

A toolkit for helping adolescent mothers manage stress



A TOOLKIT TO
SUPPORT AND BUILD
RESILIENCE, AND
STRONG MINDS
OF ADOLESCENT
MOTHERS

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- Antenatal and Hospital delivery by healthcare provider
- Family planning-Facilitated by healthcare provider/CHV
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- Economic empowerment
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01 Acknowledgements

02 Introduction/Background (incl. mental stressors and coping strategies)/Background (incl. mental stressors and coping strategies)

Step 4: Confidence- building (Problem Management plus, managing stress, get going keep doing, symbol of hope) (Breathing exercises, Meditation, pre and post natal yoga)

04 General instructions for administering the toolkit

05 Sections of the toolkit:

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INTRODUCTION

The adolescent stage is coupled by a myriad of challenges during the changes from childhood to adulthood. This stage is influenced by factors including physical and social changes as well as emotional and hormonal changes. To cope with these changes, the adolescent acquires new habits, change of behavior and acquires new relationships/friendships.

Key Facts (WHO, 2012):

- About 16 million adolescent girls give birth every year - most in low- and middle-income countries, Kenya included.
- An estimated three million girls aged 15-19 undergo unsafe abortions every year.
- In low and middle-income countries, complications from pregnancy and childbirth are a leading cause of death among girls aged 15-19 years.
- Stillbirths and newborn deaths are 50% higher among infants of adolescent mothers than among infants of women aged 20-29 years.
- Infants of adolescent mothers are more likely to have low birth weight.

The reproductive health status of adolescent girls in Nairobi slums is of concern; with approximately 41% having experienced a pregnancy and nearly half of which are unintended (Beguy et al., 2013). Giving birth as an adolescent has many risks including adverse maternal and perinatal outcomes (Ganchimeg et al., 2014). Lack of contraceptive knowledge stemming from poor and/or limited sexual health education is a major factor. Unintended pregnancies among adolescents in this setting are linked to low use of appropriate maternal health care services and are a major cause of unsafe abortions.

Most of the public health facilities in Nairobi slums do not have skilled personnel or the basic equipment needed to provide quality information and services (APHRC, 2014). In the facilities that do exist, perinatal mental health is usually not prioritized due to other competing health challenges that require urgent attention (Jenkins et al., 2010; Kakuma et al., 2011; National Academies of Sciences & Medicine, 2016). Therefore, the mental health and wellbeing of slum populations, and adolescents in particular, is constantly under threat. Research has shown that adolescent pregnancies are on the rise in low income countries, especially in informal settlements (Beguy, Mumah, & Gottschalk, 2014; WHO, 2012).

The adolescent girls who elect to keep their babies are often isolated from their families and are pushed to drop out of school. There is limited knowledge and confidence towards child feeding and care, owing to limited professional support. As a result the adolescent girls who face such challenges have a high risk of postpartum mental stress.

It is thus imperative to provide a circle of support around the adolescent girl that will seek to understand and acknowledge and address these changes and challenges; provision of youth friendly services as well as tailored made communication for this adolescent stage is also a necessity in addressing the increased adolescent pregnancies in the country.

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**STRONGER
MINDS FOR
STRONGER
ADOLESCENT
MOTHERS**

OVERVIEW OF THE TOOLKIT

The Sasa Mama Teen (maternal mental health) Project aimed to co-design and test the feasibility of a youth-friendly toolkit of information, skill and confidence building and coping mechanisms that can effectively shield them and their peers against the risks of mental stress during pregnancy and early motherhood. The project had three phases. Phase 1 consisted of initial interactions with adolescent girls and qualitative data collection to capture their experiences with stress or/and depression during pregnancy and early motherhood in Nairobi slums. A representative sample of 30 adolescent girls aged 12-19 years old, pregnant or who recently gave birth (up to 12 months postpartum) were drawn from 4 major slums (Kangemi, Kawangware, Viwandani and Korogocho). Phase 2 consisted of analysis of the data from Phase 1 and development of the toolkit. Phase 3 the project team tested the feasibility of the designed toolkit in promoting resilience and stronger minds among adolescent girls. Approximately 128 girls were recruited and enrolled into the feasibility phase that was to run for 3 months. The inclusion age and status was 12-19 years old, pregnant or who recently gave birth, and a resident from the 4 slums. The girls were grouped based on status (pregnant, 0-6 months, 7-12 months and 12 months++). The 12 sessions of the toolkit were carried out weekly for 3 months by specialized facilitators. Qualitative Interviews were conducted at the end of the phase to capture the perceptions of the participants on the toolkit.

GENERAL INSTRUCTIONS FOR ADMINISTERING THE TOOLKIT

This toolkit is intended for use by researchers and community development professionals with a focus on maternal health and wellbeing. Some key things to consider prior and during its use include:

- A venue that provides a clean, safe and spacious environment for discussion
- A convenient time for discussion. In our experience, any time after 9 o'clock was okay and duration of not more than 2 hours.
- Recruitment - employ fairness and willingness to participate in the recruitment process. The

user can use word of mouth/ referral system to recruit the girls.

- It is important to consider having snacks or meals during the discussions, as most girls are either expectant or breastfeeding.
- There is also need for a babysitting service for the older children where they can be taken care of, allowing the mother peace of mind.
- For some of the sessions, healthcare providers and mental health experts may be required.
- Consider providing stationery during discussions, such as notepads, pencils, markers, plain paper and pens.
- If incorporating relaxation exercises such as yoga, please consider working with yoga instructors or using yoga videos, and provide a suitable environment and equipment for these exercises.

SECTIONS OF THE TOOLKIT

- **Step 1: Empathy - the pregnant adolescent's journey (Story ya Sue)**

Session Objective	The main aim of this session is to identify the different mental stressors and coping strategies used by adolescent mothers in Nairobi's informal settlements.
Content of discussion	During the discussions, the girls should be encouraged to discuss the various mental pressures they are undergoing, and the different coping mechanisms that they use. To aid the discussions, the Story of Sue can be used as a guide as it depicts some of the stresses and coping strategies that girls in our engagement used.

