

Adolescent perspectives on peripartum mental health prevention and promotion from Kenya: Findings from a design thinking approach

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Abstract

Adolescent women experience significant mental health vulnerabilities during the pregnancy and postpartum periods, leading to poor antenatal and postnatal care attendance and inferior infant and maternal health outcomes. In Kenya, approximately 20% of adolescent girls ages 15-19 is pregnant or is already a mother (1). Pregnant adolescents often experience stigma and disenfranchisement due to their pregnancy status leading to a lack of mental health interventions within health settings, schools, religious institutions, and communities (2). This paper presents the results of a user-centered design (UCD) focused interviews embedded within a design process used to shape the Helping Adolescents Thrive (HAT) program for Kenyan peripartum adolescents including young fathers. This qualitative study used the design process in a two-stepped approach. First, we constituted a HAT advisory group that, through a series of four workshops, helped identify and articulate mental health promotion needs and deepened the team's understanding of youth-centered thinking. Second, we conducted key informant interviews with 39 pregnant and parenting adolescents to understand their perspectives on mental health prevention and promotion. We found that pregnant and parenting adolescents articulated different needs. Poor support, stigma, and psychological disturbances were areas highlighted by pregnant adolescents. Disturbed relationships, managing motherhood, poor health, and social empowerment were concerns of parenting adolescents. Key informant interviews highlighted sources of stress including economic challenges, fear of delivery, strained relationships, rejection, and stigma. They described psychological disturbances including feeling stressed, worthless, withdrawn, and suicidal. Their coping mechanisms included engaging in domestic activities, hobbies, and social networking. Sources of support included peer, family and spiritual support; school integration, livelihoods, support groups and mentorships. Findings from this study can be used to strengthen policy and practice for mental health prevention and promotion for pregnant and parenting adolescents.

Abstract References

- (1) Kenya Demographic and Health Survey. 2014. Accessed Jan. 18, 2022 from, <https://dhsprogram.com/publications/publication-FR308-DHS-Final-Reports.cfm>
- (2) Osok J, Kigamwa P, Huang K, Grote N, Kumar M. Adversities and Mental Health Needs of Pregnant Adolescents in Kenya : Identifying Interpersonal, Practical , and Cultural Barriers to Care. BMC Womens Health. 2018;1–18.