



African Population and
Health Research Center

Promoting holistic health and wellbeing of pregnant and parenting adolescents and their children in Africa - A life course model

**Evaluating the acceptability and feasibility of a life skills training intervention
for adolescent mothers in Korogocho, Kenya**



RESEARCH TEAM

African Population and Health Research Center

Anthony Idowu Ajayi
Bill Clinton Ooko
Beatrice Maina
Caroline W. Kabiru
Emmanuel Otukpa
Jane Mangwana
Michelle Mbuthia
Peterrock Muriuki
Ramatou Ouedraogo
Sally Atieno Odunga

Miss Koch Kenya Team

Apollo Murigi
Emmie Erondanga
Mary Oliech

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Executive Summary



» BACKGROUND

In Kenya, as in many sub-Saharan African countries, early childbearing has detrimental effects on the health and social and economic well-being of girls and women. Despite the profound impact of adolescent childbearing on girls' education, health, and social well-being, there are relatively few studies that have rigorously tested interventions that support the health and social well-being of adolescent mothers and their children.

» OBJECTIVE

To inform the design of a multi-component intervention targeting adolescent mothers, we conducted a feasibility study to assess whether a life skills training intervention developed for use in Malawi and Burkina Faso was acceptable and appropriate for use among adolescent mothers in Korogocho, an informal settlement in Nairobi, Kenya.

» METHODS

Fifteen adolescent mothers residing in Korogocho received life skills training over a span of nine days. The sessions were facilitated by five trainers (also referred to as mentors) with experience working in Korogocho. The trainers were supported by the study team. The curriculum consisted of 24 structured sessions addressing topics such as nurturing childcare, mental health, sexual and reproductive health (SRH), and financial literacy. Trainers employed a mix of participatory methods, including group discussions, brainstorming, role-plays, educational games, case studies, and storytelling. After the training, both the adolescent mothers and mentors participated in a focus group discussion to provide feedback on sessions and suggest improvements to the curriculum.

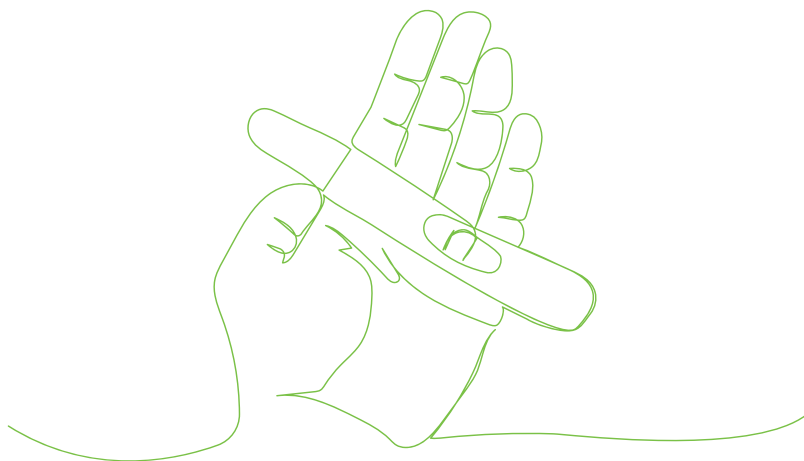
» RESULTS

The focus group discussions with the adolescent mothers and mentors showed that they found the life skills curriculum, originally designed for use in Malawi and Burkina Faso, acceptable, relevant, useful, and suitable for adolescent mothers residing in Korogocho. They highlighted the curriculum's focus on the daily issues and challenges faced by adolescent mothers living in this setting. Although the curriculum was considered relevant, the adolescent mothers and mentors suggested adding or expanding certain topics to enhance its comprehensiveness. Their recommendations include expanding the mental health module to include types, signs, causes, and coping mechanisms for mental health challenges, and inclusion of information on fibroids, cysts, cervical cancer, parenting skills, first aid, communication skills, entrepreneurial skills, self-awareness, menstruation, and managing pregnancy.

» CONCLUSION

Overall, the curriculum implementation is feasible and acceptable, underscoring its relevance for use in similar settings. In addition, the additional suggested topics showcase the unique needs of adolescent mothers that need to be incorporated into a life skills curriculum targeting them.

Background



Adolescent pregnancy is a significant health and social challenge globally. In Kenya 15% of adolescent girls aged 15-19 have ever been pregnant (1). Adolescent pregnancy significantly increases the risks of morbidity and mortality for both mothers and their children. Young mothers often face stigma, partner abandonment, early marriage, and school drop-out (2). Additionally, without sufficient care and support, these young mothers are at a higher risk of having a second pregnancy within 24 months of their first pregnancy (3). Such closely spaced births can further exacerbate their risk of adverse pregnancy outcomes (4,5), with adolescent mothers in sub-Saharan Africa being the most at risk (6).