Exercises	As part of the exercises, ask the girls to write down their mental stresses. If possible, get them to take photos of issues they consider as stressors, and share with other members of the group. See examples of documentation of stresses and coping mechanisms produced during our engagement.	
	 Girls being chased away from home... "they (parents) claim that they never had babies out of wedlock. So, it's an embarrassment to them for you to have a baby out of wedlock... they also claim that our age mates are still in school" (FGD with adolescent girls)	 Stigmatization in school... "At school, there is a problem because you will just keep quiet. You get discriminated by others because you are pregnant and laughed at...some go back to school but no concentration as their mind is thinking about the baby at home. In school, some friends will make you the topic of the day..." (FGD with adolescent girls)
	 Getting a job is hard with a baby"...House girl job will be difficult to go with your kid...R6: they think that instead of working you will concentrate with your child...so you will not be given the job" (FGD with adolescent girls)	 Friends reactions..."they rejected me and that's where my worries began because they were avoiding me...they started talking behind my back that I even let my parents down, I disappointed them". (IDI with pregnant adolescent)
	 The dirty environment has consequences...brings diseases...the baby gets sick and you don't have money to go to hospital...our issue is money (FGD with adolescent girls)	
Resources	Stationery during discussions, such as notepads, pencils, markers, plain paper and pens.	
Recommendations	This exercise requires a relaxed atmosphere	



STORY YA SUE

LOCATION: AN INFORMAL SETTLEMENT, SOMEWHERE IN THE HEART OF NAIROBI.



THE PEOPLE IN SUE'S LIFE



SUE'S MUM,
SINGLE MOTHER.



CARO,
SUE'S LATE
FATHER'S SISTER.



SUE,
15 YEARS OLD
HIGH SCHOOL
STUDENT.



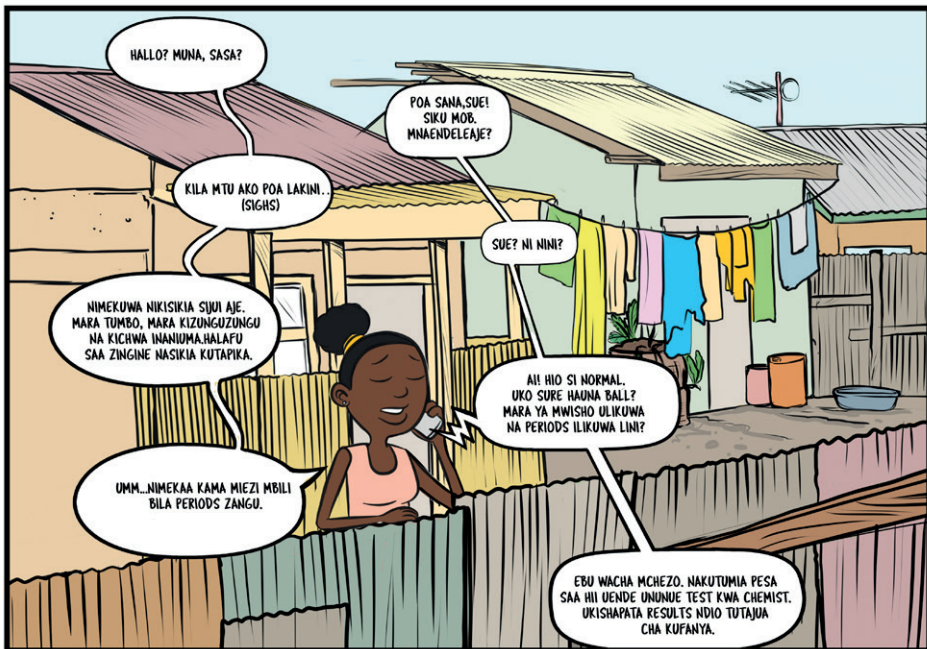
MUNA,
ELDER SISTER.



NURSE MARY



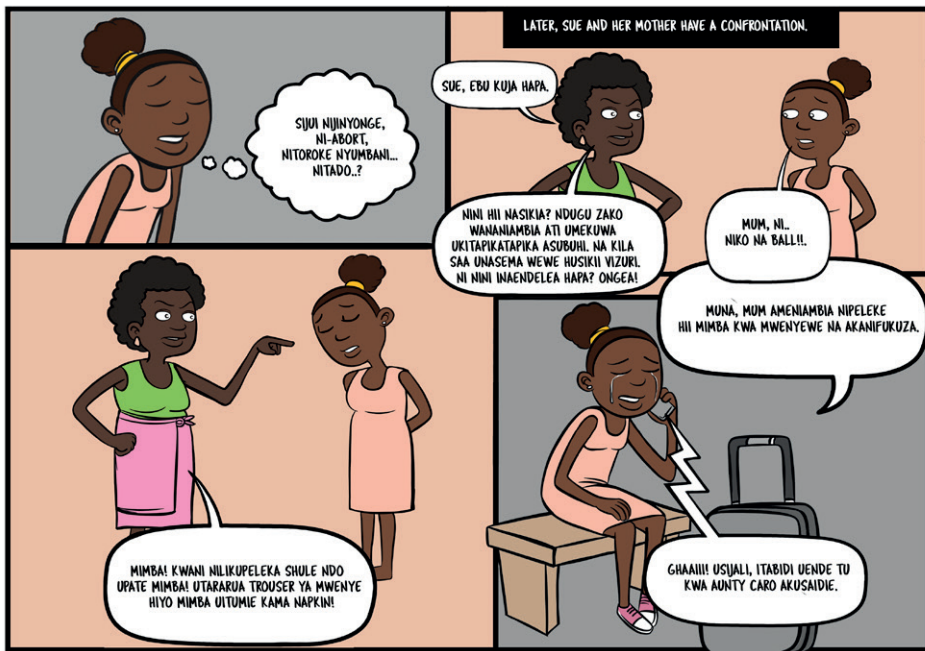
BRAYD
SUE'S BOYFRIEND,
A LOCAL MATATU TOUT
22 YEARS OLD





SUE MEETS WITH BRAYO.





