adolescent girls to return to school, engage with health services, and obtain employment, increasing their risk of poverty and violence.¹⁴ Gendered expectations also contribute to adolescent girls and young women being more likely to take unpaid caregiver roles, further restricting their education and employment opportunities.^{15, 16}

Existing regional evidence on multi-sectoral services for adolescent mothers and their children



Figure 1: Promising strategies for supporting adolescent mothers

Given this complex web of disadvantage, inclusive, multi-sectoral support for adolescent mothers and their children is necessary. Promising evidence from the region shows that **adolescent-responsive health services**, **economic support**, and **childcare support** are examples of effective strategies for supporting adolescent mothers.^{17, 18, 19} Further, access and use of formal childcare among adolescent mothers has been linked with improved parenting, mothers' education, and child cognitive skills.²⁰

Evidence across the region remains limited and is largely focused on preventing adolescent pregnancy, with far less attention to multi-sectoral services and support for adolescent mothers during and after pregnancy. Limited long-term data on the effectiveness of programmes and disparities in access present significant challenges. To ensure young mothers and their children are not left behind, and to circumvent the current data deficit, it is essential to include adolescent mothers in policy and programme design. Opportunities to adapt and scale promising models to reach the most vulnerable should be pursued.

RESEARCH METHODS

This brief details findings from the cross-sectional, nationally representative Violence Against Children & Youth Surveys (VACS). It uses data collected in Eswatini, Kenya, Lesotho, Mozambique, and Namibia, including responses from 3,665 adolescent and young mothers aged 13–24 between 2018 and 2022. The surveys captured information on sexual and reproductive health, violence exposure, mental health, and socio-economic status. Multivariable logistic regression was used to examine how four key factors – food security, non-violent parenting, parental monitoring, and gender-equitable attitudes – are linked to better adolescent outcomes in the areas of sexual and reproductive health, HIV and violence prevention, mental health, and education. The factors were identified as accelerator provisions if they showed associations with more than one adolescent mother outcome in the individual country analyses. We then compared outcomes for adolescent mothers across all five countries based on whether they received none, one, or all four support factors.

KEY FINDINGS

This research identifies three promising provisions with considerable potential to improve multi-sectoral outcomes for adolescent mothers: food security, non-violent parenting support, and gender-equitable attitudes. A combination of the three provisions is associated with multiple positive outcomes in the multi-country sample (Figure 2).¹ Non-violent parenting alone was also identified as a factor associated with multiple outcomes in the multi-country analysis. The results of the single-country analyses are presented in the Supplementary Figures section.

¹ Country-specific analyses were used to identify promising provisions. The combination of the provisions was tested in the multi-country sample.

- **Non-violent parenting**² showed the largest number of associations across countries, with significant positive consequences on violence, health, and sexual risk indicators. It was associated with reduced experiences of intimate partner violence in all five countries; reduced sexual violence in Eswatini, Mozambique, and Namibia; lower odds of mental health distress in Kenya, Lesotho, and Eswatini; as well as reduced sexual risk behaviours – including lower rates of inconsistent condom use in Mozambique and Eswatini, and reduced age-disparate and transactional sex in Namibia.

- **Food security**³ was associated with significantly lower odds of mental health distress in Namibia and decreased school non-enrolment in both Namibia and Lesotho.

- **Gender-equitable attitudes**⁴ were associated with reduced school non-enrolment in Namibia and Lesotho and improved mental health outcomes in Namibia.

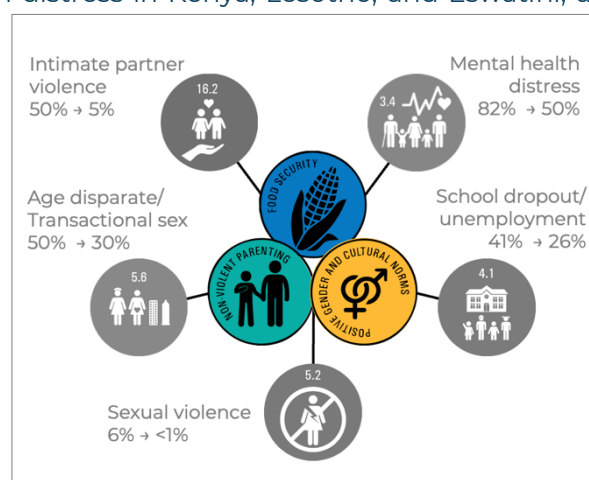


Figure 2: Adolescent mother outcomes associated with the receipt of combined provisions across countries

- **Combined care packages delivered the greatest benefits** for adolescent mothers across the region. Adolescent mothers with access to all three accelerator provisions, compared to none, experienced significant improvements:
 - Mental health distress decreased from 77% to 53%.
 - Intimate partner violence dropped from 44% to 11%, and sexual violence from 9% to 2%.
 - Inconsistent condom use declined from 87% to 79%.
 - The rate of adolescent girls and young women not enrolled in school or engaged in work decreased from 48% to 40%.

This multi-country analysis identifies a combination of food security, non-violent parenting, and gender-equitable attitudes as high-impact development accelerators for adolescent mothers in Eastern and Southern Africa. These findings support the urgent need for a set of scalable services to support the most vulnerable populations in the face of reduced aid and fiscal space. Strategic investment in these comprehensive care packages offers dual sets of benefits: immediate improvements in adolescent well-being whilst simultaneously contributing to breaking entrenched cycles of poverty and violence.



² Non-violent parenting practices were defined as responding 'No' to 10 questions assessing physical, verbal and emotional abuse by a parent or adult caregiver.

³ Food security was defined as responding 'Yes' to the question "Do you think your household has enough money for food?" (in Lesotho, Mozambique, Namibia, Eswatini) or 'No' to the question "In the past month, was there a day that you went without food because there wasn't enough food in the household?" (in Kenya)

⁴ Gender-equitable attitudes were defined as responding 'No' to 10 questions assessing attitudes and beliefs on endorsement of violence and gendered decision-making power. These included, for example, "Do you believe only men, not women, should decide when to have sex?" and "In your opinion, is a husband justified in hitting or beating his wife if she argues with him".

RECOMMENDATIONS

- **Include adolescent mothers and their children in food and economic support programmes.** Expanding access to social protection, school meal programmes, and other food security and economic empowerment initiatives can improve schooling and mental health outcomes.
- **Scale up parenting programmes** that support parents and caregivers of adolescent mothers. Leverage existing parenting initiatives to include modules for caregivers of adolescents and deliver adolescent-sensitive parenting support to promote safe, nurturing environments.
- **Promote gender-equitable attitudes** through community-based norms-shifting programmes and asset-building programmes for girls. Address harmful gender norms through social and behavioural change (SBC) interventions for adolescents, families, and community leaders to strengthen access to education and health services.
- **Design and implement comprehensive care packages** for pregnant and parenting adolescent girls. Gender-sensitive cash plus programmes, for example, can support complex, intersecting needs among adolescent mothers, leading to multisectoral benefits across their health, education and economic outcomes and onward to their children.



This brief is based on the following upcoming publication: Janina Jochim, Tetelo Maakamedi, Charles Falajiki, Brendan Maughan-Brown, Madison Little, Elona Toska, Laurie Gulaid, Alice Armstrong, Lucie Cluver (2025). *Development Accelerators for Adolescent Mothers: Multi-country Evaluation of Protective Factors for Young Mothers' Health and Safety in Sub-Saharan Africa*.

Supplementary figures

Single-country analysis identifying accelerator provisions associated with multiple outcomes



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