Despite the indelible consequences of adolescent childbearing for girls' education, health, and social well-being, few studies have rigorously tested interventions that can promote the holistic health and well-being of adolescent mothers and their children. Evidence has shown that adolescent mothers lack information on health, childcare, and financial literacy (7,8). Empowering them through life-skill training can improve their health and social well-being. Drawing from past studies on the lived experiences of pregnant and parenting adolescents, the African Population and Health Research Center (APHRC), the Institut Supérieur Des Sciences De La Population (ISSP) at the Université Joseph Ki-Zerbo in Burkina Faso, and the Centre for Social Research (CSR) at the University of Malawi developed a curriculum called the "PROMOTE Mothers' Club Curriculum" to empower adolescent mothers (9). The curriculum, which includes topics on sexual and reproductive health and rights and mental health, financial literacy, and childcare, has been pilot-tested in Malawi and Burkina Faso.

This report presents findings from a feasibility study that aimed to assess the acceptability and feasibility of the PROMOTE Mothers' Club curriculum for use among adolescent mothers in Korogocho, an informal settlement in Nairobi, Kenya. The feasibility study was led by APHRC, with Miss Koch Kenya (MKK) as an implementing partner. The findings from the study will inform the design of a multi-component study targeting adolescent parents and their children. It will also broaden inclusivity in the adolescent health and wellbeing research field by highlighting approaches to meeting the unique needs of parenting adolescents.

» STUDY OBJECTIVES

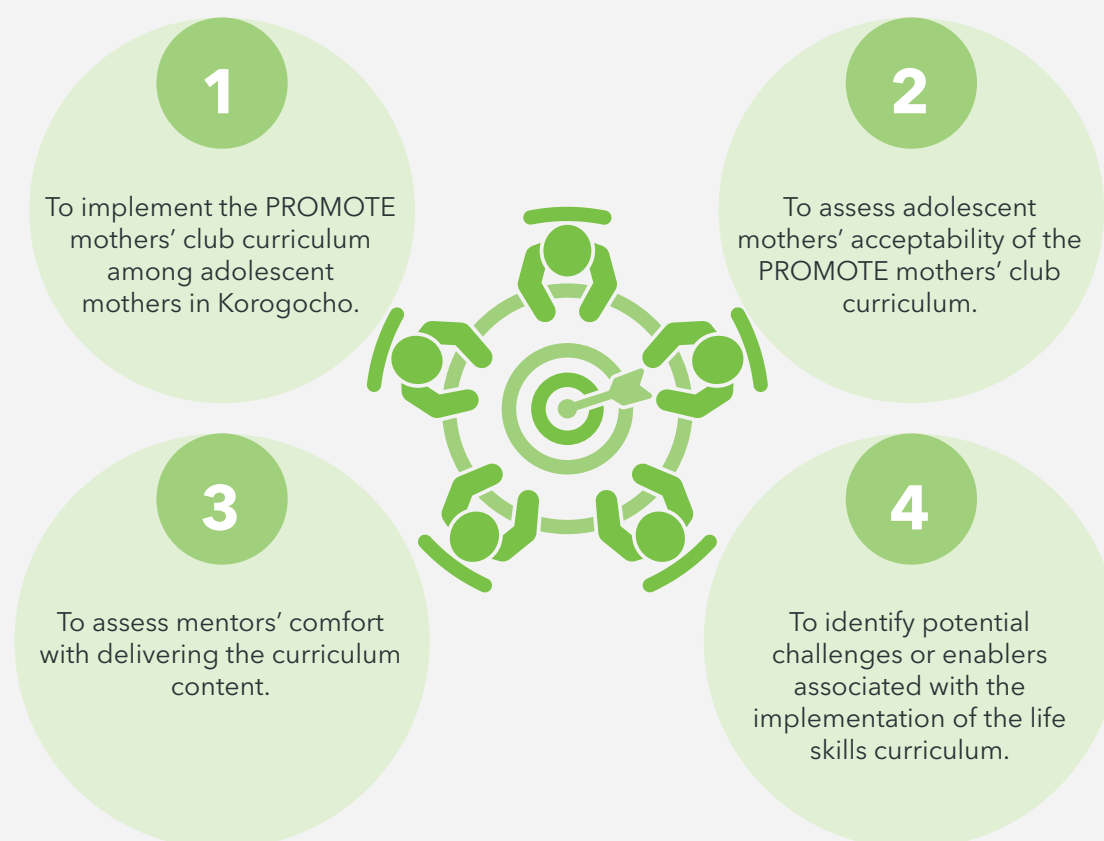


Figure 1. Study objectives

» PROMOTE MOTHERS' CLUB CURRICULUM

The PROMOTE mothers' club curriculum was adapted from the Population Council's Adolescent Girls Initiative - Kenya Safe Spaces curriculum (10); the Mphatlalatsane (Early Morning Star) Health and Nutrition Programme Manual (11); the Maternal and Child Health Handbook (Ministry of Public Health - Cameroon) (12) and the Parenting for Lifelong Health Programme for Young Children (Facilitator manual) (13). The curriculum covers financial literacy, health and wellbeing, and child care topics spread across 24 training sessions and was intended to:

- 1. Increase adolescent mothers' knowledge about financial matters, reproductive health, mental health, gender-based violence, and child care;**
- 2. Promote attitudes and behaviors like savings and nurturing child care that will improve the well-being of adolescent mothers and their children; and**
- 3. Instill skills like assertiveness, conflict resolution, and decision-making**

Methods



»» STUDY DESIGN

We qualitatively explored, through focus group discussions (FGDs), the perceptions and views of the adolescent mothers who attended the mothers' club sessions as well as the mentors who facilitated the sessions, about the curriculum content and its delivery. Two focus group discussions were held, one with 15 adolescent mothers and one with five mentors. The discussions were audio-recorded, with informed consent from the participants, and thereafter transcribed verbatim into English. Two research assistants conducted the FGDs and transcription.