SUE GOES TO HER AUNT'S HOUSE.

MSICHANA WANGU,
NIAMBIE NI NINI IMEFANYIKA?

NIMEAMBIA MUM NIKO
NA BALL AKANIFUKUZA.

WOI SUEI
NALEWA SAHIZI UKO NA STRESS
MINGI SANA, TUTANG'ANG'ANA TU NA WEWE
HAPA KWANGU. LAKINI NAJUA SIKU MOJA MAMA
YAKO ATAKUSAMEHE MIMBA YAKO
IKO NA MIEZI NGAPI?

NIKO KARIBU
MIEZI NNE SASA.

HIO BADO NI NDOGO SANA
NA BADO UNAWENZA KUENDELEA NA
SHULE. MIMBA SI UGONJWA AU
MWISHO WA MAISHA.

LAKINI AUNTY NINAOGOPA. WATU HUKO HJE WASHAANZA
KUNISENGENTA, WANASEHA ATI MIMI SASA NIMECHAPA.
RAFIKI YANGU HATA ALINIAMBIA MIMI NI FALA SANA KUSHIKA
BALL. BRAYO PIA HADAI STORI ZANGU. YAKINI HATA SUJUKII
KUENDELEA SHULE AMA KUONEKANA NA WATU. KAMA SI
KUBONGA NA MUNA, LABDA HATA NINGEKUWA NIMEFANYA
KITU MBAYA SANA.



(FIRST TIME ANC) SUE AND HER AUNT WALK INTO A CLINIC. THERE ARE WOMEN AT VARIOUS STAGES OF PREGNANCY AND MOST OF THEM SEEM OLDER THAN HER. SHE CAN ONLY IMAGINE WHAT'S RUNNING THROUGH THE MINDS OF THE OTHER WOMEN. AS IF READING HER MIND, HER AUNT GRABS HOLD OF HER HAND AS THEY TAKE THEIR PLACE IN THE QUEUE. THERE ARE BENCHES LINED AGAINST THE WALLS, WHICH BEAR COLOURFUL POSTERS OF DIFFERENT HEALTH MESSAGES. ONE, IN PARTICULAR, JUMPS OUT AT HER- "A HAPPY HEALTHY MOTHER, IS A HEALTHY BABY."



HABARI YA LEO,
SUSAN.
HII NI MARA YAKO
YA KWANZA HUKU?

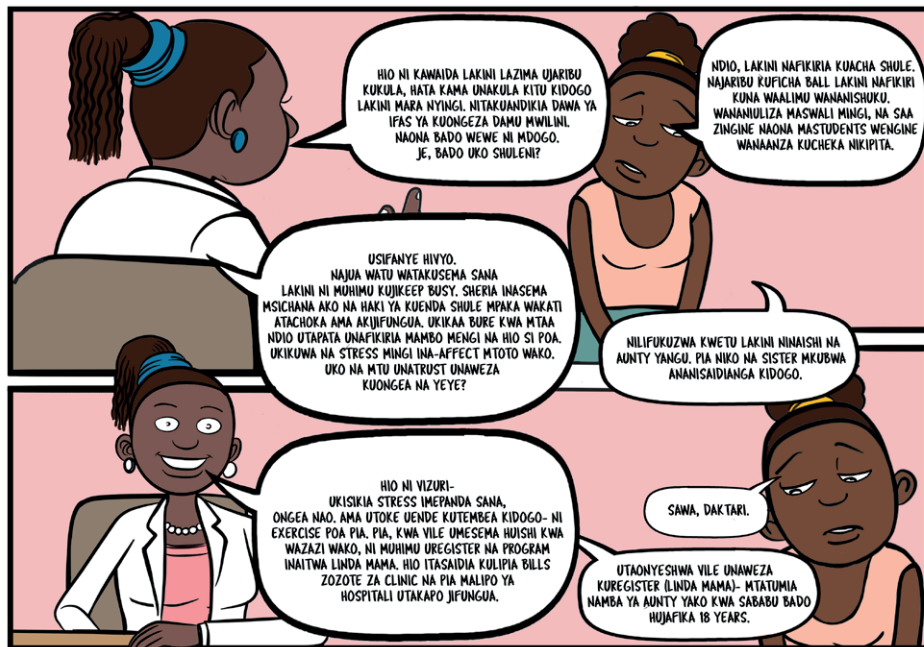
NDIO. NIMELETWA NA
AUNTY YANGU.

HAYA BASI. TUTAANZA NA TESTS KADHAA NDIO
TUWEZE KUJUA KWA HAKIKA MIMBA YAKO NI YA MIEZI
NGAPI NA PIA TUJUE HALI YAKO YA AFYA. SAWA?

KABLA UENDE KWA LABORATORY. NINGEPENDA
NIKUELEZE KUWA NI MUHIMU UJANGALIE-
KWA SASA HII MWILI SI YAKO PEKE YAKO, NI VIZURI
UKULE A BALANCED DIET, YAANI, CARBOHYDRATES,
VITAMINS NA PROTEINS.
USITUMIE MADAWA YA KULEVYA

NA PIA NINGEPENDA KUKUELEZA KUWA
UNAFAA KUJUA CLINIC ATLEAST MARA NANE
KABLA YA KUJIFUNGUA ILI KUHAKIKISHA AFYA
YAKO NA YA MTOTO IKO SANA, KUTATAUA
SHIDA YOYOTE KAMA IKO NA PIA
KUHAKIKISHA KUWA UKO NA EXPERIENCE
POA UKIWA NA MIMBA, UNAPOJIFUNGUA
NA BAADA YA KUJIFUNGUA.

