

Adolescent Mothers' Mental Health Policy Analysis in Kenya

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Abstract:- Kenya has no policy on tackling mental health challenges amongst adolescents, thus perpetuating adolescent pregnancy which is costing the country's GDP US \$168, 028, 000. From 2018 to 2021, 1.4 million adolescents got pregnant, driving up the cases of maternal and child morbidity and mortality. Kenya launched its Mental Health Policy in 2015 and its subsequent regulations to control adolescent pregnancy. However, the ambitious Kenya Mental Health Action Plan 2021-2025 risks missing its targets because of heightened political activities in the country currently. This paper proposes that the national government declares Adolescent mental health a national public health emergency to stop the resultant intergenerational cycle of poverty and poor health outcomes.

I. STATEMENT OF ISSUE

There is no single policy document dedicated to adolescent mothers' mental health in Kenya. The National adolescent, Sexual and Reproductive Health Policy, 2015 does not address mental health of adolescent mothers. However, it focuses on reducing early and unintended pregnancies leaving the adolescents already in the trap helpless. A total of 1,473, 172 adolescents became mothers between 2018 and 2021 (KHIS, 2022) and their mental health status is not monitored by any government document or policy. The number of reported cases insinuate that more than 2.8 million underage Kenyans were pushed into vulnerability to mental health disorders, within a period of three years.

Organisation unit	Period / Data	MOH 711 No. Adolescents (10-14 years) Presenting With Pregnancy at 1st ANC Visit	MOH 711 No. Adolescents (15-19 years) Presenting With Pregnancy at 1st ANC Visit
Kenya	2021	23,279	294,365
	2019	20,121	376,725
	2020	16,957	314,590
	2018	22,451	404,684
Total		82,808	1,390,364

Fig. 1: Adolescent pregnancies in Kenya between 2018 and 2021 adopted from Kenya Health Information System

The high prevalence of adolescent pregnancy in Kenya is partly the cause of high rate of maternal and child morbidity rates in the country. As this vice goes untamed, adolescent pregnancy becomes a major contributor to intergenerational cycle of poverty and poor health outcomes thus evolving into a wicked problem (Kassa, Arowojolu, Odukogbe, & Yalew, 2018). Teenage pregnancy not only ruins lives but also robs Kenya's economy 17% of its annual GDP which is an estimated US \$ 168, 028, 000 (AFIDEP, 2019)

II. CONTEXT OF ADOLESCENT MOTHERS' MENTAL HEALTH IN KENYA

The Kenya Mental Health policy, 2015 recognizes adolescents as more vulnerable to mental disorders and in need of targeted interventions. Adolescent pregnancy predisposes young girls to serious mental health and psychosocial disorders, particularly depression. Despite the high prevalence of adolescent pregnancy in the country, the mental health of these young girls is highly understudied and therefore not well understood (Osok, Kigamwa, Stoep, Huang, & Kumar, 2018). Also, there is overwhelming

evidence suggesting that the risk of depression is elevated by factors such as a previous adolescent pregnancy, low partner age and adolescents whose mothers themselves had early unintended pregnancies (Juma, Alaii, Bartholomew, Askew & Van den Born, 2013).

The Kenyan government has shown commitment to the improvement of Adolescent Sexual and Reproductive Health (ASRH) in the country by ratifying several international treaties. These include the Ministerial Commitment on Comprehensive Sexuality Education and SRH Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013). In 2015, the government of Kenya adopted the National adolescent, Sexual and Reproductive Health Policy (KNASRHP, 2015) which defines structures and key components of ASRH to facilitate their mainstreaming in all sectoral planning activities (KNASRHP, 2015). This policy was enacted alongside the Kenya Mental Health Policy which indeed recognizes adolescents as a vulnerable group but pays no specific attention to adolescent mothers since they are more exposed.