»» STUDY SITE

The PROMOTE Mothers' Club curriculum was implemented in the Korogocho informal settlement over a period of nine days. We chose Korogocho as our pilot site because previous studies have shown that a significant proportion of adolescent girls and young women in these settings experience early pregnancies (14,15). Further, our partner and co-implementer, MKK, has been engaging with adolescent mothers in different activities in the setting for many years.

»» PARTICIPANTS SELECTION

Through MKK, the study recruited 15 adolescent mothers who were residing in Korogocho. We chose to limit the study to 15 adolescent mothers to facilitate the effective implementation of the pilot intervention. The 15 adolescent mothers were conveniently selected based on their accessibility and availability to participate in all sessions of the intervention. In addition, five mentors were selected from the community to support the delivery of the life skills intervention. The five mentors had experience working in Korogocho.

Adolescent mothers were eligible to participate in the Mothers' Club intervention if they met the following inclusion criteria:

- 1** Adolescent mothers aged 10-19 years
- 2** Have at least one biological child aged one to three years
- 3** Have been resident in the study site for at least one year
- 4** Adolescent mothers with disabilities (ies) were eligible to participate if they met the eligibility criteria

We excluded adolescent mothers who were currently pregnant, unable to participate during the entire duration of the intervention, and those unable to speak Swahili or English, which were the main languages used during the intervention

Mentors were eligible to participate if they had completed secondary school, were aged 20 years or older, and had previously worked with adolescent mothers in the community. They were also required to have good knowledge of written and spoken English and Swahili. Table 1 shows the sociodemographic characteristics of adolescent mothers and mentors.

Table 1: Sociodemographic characteristics of study participants

Variables	Type of respondent	
	Adolescent mothers N = 15	Mentors N = 5
Age (years)		
17	1	-
18	11	-
19	3	-
20-24	-	1
25-29	-	3
30+	-	1
Marital status		
Single/never married	15	5
Married/living with a partner	-	-
Widowed/divorced/separated	-	-
Education		
No education	-	-
Primary	10	-
Secondary /higher	5	5
Number of children		
0	-	1
1	13	3
2	2	1

» IMPLEMENTATION OF THE PROMOTE MOTHERS' CLUB TRAINING

The in-person training took place in Korogocho over nine days from February 26, 2024, to March 7, 2024. The mentors facilitated the training sessions with support from APHRC and MKK project teams. The mentors underwent a one-day orientation workshop facilitated by APHRC and MKK teams to familiarize themselves with the curriculum and then individually reviewed the detailed curriculum to prepare for the sessions. To address the stigma associated with adolescent childbearing and to encourage open communication and respect for others' viewpoints, the intervention was preceded by values clarification and attitude transformation (VCAT) sessions for both the mentors and adolescent mothers. The training was designed to be interactive and engaging to encourage active participation from adolescent mothers. At the end of the training, the adolescent mothers were awarded a certificate of participation along with a self-care package that included sanitary pads, underwear, and an umbrella.

» STUDY TOOLS

The study used separate semi-structured FGD guides for adolescent mothers and mentors to collect qualitative data for the study. The guides were developed in English and then translated into Swahili, the predominant local language for data collection. These were back-translated into English by two translators working independently and then repeatedly checked for accuracy by the study team. The tools were pre-tested by the study team before data collection.

» QUALITATIVE DATA COLLECTION

Two well-trained qualitative interviewers conducted the FGDs with the adolescent mothers and mentors. The interviewers sought their permission and obtained their informed consent to participate in the study. The discussions were audio-recorded with permission from the participants and detailed notes were taken to inform the revision and adaptation of the curriculum. All adolescent mothers who attended the mothers' club sessions and the mentors participated in the FGDs.

» ETHICAL CONSIDERATIONS

The study protocol was reviewed and approved by APHRC's internal ethics review committee. The AMREF Health Africa Ethics and Scientific Review Committee (AMREF-ESRC) approved the study. A research permit was granted by the National Commission for Science, Technology, and Innovation (NACOSTI). Informed consent was obtained from the mentors and adolescent mothers before conducting the FGDs. In Kenya, adolescent mothers are considered emancipated minors and hence parental/guardian consent is waived when participating in research (16). Distress screening was incorporated during the intervention and the FGDs and referral mechanisms for psychosocial support, where needed, were in place.

» DATA MANAGEMENT AND ANALYSIS

The audio-recordings of the FGDs were transcribed directly into English by qualified bilingual transcribers. The recordings were saved on password-secured computers and were erased once the transcripts were verified. The transcripts were also saved on password-protected computers. All transcripts were then anonymized before analysis. The transcribed data was coded using NVivo software version 14. We conducted a reflexive thematic analysis, involving familiarization with the data, immersive reading of transcripts, inductive coding, generating initial themes, reviewing themes, and defining and naming themes (17). The final themes accurately captured respondents' narratives and views in line with the study objectives. Verbatim quotes were used to support emerging themes from our qualitative findings.