NDIO DAKTARI. LAKINI
NAJARIBU KUKULA LAKINI
SANA SANA SINA APPETITE.
PIA NINATAPIKA SANA.



HABARI DAKTARI?

NINASIKIJA POA.
KUTAPIKA IMEPONGUA KIASI
NA NIMEANZA KUACCEPT BALL.

EH, KILA SAA ANAPIGA TEKE.
HATA SAA ZINGINE NASIKIJA
ANANIKANYANGA KANYANGA.

TUMEANZA KUJIPANGA KIDOGO.UNAJUA KWETO HATUJIWEZI,
ILIBIDI NIWACHE SHULE NDO NIWEZE KUFANYA YIBARUA MTAANI
ILI NIWEZE KUPATA PESA KIDOGO YA KUJISKUMA KIMAISHA.PIA,
BALL ILIKUWA IMEANZA KUONEKANA NA NILIKUWA NA AIBU
YA KWENDA HIYO SHULE

SAWASAWA. LAKINI NIKO NA SWALI- KAMA SIWEZI KUFANYA
KAZI MINGI, NITATOA WAPI PESA ZA KUNUNUA YITU ZA MTOTO?
NA MAMBO YA HOSPITALI AKISHAZALIWA?

MZURI SANA, SUE.
MWEZI IMEPITA TAYARI?
MNAENDELEAJE?

HIO NI VIZURI SANA.
UNASIKIAJE MTOTO
KWA TUMBO?

HIO NI KAWAIDA. INAMAANISHA
ANAENDELEA VIZURI NA ANAKUWA
HEALTHY. KILA SIKU LAZIWA USIKIE
AKICHEZA, NA UMEANZA KUJTAYARISHA
NA VITU ZA MTOTO?

NI MUHIMU KUKEEP BUSY LAKINI
USJUSUKUME SANA. HATUTAKI KITU
YOYOTE IFANYIKIE MTOTO. KWA HIYO
UKIANZA KUSIKIA UCHUNGU AMA
UANZE KUTOKA DAMU UKUJE HAPA
KWA CLINIC MARA MOJA.

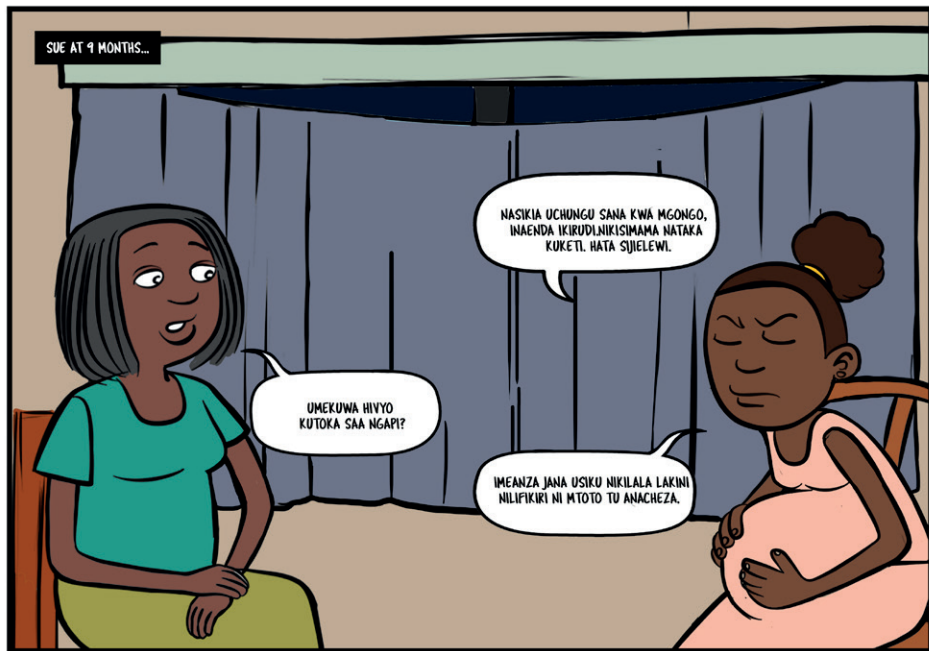
KWA SARABU ULIREGISTER KWA LINDA MAMA SERIKALI
INALIPIA KILA KITU MPAKA WAKATI WA KUJIFUNGA. LAKINI PIA
UNAEWA KUEKWA PESA KIDOGOKIDOGO KAMA 30 B0B, 50 B0B
KWA MTIBA. HIO NI PLAN YA KUSAVE PESA KWA SIMU NA UNAEWA
KUTUMIA HIO PESA KWA MATIBABU YAKO NA MTOTO HOSPITALINI
BAADA YA KUZALIWA.

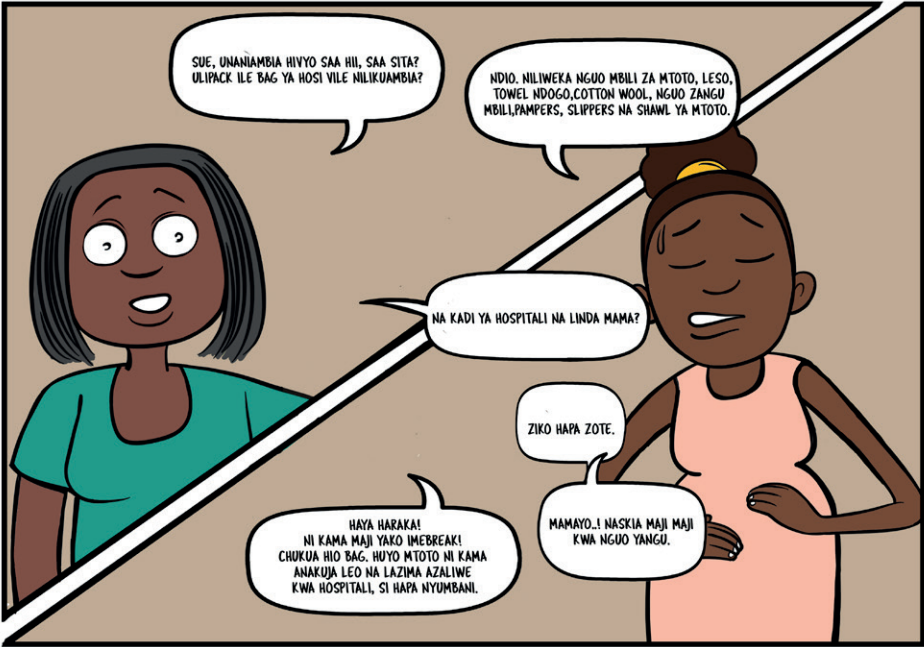
SUE AT 9 MONTHS...