The threemajor obstacles to the realizations of the ambitions of these policy documents are; ineffective implementation and lack of accountability mechanisms for effective service delivery, monitoring and evaluation (Perehudoff, Kibira, Wuyts, Pericas, Omwoha, van den Ham, &Michielsen, 2022). Underfunding of SRH activities in the country still persist despite the presence of many partners. Donor commitments have grown, all SRH outcomes have improved but not enough to meet targets (Kibira, Asiimwe, Muwonge, Van den Ham, Reed, Leufkens, & Mantel-Teeuwisse, 2021).

Effective provision of ASRH services require functional health systems as envisioned in the KNASRHHP, 2015. However, the health systems in the country are highly dysfunctional. Poor leadership and management, coupled with inadequate human resource and budgetary allocation have crippled health systems in the continent over the years (Oleribe, Momoh, Uzochukwu, Mbofana, Adebisi, Barbera, & Taylor-Robinson, 2019). Despite signing the Abuja declaration, the country has not reached the 15% allocation for health services as pledged in 2001 (Zimano, 2020).

III. POLICY RECOMMENDATIONS

A. Policy option 1: Declare Adolescent mental health a national public health emergency

Over the years, adolescent pregnancy has been viewed from the lens of societal structures that offerfemale adolescents "too little too late": too little reason to stay in school, too little assistance in birth control, too little opportunity forchildcare, health services, vocational training or decent jobs, and toolittle understanding of the responsibilities of single parenthood. Also, the legislative and judicial processes around this matter have not bothered to be more informed on the experience of women or the consequences of other public policies in driving up the numbers of adolescent pregnancy (Odejimi & Young, 2014). It is therefore time to give adolescent mental health a broader view and attention as this wicked problem will not go away without such.

Each one of the 47 County Governments are all aligning their agenda to their priorities. The only way to have everyone in the nation focus on this unfolding epidemic is to have the central government lead the offensive.

a) Advantages

- Channeling of most government resources to health systems strengthening for provision of mental health services to adolescents
- Draw the attention of donor community to finance interventions geared towards improving the mental health of adolescents in the country
- Improved mental health awareness in the country.

b) Disadvantages

- Other programs of national importance may lose funding

B. Policy option 2: The National government to prioritize the implementation of the Kenya Mental Health Action Plan 2021-2025

a) Advantages

- Establishment of an independent mental health board or equivalent governance institution such as a mental health commission/authority.
- Enhanced research and knowledge on contextual mental health issues
- Establishment of secondary and tertiary health facilities to avail specialized user-friendly child and adolescent outpatient and inpatient mental health services
- Establishment of special targeted users' friendly clinics for vulnerable populations, children and adolescents

b) Disadvantages

- Risk of failure if this added responsibility is not accompanied by the requisite finances and capacity to County Governments
- The targets set for 2022/23 may be missed due to heightened political activities in the countries thus diverting government attention.

IV. POLICY RECOMMENDATION

COVID-19 is exerting a lot of life pressures on adolescents and their families, causing an upsurge in mental health conditions in a health system that is ill prepared to handle these needs. This paper therefore recommends that the national parliament approves policy option 1. This option is to declare adolescent mental health a national emergency. This option has the advantage of convergingthe attention and resources of government and donors to adolescent mental health programs. This option will also pave way to effect the Public Health Emergency Operations instruments.

This is a worthwhile option because it will save the Kenyan government from the annual loss of US \$ 168, 028, 000 that adolescent pregnancy causes the country's GDP. This option will also affirm Kenya's commitment to the Ministerial Commitment on Comprehensive Sexuality Education and SRH Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013)

The Ministry of Interior and Co-ordination of National Government to guide the establishment of a secretariat formed by ministries of; Public Service, Youth and Gender; Water and Sanitation, Ministry of Labour and Social Protection; Education, Ministry of Sports, Culture and Heritage; Information, Communication and Technology; Devolution and the ASALS; Transport, Infrastructure, Housing, Urban Development and Public Works; Agriculture, Livestock, Fisheries and Irrigation; Health and the National Treasury and Planning. The secretariat shall then come up with apolicy document to present to parliament for ratification. The ratification process should involve undertaking public participation where all relevant stakeholders are invited.