Results



» CONTENT ACCEPTABILITY, RELEVANCE, USEFULNESS, AND APPROPRIATENESS

All adolescent mothers interviewed stated that the curriculum was acceptable and effectively addressed their everyday issues. Some highlighted how the curriculum expanded their understanding of gender-based violence and childcare, challenging their previous views. Although adolescent mothers interviewed appreciated all the training sessions, those on savings, gender-based violence, child nutrition, and HIV/AIDS were rated the highest. They also felt that the knowledge gained was valuable not only for themselves but also to their friends and family and they had cascaded the lessons learned to them. One adolescent mother recounted:

"I would say that they [curriculum sessions/content] are acceptable because they are things that usually happen. So, when we come here, we get empowered, we gain knowledge, we go back to the ghetto and empower fellow girls," (R4, an adolescent mother).

The adolescent mothers interviewed also noted that the curriculum covered topics they had not learned from their parents or community. The exclusion of pregnant girls often leads to depression, and they emphasized that opportunities for learning like this are rare and have significantly improved their mood.

Participants emphasized the community's sensitivity around contraceptives, especially for unmarried girls, and suggested that the program implementers take necessary precautions to prevent any misinterpretation of their intentions. Such measures could include engaging with parents, community leaders, and religious figures before commencing the training. Further, while adolescent mothers welcomed the curriculum, they cautioned that some community

members may view topics relating to bonding with children as contentious, considering them as elements of Western culture.

"In the past people did not have the knowledge about bonding with children, on GBV [gender-based violence], they did not have the knowledge. So when we start having these trainings it is hard for them to accept because they are not used to it. They are seeing it is like we are bringing in the western culture," (R12, an adolescent mother).

» PERSPECTIVES ON TRAINING DELIVERY, GROUP ENGAGEMENT, AND MENTOR FACILITATION

This theme captures participants' views on the delivery methods, group participation, and mentors' facilitation experiences. All mentors reported that facilitating the sessions was smooth due to the effective teamwork among them, the support from program implementers, the flexibility to choose familiar topics, and the active engagement of the participants. The mentors observed that the adolescent mothers were enthusiastic learners, actively participated in the sessions, followed group rules, and held each other accountable.

The adolescent mothers interviewed stated that there was mutual learning between them and the facilitators. For instance, as the facilitators delivered the curriculum, they also gained insights from the participants on what works in their specific contexts, such as budgeting and childcare. The adolescent mothers also appreciated the facilitators' friendliness and their respect for their opinions.

"I would say that the facilitation was best, what I liked the most about our facilitators; they were learning from us. It was not like what they said was final, they also wanted to hear about our opinion," (R12, an adolescent mother).

Both the adolescent mothers and mentors noted that the content delivery methods including the role plays, group discussions, and gallery walks were effective in ensuring active participation, building courage, and peer-to-peer learning.

» WHAT WORKED WELL?

In this section, we summarize participants' views on what worked well during the training sessions.

Availability of psychosocial support

Throughout the training, a clinical psychologist was present to provide psychosocial support to participants who might have been distressed by the sensitive topics discussed. Several participants availed themselves of the counseling services provided by the clinical psychologist. Both the mentors and adolescent mothers appreciated the presence of the counselor and recommended including such support in future sessions.

Training facilities

Participants stated that the training venue was conveniently accessible, as they did not have to incur transportation costs. They also appreciated that the venue offered privacy and was free from interruptions. Furthermore, the adolescent mothers and mentors noted that the facilities, including the washrooms, were clean and well-equipped with necessary amenities such as running water and soap.

Support from the project teams

The mentors reported that they received adequate support from the project teams. They underwent an orientation before the workshop and were given the option to select topics they felt comfortable facilitating. The orientation received and the freedom to choose their preferred topics made the mentors feel well-supported to facilitate the training. Additionally, the training materials were made available to the mentors in advance, allowing them to familiarize themselves with the content beforehand. The mentors also appreciated the encouragement they received from the project team before and after the sessions and noted that the project teams were readily available to answer questions from adolescent mothers that they found difficult to answer.

Both the participants and mentors valued the surprise tokens of appreciation and certificates they received from the project team at the end of the training. The participants noted that their expectations—such as receiving a certificate, making new friends, getting empowered, and learning new things—were met by the end of the training.

Group dynamics (sitting arrangements, dressing, interactions, dancing, teamwork)

The seating arrangement was circular and without tables, with no designated sitting area, allowing adolescent mothers, mentors and the project teams interact freely. Participants noted that the sitting arrangement helped break down any psychological walls and fostered an environment conducive to mutual learning.