UMEKUWA HIVYO
KUTOKA SAA NGAPI?

NASIKIA UCHUNGU SANA KWA MGONGO,
INAENDA IKIRUDNIKISIMAMA NATAKA
KUKETI. HATA SJIELEWI.

IMEANZA JANA USIKU NIKILALA LAKINI
NILIFIKIRI NI MTOTO TU ANACHEZA.





SUE, UNANIAMBIA HIIYO SAA HII, SAA SITA?
ULIPACK ILE BAG YA HOSI VILE NILIKUAMBIA?

NDIO, NILIWEKA NGUO MBILI ZA MTOTO, LESO,
TOWEL NDOGO, COTTON WOOL, NGUO ZANGU
MBILI, PAMPERS, SLIPPERS NA SHAWL YA MTOTO.

NA KADI YA HOSPITALI NA LINDA MAMA?

ZIKO HAPA ZOTE.

HAYA HARAKA!
NI KAMA MAJI YAKO IMEBREAK!
CHUKUA HIO BAG. HUYO MTOTO NI KAMA
ANAKUJA LEO NA LAZIMA AZALIWE
KWA HOSPITALI, SI HAPA NYUMBANI.

MAMAYO...! NASKIA MAJI MAJI
KWA NGUO YANGU.

AT THE HOSPITAL

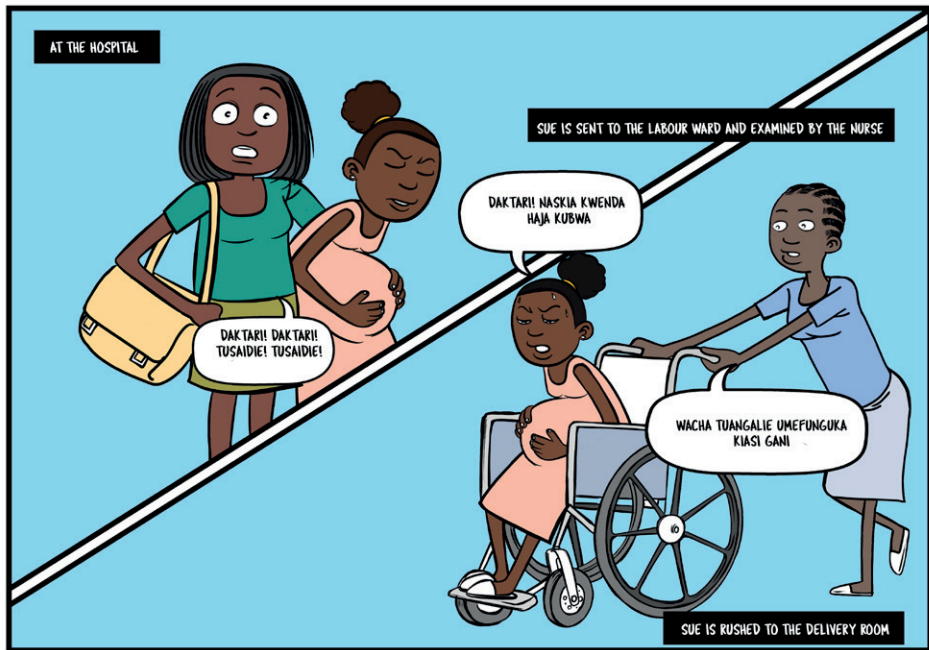
DAKTARI! DAKTARI!
TUSAIDIE! TUSAIDIE!

DAKTARI! NASKIA KWENDA
HAJA KUBWA

SUE IS SENT TO THE LABOUR WARD AND EXAMINED BY THE NURSE

WACHA TUANGALIE UMEFUNGUKA
KIASI GANI

SUE IS RUSHED TO THE DELIVERY ROOM





AT HOME...

SUE, JANA USIKU HUYU MTOTO
ALILIA SANA, ULILALA HATA?

EHI POLE SANA,
NITAKUFUNZA JINJI YA KUMWEKA KWA
MATITI ILI AWIJEZE KUNYONYA VIZURI. OHI NA PIA UNAFAA
KUPUNGUZA MAWAZO NA KUKULA VIZURI VILE ULIAMBIWA
HOSPITALINI.

NI MUNGU TUI HATA SJALALA USIKU
YOTE. SJUI KUMWEKA VIZURI KWA MATITI NDO
ANYONYE, MATITI ZANGU ZINAUMA,
ZIKO NA TU VIDONDA NA SIDHANI NIKO MAZIWA
YA KUTOSHA SASA HATA MTOTO HAWESI SHIBA.

ATLEAST HATUNA STRESS YA
PAMPERS KWA SABABU
TULIKUWA TUMESAVE.



AT 10 WEEKS -PNC VISIT

HABARI YA MAMA AYDEN?

MZURI SANA, DAKTARI.

MMEKUJA CHANJO YA PILI?

NDIO

NAPENDA VILE UNAFUATILIA CLINIC. HIO NI MUHIMU SANA ITAKUSAIKIA WEWE NA MTOTO WAKO.CHANJO ITAMKINGA MTOTO WAKO KUTOKANA NA MAGONJWA MENGI BADO UNAMNYONYESHA?