V. CONCLUSION

Kenya's Permanent Secretary for the Ministry Health Susan Mochache recently revealed that Kenya has the third highest teen pregnancies worldwide. One in every five adolescents aged 15 -19 are already mothers or pregnant with their first child (Mwadime, National Aids Control Council, 2022). Evidence has shown a positive correlation between adolescent pregnancy and mental disorders. Adolescent pregnancy has been shown to precede mental health disorders and vice versa (Tebb, & Brindis, 2022). It is therefore important for the Ministry of Health to pay attention to adolescent mental health to curb teenage pregnancy and allow adolescents to fully utilize the second window of opportunity for growth after the first one thousand days of life.

REFERENCES

- [1.] Juma, M., Alaii, J., Bartholomew, L. K., Askew, I., & Van den Born, B. (2013). Understanding orphan and non-orphan adolescents' sexual risks in the context of poverty: a qualitative study in Nyanza Province, Kenya. *BMC International Health and Human Rights*, 13(1), 1-8.
- [2.] Kassa, G. M., Arowojolu, A. O., Odugogbe, A. A., & Yalaw, A. W. (2018). Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and meta-analysis. *Reproductive health*, 15(1), 1-17.
- [3.] Kibira, D., Asimwe, C., Muwonge, M., Van den Ham, H. A., Reed, T., Leufkens, H. G., & Mantel-Teeuwisse, A. K. (2021). Donor Commitments and Disbursements for Sexual and Reproductive Health Aid in Kenya, Tanzania, Uganda and Zambia. *Frontiers in public health*, 9, 278.
- [4.] Mwadime, N. A. C. C. E. (2022, July 14). Let's join hands to end the triple threat among teenagers, young women, urges PS Mochache. National AIDS Control Council. Retrieved July 28, 2022, from <https://nacc.or.ke/lets-join-hands-to-end-the-triple-threat-among-teenagers-young-women-urges-ps-mochache/>
- [5.] Odejimi, O., & Young, D. B. (2014). A policy pathway to reducing teenage pregnancy in Africa. *Journal of Human Growth and Development*, 24(2), 135-141.
- [6.] Oleribe, O. O., Momoh, J., Uzochukwu, B. S., Mbofana, F., Adebisi, A., Barbera, T., ... & Taylor-Robinson, S. D. (2019). Identifying key challenges facing healthcare systems in Africa and potential solutions. *International journal of general medicine*, 12, 395.
- [7.] Osok, J., Kigamwa, P., Stoep, A. V., Huang, K. Y., & Kumar, M. (2018). Depression and its psychosocial risk factors in pregnant Kenyan adolescents: a cross-sectional study in a community health Centre of Nairobi. *BMC psychiatry*, 18(1), 1-10.
- [8.] Perehudoff, K., Kibira, D., Wuyts, E., Pericas, C., Omwoha, J., van den Ham, H. A., ... & Michielsen, K. (2022). A comparative human rights analysis of laws and policies for adolescent contraception in Uganda and Kenya. *Reproductive health*, 19(1), 1-14.
- [9.] Rhode, D. L. (1993). Adolescent pregnancy and public policy. *Political Science Quarterly*, 108(4), 635-669.
- [10.] Tebb, K. P., & Brindis, C. D. (2022, January). Understanding the Psychological Impacts of Adolescent Pregnancy through a Socio-ecological Framework and Life Course Approach. In *Seminars in reproductive medicine*. Thieme Medical Publishers, Inc
- [11.] Zimano, F. R. (2020). The catch-22 in pre-set budgetary allocations: the case of 2001 Abuja Declaration. *International Journal of Human Rights and Constitutional Studies*, 7(2), 149-157.