“The sitting arrangement was... in most training when you go, the moment you enter you could always tell where the bosses are seated. Where maybe the finance team is because you will see people signing from a different place... but here this was a circular arrangement with no tables to show high tables in between. The tables were at the extreme corner just to hold the tea, and facilitation materials. The other people would sit anywhere with anybody, yes, and this one made it so accommodative, yeah,” (R1, a mentor)

Challenges



» NEWS OF DOMESTIC VIOLENCE EXPERIENCED BY A PARTICIPANT DURING THE TRAINING PERIOD LOWERED ENTHUSIASM

During the training, one participant suffered intimate partner violence and was hospitalized due to severed fingers. This incident negatively impacted on other participants, leading to decreased participation in subsequent sessions. However, the presence of the clinical psychologist for psychosocial support and the mentors' encouragement to adolescent mothers to express their thoughts and feelings regarding the issue helped reassure the group, restoring active engagement in the sessions.

» INTERRUPTIONS FROM CHILDREN

Some participants attended the sessions with their children, who would sometimes become restless and cry. As a result, mothers and other participants had to pause and shift their attention to the children. Some adolescent mothers also had to leave the sessions midway to tend to their children's needs, causing them to miss out on parts of the training.

» INADEQUATE TRAINING SPACE

While the participants valued the privacy, accessibility, and cleanliness of the training venue, they noted that it lacked sufficient space for effectively conducting activities like role plays and games. Additionally, those who attended the sessions with their babies had to seek alternative facilities to tend to their children's needs such as feeding and changing.

» ABSENCE OF CHILD-FRIENDLY FOOD

Although the food provided was sufficient and nutritious, the adolescent mothers pointed out that they were unsuitable for babies. Some children attending the sessions were in the weaning stage, so their mothers had to feed them whatever was available. Additionally, some mothers felt that the food was too spicy and oily for their children.

» INABILITY TO RELATE TO SOME OF THE CONTENT OWING TO THE USE OF FOREIGN NAMES AND WORDS

Since the curriculum was adapted from the PROMOTE Malawi training guide, it included names and terms, such as those in illustrated stories, and role plays, that were specific to Chichewa (a language spoken in Malawi). When training, facilitators had to think of alternative names and terms, on the spot, that apply to the local context. This impromptu adjustment disrupted the flow of the delivery and impacted participants' ability to internalize the content effectively.

Immediate training outcomes



» ADVOCACY AGAINST GENDER-BASED VIOLENCE

The training covered various aspects of gender-based violence, including its types, prevention measures, and actions to take if an incident occurs. One notable change reported was a better understanding of what constitutes gender-based violence. For instance, some participants had previously viewed catcalling as a compliment of one's beauty, but the training clarified that it is a form of gender-based violence when it was unwanted. Several participants also reported greater awareness and increased willingness to speak out against such incidents in their community.

"...Then there is the topic on GBV (gender-based violence), recently after being taught and in the community, I saw another man blocking another girl from passing. When she passed, he hit her buttocks. I told him, 'Do you know that you can be arrested?' So, this man apologized to the girl. I told her that if you told the police what he had done he could be arrested. So, the man came back and apologized and said that he would never do that again or to any other girl," (R8, an adolescent mother).

» CASCADING LEARNINGS

The participants expressed willingness and zeal to pass the message and learnings to their immediate local community including family and friends:

"Yes, it is acceptable because we gain knowledge so the moment you learn something from here you go and teach your mum and my friends at home," (R5, an adolescent mother).

» IMPROVED SAVINGS PRACTICE

The participants stated that they gained great lessons on savings practices, how to save, secure saving practices, and goal setting. Most expressed enthusiasm to save more, set realistic goals, and stop their bad saving habits. One of the adolescent mothers recounted:

"I would say that the topic of savings taught me a lot because the knowledge that I had about savings was different from what I learned in the class. I used to save in a home bank, but later when I would go to check how much I had saved I would not find the home bank. So, I would get discouraged and then start fresh, but from what I learned here is that I learned that there is a place where I can go and save money that is secure like a bank, MPESA. Then I set a target to know how much in what duration, in how many months," (R7, an adolescent mother).

» IMPROVED CHILDCARE PRACTICES

The training entailed a session on better childcare practices including feeding, bonding, appreciating and rewarding children, and giving instructions to children. Some participants noted that the lesson on how to prepare porridge and the ingredients to use was beneficial as their children were now eating more after applying the porridge preparation recipe. Other learnings from the childcare session that the participants reported are going to put into practice is giving specific and realistic instructions to their children as expressed by one adolescent mother:

"From the training that I got, I am going to now be giving children instructions one at a time and setting fewer rules in the house. For instance, like when a child comes from school you tell them, 'Go and remove your uniform, after removing it wash it, eat then go and bath.' But now I will be giving one instruction at a time otherwise they will not hear, I will be giving instructions slowly," (R13, an adolescent mother).