HUYU BADO TUMBO YAKE HAJAKOMAA KWA HIVYO KAZANA NA YEYE NA MAZIWA YAKO. JARIBU KUKULA VITU AMBAYO VITAKUONGEZA MAZIWA...HALAFU UNAKUMBUKA TULIONGELEA MAMBO YA CONTRACEPTIVES CLINIC YAKO YA KWANZA, ULIAMUJAE?

NDIO. LAKINI, DAKTARI, HUYU NI KAMA HASHIBI. HATA NAFIKIRIA KUMWANZISHIA UJI.

BADO NAFIKIRIA HATA NIMEONGEA NA AUNTY YANGU, LAKINI KWA SAHI BADO NA ABSTAIN.

HIYO NI POA LAKINI NI VIZURI UJUE OPTIONS ZINGINE.



OBJECTIVE:
IDENTIFY MAJOR
EVENTS IN LIFE
THAT **PRECIPITATE**
EMOTIONAL
UNCERTAINTIES

- Step 2: Pre-assessment - (River of Life, and Mental health assessment - continuous assessment of weekly calendar)

Session Objective	To identify major events in life that precipitate emotional uncertainties
Content of discussion	The session entails describing life through a river metaphor and allowing the girls to depict major events both positive and negative that have evolved around their pregnancy to the day of the sitting. Introduce depression and anxiety screening tools and allow the girls to fill in the questionnaire (World Health Organization depression & Anxiety scale -WHODAS) scores of 4 & 5 require immediate referral and linkage with the nearest health facility or mental health facility.
Exercise	Allow the girls to depict life events by making a sketch on a piece of paper. While sketching the river provide explanations along the river or in the river. An example of the feeling achieved by the girls after drawing the river of life <i>"I did not like that river of life at the beginning because whenever I drew the challenges I was going through it was not a very good experience because I had passed through a lot. I was not finding it easier to write but as I continued to write and it is information that was supposed to be kept well, I just wrote and I felt better finding that it was not just me alone going through those challenges" (FGD participants).</i>
Resources	Plain drawing paper,assorted crayons & pencil
Recommendations	This exercise requires a relaxed atmosphere

- **Step 3: Addressing information gaps**

Session Objective	The main aim of this session is to provide information identified as not readily available to adolescent mothers, that would enable them to take better care of themselves and their children.
Content of discussion	These sessions will be structured around six hours (two hours each) addressing the following areas: • Antenatal and Hospital delivery by healthcare professionals. • Family planning-Facilitated by healthcare professionals. • Post natal care and Childcare session- facilitated by health professionals. • Economic empowerment- facilitated by financial experts • Health Insurance - this can be facilitated by a professional from the health insurance industry
Exercise	These sessions will involve going over the different illustrations as provided.
Resources	<u>ANTENATAL CARE</u> What to expect: Tetanus vaccine, Iron andolate (IFAS) and Prevention of Mother to Child transmission (PMTCT) - to mothers who have tested HIV positive. Calculation of Expected delivery date. -Laboratory tests -Haemoglobin levels (Hb) -Blood group -Rhesus -Serology (VDRL/RPR) -HIV testing including counseling -Urinalysis

2016 WHO ANC MODEL

First trimester

Contact 1: up to 12 weeks

Second trimester

Contact 2: 20 weeks

Contact 3: 26 weeks

Third trimester

Contact 4: 30 weeks

Contact 5: 34 weeks

Contact 6: 36 weeks

Contact 7: 38 weeks

Contact 8: 40 weeks

Return for delivery at 41 weeks if not given birth.

Mnyonyeshe mtoto wako katika dakika 30 za kwanza baada ya kuzaliwa.



Mnyonyeshe tu mtoto wako bila ya kumlisha vyakula vingine kwa miezi 6 ya kwanza.

Watoto ambao hunyonyeshwa tu bila ya kumlisha vyakula vingine hukua vyema, na kuugua mara chache mno na kufanya vyema zaidi shuleni. Kwa miezi 6 ya kwanza, watoto hawaitaji aina zingine za vyakula au vinywaji vingine, si hata maziwa ya mfulgo, maji, uji au matunda. Kumpa mtoto wako maziwa ya mfulgo katika miezi 6 ya kwanza ni hatari sana na ni tendo linaloweza kumliya mtoto wako kuwa mgonjwa.

Unaweza kutengeza maziwa ya kutosha kunyonyesha mtoto wako.

Mnyonyeshe mtoto wako kila anapataka kunyonya mchana na usiku. Hii itakusaidia kutengeza maziwa ya kutosha. Unavyonyesha zaidi, ndivyo unavyozidi kutengeza maziwa zaidi. Wanawake wote wana uwezo wa kutengeza maziwa ya kutosha kuwanonyesha watoto wao.



Ijee hali yako ya HIV.

Kina mama walio na virusi vya HIV wanahitaji ushauri mahususi kuhusiana na jinsi ya kuwalisha watoto wao ili kuzuia watoto wao kuambukizwa na virusi vya HIV. Sema na mhudumu wako wa kiafya kwa habari na ushauri.

Kamua maziwa yako ikiwa utakuwa mbali na mtoto kwa muda.

- Zungumza na mhudumu wa afya na kina mama wengine ili kujifunza jinsi ya kukamua maziwa kwake mwenyewe.
- Kamua maziwa kwa kutumia mikono yako mwenyewe baada ya kunywa kwa maji safi na sabuni.
- Maziwa yaliyokamuliwa yanaweza kuhifadhiwa mahali salama kwenge chombo kilichofunika kwa muda wa hadi saa 8.
- Maziwa ya mama yanafaa kupewa mtoto katika muda wa saa 8.
- Waonyeshe jamaa zako jinsi ya kunyonyesha mtoto maziwa kwa kutumia kikombe.
- Usiwahi karnye kutumia chupa.