» INTENTION TO RETURN TO SCHOOL

Some participants mentioned that they had given up on their dreams of going back to school after giving birth. However, the encouragement received during the training from the facilitators based on successful case studies and lessons learned on savings motivated them to start saving and go back to school. The intention to go back to college is stated by one of the participants:

"I do appreciate lot the content from last week until now, I have learned a lot, and everything that I have learned here I will go and teach others. The [mentor] told us not to think that we are big and we cannot continue with our education. She gave us an example with her mum that her mum got I think a degree or PhD at the age of 61. I also say that even if I left college in the middle, when I get money I will go back and continue. From the class on savings, I will save and go back and finish the course that I was doing," (R7, an adolescent mother)

» SELF-ESTEEM BOOST

Most participants stated that the training has helped improve their self-esteem. At the beginning of the training, they felt disheartened and ashamed due to societal perceptions of them as adolescent mothers. At the end of the training, they expressed increased confidence and a notable boost in their self-esteem. One adolescent mother shared:

"This training has helped us who are here but other girls in the community do not have the training that we got. It can help a lot of the girls in our community... Their self-esteem is low. Personally, my self-esteem was low because I used to feel ashamed because I have children, and I am a young girl. I have two children, I used to feel bad. If I met a girl that I used to be in school with and she has now finished school I felt guilty, but I came to accept myself. Back in the society just as we have learned here, I want us back in the society we spread the news, if you can come and spread your news so that they can also hear from you," (R3, an adolescent mother).

Suggestions for improvement



» INCREASE TIME ALLOCATION FOR THE SESSIONS

Each session was scheduled for one hour during the training. Opinions differed on whether this timeframe was adequate. The adolescent mothers felt that the time for each session should be increased by at least an additional half hour. In contrast, the mentors believed that the allocated time was sufficient for the delivery of the content.

» CONTEXTUALIZATION OF NAMES AND WORDS TO REFLECT LOCAL REALITIES

Given that the PROMOTE Mothers Club curriculum was developed for use in Malawi and Burkina Faso, the names contained therein for illustrations were applicable in those contexts. The mentors recommended that future trainings incorporate names and words that reflect local contexts.

» SPACIOUS TRAINING VENUE ALLOWING FOR DIFFERENT ACTIVITIES

The mentors suggested that future training sessions should take place in a bigger venue, which would allow for better execution of the curriculum's interactive components, such as role-plays and games.

» COMMUNITY ENGAGEMENT/SENSITIZATION ON SENSITIVE TOPICS

The participants raised concerns about the community's reception of some of the topics included in the curriculum. They suggested that before future engagements, educating community gatekeepers about sensitive topics and their significance would help prevent backlash.

» TRAIN MORE GIRLS IN THE COMMUNITY

The training involved only 15 adolescent mothers to ensure that the group size was manageable by facilitators for effective implementation of the pilot intervention. While the participants appreciated the training received and lessons learned, they noted that this training could also be beneficial to other adolescent mothers in their community who do not have access to such training opportunities and have various challenges that they are facing including low self-esteem, shame and stigma as expressed.

» HAVE PROFESSIONALS FACILITATE CERTAIN SESSIONS (E.G., CANCER, SEXUALLY TRANSMITTED INFECTIONS, AND REPRODUCTIVE HEALTH ISSUES)

The participants pointed out that the topics on fibroids, cysts, and cancers and other sexual and reproductive health challenges should be facilitated by professionals in those fields such as doctors, gynecologists, and nurses given their expertise and specialization.

» CHILDMINDERS

The mentors suggested that in future training, the organizers should have childminders to take care of the babies of the adolescent mothers to minimize the disruption caused by the children crying. This will help adolescent mothers fully concentrate and participate in the training and only check in on the babies during the breaks.

» BABY-FRIENDLY FOOD

A mentor pointed out the need to have baby-friendly meals in future training that are not spicy and oily given that some babies present in the training have started weaning.

» ADDITIONAL TOPICS THAT WOULD BE RELEVANT TO ADOLESCENT MOTHERS

While they found the topics currently included in the curriculum to be relevant to their contexts, both mentors and adolescent mothers recommended the inclusion of additional topics to further enrich the curriculum. These topics are summarized in Figure 1.

» GENERAL RECOMMENDATIONS

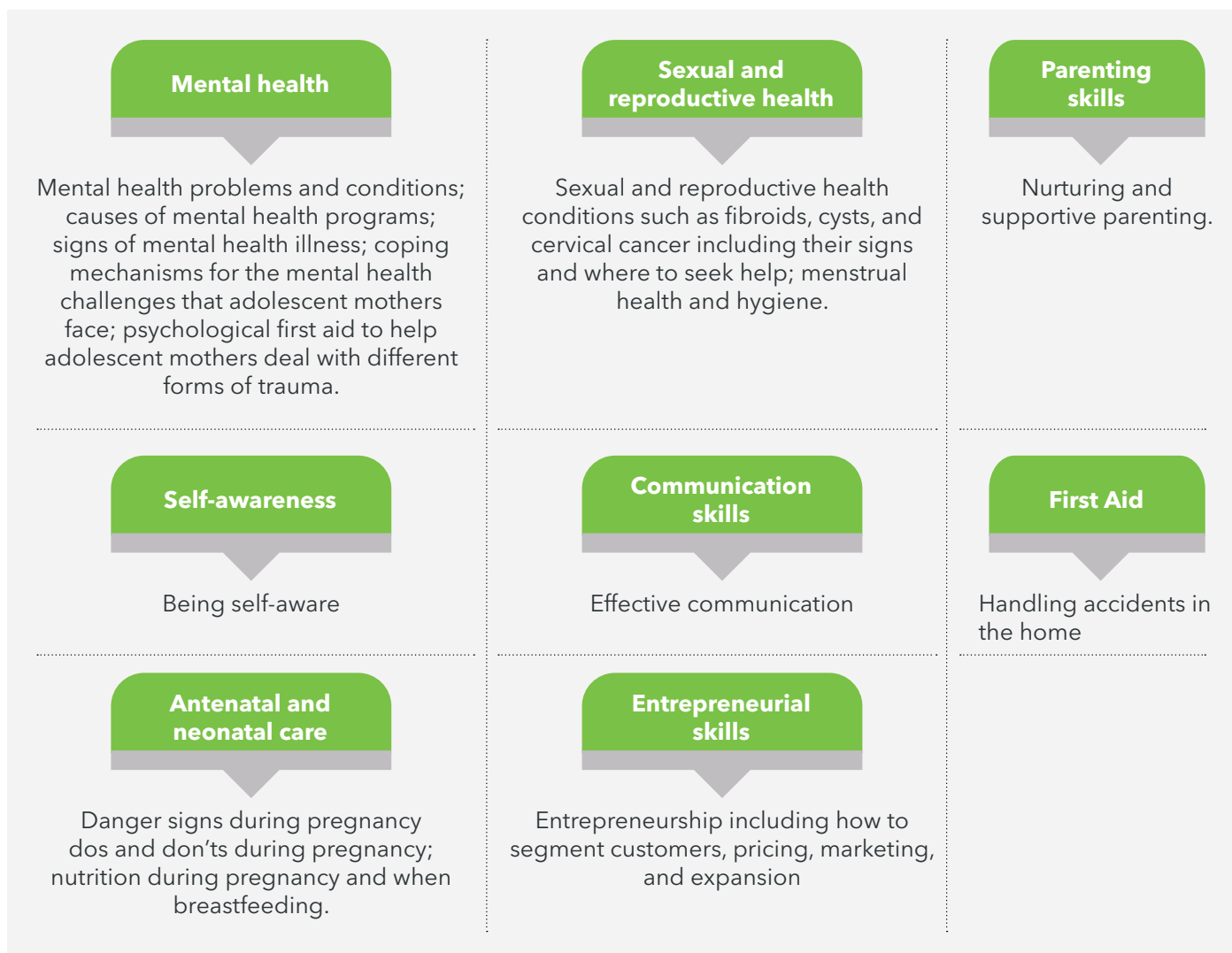


Figure 2. Additional topics recommended for inclusion in the curriculum by adolescent mothers and mentors

The adolescent mothers reported ongoing stigma in their community due to early pregnancy, which has contributed to many experiencing depression. They expressed that the training encouraged and provided them with a sense of belonging and believed that the training should continue. The participants also raised concerns about not getting job opportunities because of their education level and urged the project team to give them special consideration for employment, as they are willing to take any available job. Additionally, some expressed a desire to return to school and requested financial support for their education. One participant suggested establishing sports centers offering a variety of activities to nurture their talents beyond just football and basketball as the existing sports centers.

Discussions and conclusions



This feasibility study shows that the life skills curriculum, developed for use in Malawi and Burkina Faso, is acceptable, relevant, useful, and appropriate for adolescent mothers living in Korogocho slum in Kenya. The curriculum resonated with adolescent mothers because it addressed daily issues and challenges, expanding their understanding of certain issues such as gender-based violence and childcare and challenged their once-held views that were not factual. The curriculum also addressed issues they otherwise did not learn from their parents and their community. The usefulness, relevance, and appropriateness of the curriculum to adolescent mothers demonstrates the need to expand its implementation to similar settings, enabling more adolescent mothers to benefit from it.

While the curriculum was relevant, the adolescent mothers and mentors provided recommendations on some topics that can be added or expanded to make it more comprehensive. They include coping mechanisms for mental health challenges, types, causes, and signs of mental health, signs of fibroids, cysts, and cervical cancer and where to seek help, parenting skills, first aid, communication skills, entrepreneurial skills, self-awareness, menstruation, danger signs of pregnancy, dos and don'ts during pregnancy, nutrition during pregnancy and when breastfeeding. These additional topics highlight the unique needs of adolescent mothers that need to be incorporated into a life skills curriculum targeting them.

Several things worked well during the training as noted by the adolescent mothers and mentors during the interviews. These included effective content delivery methods such as role plays, group discussions, and gallery walks; the availability of psychosocial support; accessible, private, and clean training facilities; and the material, physical, and emotional support provided by implementers. Additionally, the non-hierarchical seating arrangements, and strong teamwork contributed to the training's success. According to participants, these factors created a conducive environment for mutual learning. They also encouraged active participation and built their courage.

On the other hand, some things did not work well and hence need to be improved. These included interruptions caused by crying children, inadequate training space to execute some activities like role plays, absence of child-friendly food, and inability to relate to some of the content owing to the use of foreign names and terms. Understanding both the successful aspects and the areas needing improvement, along with the recommendations, is crucial for anyone implementing a similar curriculum to enhance the effectiveness of the training.

The immediate outcomes reported by adolescent mothers included conducting advocacy against gender-based violence within their community, sharing the learnings with their peers and family, improving savings practices, improved childcare practices, intention to return to school, and self-esteem boost. This underscores the usefulness of the life skills curriculum to adolescent mothers and why it needs to be scaled up.