Kwa kukama maziwa yako unahakikisha kwamba mtoto wako atakuwa na chakula bora zaidi, hata ukiwa mbali naye.

Endelea kunyonyesha mtoto wako hata wakati weve au mtoto wako ni mgonjwa.

Icira mtoto wako atagua umgonjwa (wa kuharisha au wa aina nyingine), endelea kunyonyesha mara nyingi. Baada ya yeye kupata riatu, mnyonyeshe hata mara nyingi zaidi ili kumsaidia mtoto wako kurudisha afya. Hata ukiwa mgonjwa, bado unaweza kunyonyesha.



Osha mikono yako pamoja na vyombo vya kupika.

- Osha mikono yako kwa maji safi, yanayotiririka na kwa sabuni, kabla ya kupika chakula, kabla ya kunyonyesha mtoto, na baada ya kupungua makao ya mtoto baada ya yeye kwenda choo.
- Osha vikundi, vikombe na vyombo kwa kutumia maji safi na sabuni.



Hifadhi chakula vizuri.

Hifadhi chakula kilichopikwa katika chombo kilichofunika na ukiume katika muda wa saa 1. Hakikisha kwamba unakichema chakula vyema litakuwa kinepoa.

Kula mlo wa ziada kila siku ikiwa wewe ni mja mzito au unavyonyesha.

- Mwili wako unahitaji chakula cha ziada wakati unapokuwa mja mzito au kunyonyesha. Kula chakula na vyakula vingine vidogo vidogo kila siku.
- Tembelea kliniki ya ANC angalia mara 4 wakati wa ujazo wako.



Breastfeeding

What do I need to know?



- Breast milk is the perfect food for babies. It provides all of the nutrients and water that your baby needs to grow during the first 6 months of life.
- The thick yellowish milk known as colostrum that is produced during the first few days after delivery is very important because it protects your baby from many diseases.
- Exclusive breastfeeding means giving breast milk only, and nothing else (no other milks, foods or liquids, not even sips of water), except for medicines prescribed by a doctor or nurse.
- To protect your baby, it is important to be tested and to know your HIV status. An HIV-positive mother may pass HIV to her baby through breast milk but not all babies become infected. Exclusive breastfeeding can reduce the chances that the baby will become infected.

How should I breastfeed?

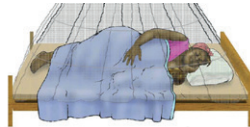


- Start breastfeeding within the first half to one hour of birth. You may need to help the baby attach well to the breast to avoid hurting your nipples.
- Your baby's tummy should be facing your tummy.
- Touch the baby's lips with your nipple. When the baby's mouth opens wide, move the baby quickly onto the breast.
- The baby should take most of the dark skin (areola) into his or her mouth.
- If the baby is in a bad position, or if you feel any pain, then gently take the baby off the breast and start again.
- Check that your baby is feeding well by seeing that the baby's
 - mouth is wide open
 - lower lip is turned outward
 - chin is touching the breast
 - cheeks are rounded
- Your baby should take slow deep sucks while breastfeeding, some times pausing.

Continuing to breastfeed



- Let your baby finish one breast first and come off the breast on his or her own. This is a sign that the baby has gotten most of the milk out of that breast. Then give your baby the other breast. This will ensure that your baby gets the most nutritious and satisfying milk.
- Feed your baby often, day and night, at least 10 times a day. If your baby wants to feed more, this can be a normal sign that the baby is growing.
- Frequent feeding will help your body to produce enough milk and keep your breasts from becoming engorged and painful. Let the baby sleep close to you to make it easier to feed.
- You will know if your baby is taking enough milk if the baby is passing urine at least 6 times a day and is gaining weight. The baby's urine should be light in color and not strong smelling.



NHIF
NATIONAL HEALTH INSURANCE FUND

- NHIF COVERS MATERNITY INSURANCE EVEN IF THE MEMBER JOINS THE SCHEME WHEN THEY ARE ALREADY EXPECTING.
- COVERS BOTH IN AND OUT PATIENT SERVICES.



- PREGNANT WOMEN AS WELL AS INFANTS HAVE ACCESS TO QUALITY HEALTH CARE FOR 6 MONTHS AFTER DELIVERY AT NO CHARGE.
- OTHER REGISTRATION PLATFORMS: NHIF REGISTRATION PORTAL, CONTRACTED HEALTH CARE PROVIDERS, NHIF SERVICE CENTERS, JUJUMA CENTERS



- FUNDS STORED IN M-TIBA CAN ONLY BE USED TO PAY FOR SERVICES AND MEDICATION AT SPECIFIC HEALTHCARE FACILITIES WHICH CARRY THE M-TIBA LOGO.
- DIAL *233# AND CHOOSE REGISTER TO M-TIBA.



MOTHER JOURNEY PROGRAM

- AIMS TO ENHANCE MATERNAL CARE.
- CARES FOR NORMAL AND COMPLICATED DELIVERY (INCLUDING CAESAREAN SECTION), 4 ANTE NATAL CLINIC VISITS, 2 POST NATAL CLINIC VISITS, IMMUNIZATION OF NEWBORN UP TO 14 WEEKS (KEPI) AND ONE ULTRASOUND SCAN.
- THIS PROGRAM IS AVAILABLE AT SPECIFIED HEALTH FACILITIES E.G. NINWAGAZU/UMATAMINI HEALTH CENTRE AND REDEEMED GOSPEL CHURCH HEALTH CENTRE.
- JOINING REQUIREMENTS: PREGNANT, HAVE NATIONAL ID OR ID OF GUARDIAN/SPOUSE.
- REGISTERED SAFARI.COM LINE.
- GET IT THROUGH M-TIBA, DIAL *233#

Contraception methods



Condom



Female condom



Oral contraception



Hormonal ring



IUD



Contraceptive injection



Surgical sterilization (TUBAL LIGATION)



Implant



Coitus interruptus



Calendar rhythm method (SAFE DAYS)



Vaginal douche



Contraceptive patch



Diaphragm / cap

FOR MORE INFORMATION ON ABOVE METHODS, VISIT A HEALTH FACILITY.