In conclusion, the life skills curriculum, developed for use in Malawi and Burkina Faso, is acceptable, relevant, useful, and appropriate for adolescent mothers living in Korogocho. This shows that some issues that adolescent mothers face are common across different settings and hence such a curriculum can contribute to addressing some of these concerns. Therefore, there is a need to scale up the life skills training intervention to reach more adolescent mothers in similar settings. In addition, the additional topics that were suggested by the adolescent mothers pinpoint the unique issues that need to be addressed in a life skills curriculum to maximize its relevance and appropriateness.

References

1. Kenya National Bureau of Statistics. Kenya Demographic and Health Survey 2022 [Internet]. 2023 [cited 2024 Mar 22]. Available from: <https://statistics.knbs.or.ke/nada/index.php/catalog/125>
2. UNICEF. Early childbearing and teenage pregnancy rates by country - UNICEF DATA [Internet]. [cited 2023 May 31]. Available from: <https://data.unicef.org/topic/child-health/adolescent-health/>
3. Norton M, Chandra-Mouli V, Lane C. Interventions for Preventing Unintended, Rapid Repeat Pregnancy Among Adolescents: A Review of the Evidence and Lessons From High-Quality Evaluations. 2017 [cited 2023 May 31]; Available from: www.ghspjournal.org
4. Conde-Agudelo A, Rosas-Bermudez A, Castaño F, Norton MH. Effects of Birth Spacing on Maternal, Perinatal, Infant, and Child Health: A Systematic Review of Causal Mechanisms. *Stud Fam Plann* [Internet]. 2012 Jun 1 [cited 2023 May 31];43(2):93–114. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1728-4465.2012.00308.x>
5. Conde-Agudelo A, Rosas-Bermúdez A, Kafury-Goeta AC. Effects of birth spacing on maternal health: a systematic review. *Am J Obstet Gynecol* [Internet]. 2007 Apr 1 [cited 2023 May 31];196(4):297–308. Available from: <http://www.ajog.org/article/S0002937806010064/fulltext>
6. Ajayi AI, Dolapo Somefun O. Patterns and determinants of short and long birth intervals among women in selected sub-Saharan African countries. 2020 [cited 2023 May 31]; Available from: <http://dx.doi.org/10.1097/MD.0000000000002018>

7. Ajayi AI, Athero S, Muga W, Kabiru CW. Lived experiences of pregnant and parenting adolescents in Africa: A scoping review. *Reprod Health*. 2023 Dec 1;20(1).
8. Mangeli M, M, Rayyani M, Cheraghi MA, Tirgari B. Exploring the Challenges of Adolescent Mothers From Their Life Experiences in the Transition to Motherhood: A Qualitative Study [Internet]. Vol. 11, *Journal of Family and Reproductive Health*. 2017. Available from: <http://jfrh.tums.ac.ir>
9. African Population and Health Research Center. Action to empower adolescent mothers in Burkina Faso and Malawi to improve their sexual and reproductive health (PROMOTE) [Internet]. 2022 [cited 2024 Jun 3]. Available from: <https://aphrc.org/publication/action-to-empower-adolescent-mothers-in-burkina-faso-and-malawi-to-improve-their-sexual-and-reproductive-health-promote/>
10. Population Council. Adolescent Girls Initiative-Kenya: Program overview. 2015;
11. Tomlinson M, Marlow M, Skeen S, Stewart J, Cluver L, Sher L. Mphatlalatsane (Early Morning Star) Health and Nutrition Programme Facilitators Manual. 2016;1-45. Available from: https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/plh-mphatlalatsane-early-morning-star-health-and-nutrition-programme-for-12-30-mths.pdf?sfvrsn=6d9fbc2c_2&download=true
12. Ministry of Public Health, Japan International Cooperation Agency. Maternal and Child Health Handbook. 2010.
13. Lachman J. Parenting for Lifelong Health Programme for Young Children-Facilitator Manual. 2018;
14. Mumah JN, Mulupi S, Wado YD, Ushie BA, Nai D, Kabiru CW, et al. Adolescents' narratives of coping with unintended pregnancy in Nairobi's informal settlements. *PLoS One*. 2020 Oct 1;15(10 October).
15. Beguy D, Mumah J, Gottschalk L. Unintended pregnancies among young women living in urban slums: Evidence from a prospective study in Nairobi City, Kenya. *PLoS One*. 2014 Jul 31;9(7).
16. Nkosi B, Zanoni B, Seeley J, Strode A. The ethical-legal requirements for adolescent self-consent to research in sub-Saharan Africa: A scoping review. *Bioethics* [Internet]. 2022 Jun 1 [cited 2024 Aug 10];36(5):576-86. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/bioe.12988>
17. Braun V, Clarke V. One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qual Res Psychol* [Internet]. 2021 Jul 3 [cited 2024 Aug 10];18(3):328-52. Available from: <https://www.tandfonline.com/doi/abs/10.1080/14780887.2020.1769238>



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APHRC Campus, 2nd Floor
Manga Close, Off Kirawa Road
P.O. Box 10787-00100, Nairobi, Kenya
Email: info@aphrc.org