Economic Empowerment

How to get/make money as a start

- Self-employment for example *cooking and selling food like chips, mandazi; selling clothes and shoes; selling vegetables and fruits, plaiting hair*
- Casual/short-term employment like *washing clothes for other people, washing dishes, fetching water for other people, casual work in hotels/kiosks, farming, working in industries*
- Long-term employment including *working in salons, hotels/kiosks, small offices, supermarkets, house-help work, teaching jobs, working in industries*

How to save our money



i) Home banking

ii) Saving in the bank

iii) Saving on phone

Other types of savings

iv) Table Banking

- It is a method of saving where members save and can borrow directly from their savings.
- This can be either short-term or long-term loans.
- The group meets once a month and at this meeting members place their savings and loan repayments on a table.
- Members contribute money and when a member wants an amount, they take a loan from the kitty and pay back with interest.

v) Merry go round

- Members of the group come together and contribute a certain amount, and all the money goes to one person.
- The member to receive the money can receive it either daily, weekly or monthly.
- Members can use the money to start a business as they continue contributing.

Importance of saving

- Always save with a goal- why are you keeping the money aside, to start a business, to buy household goods etc.
- Being economically empowered gives you peace of mind when it comes to being able to provide for your children.
- Look for other girls around you whom you want to do business with or start a savings scheme with to empower yourselves.

It's Not About
How Much Money
You Make
It's How You Save It!

Recommendations

To support these sessions, other relevant materials available in your context/ setting may be used.

- Step 4: Confidence - building (Problem Management plus, managing stress, get going keep doing, Strengthening social networks, symbol of hope)(Breathing exercises,Meditation, pre and post natal yoga)

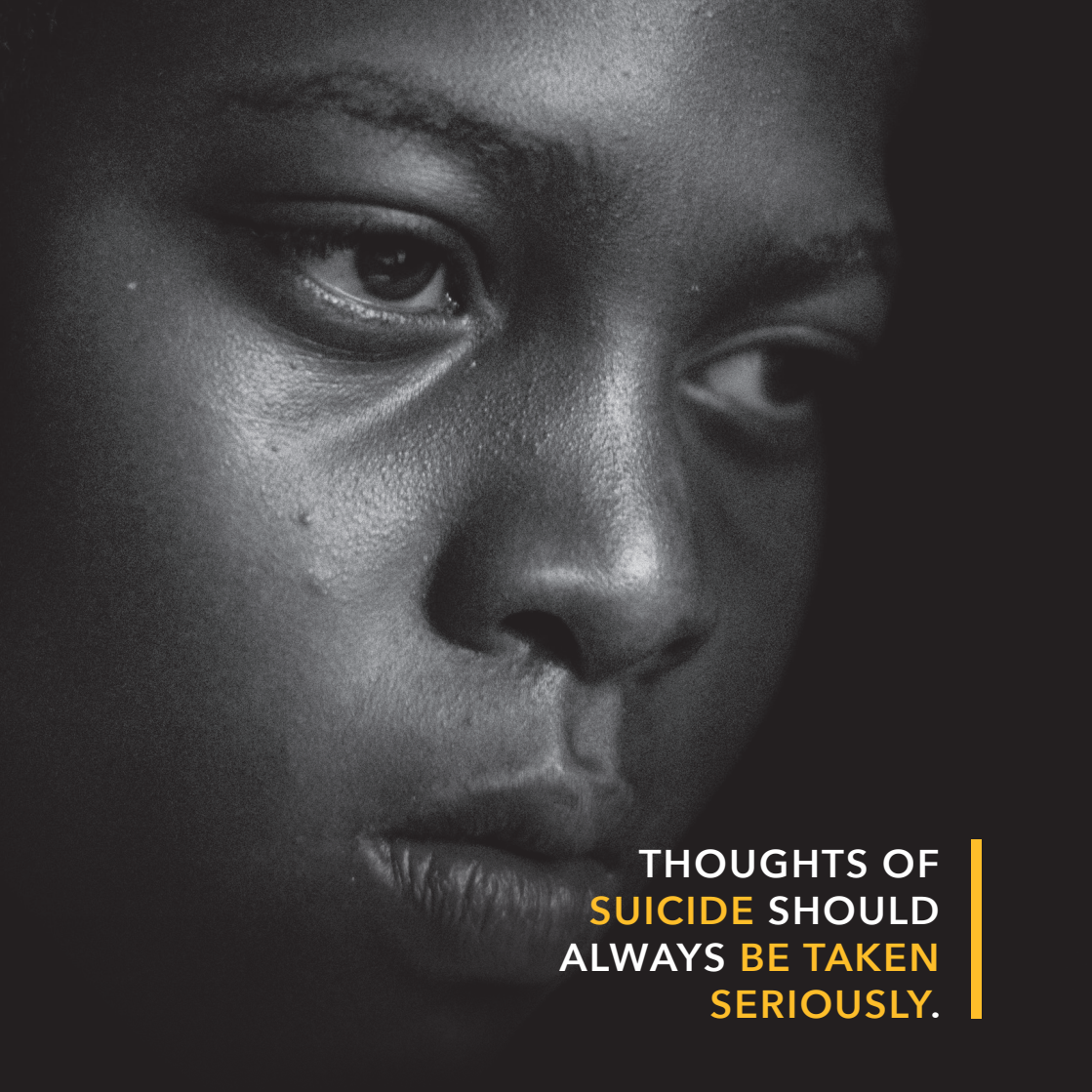
Session Objective	The aim of this session is to get the girls to develop confidence in self care skills that counter mental stressors in life. A WHO mhGAP manual adaptation for use among non mental health specialist that can be used in community settings to provide therapeutic management for distress.(Depression,anxiety & stress)
Content of discussion	The manual provides basic helping skills in 5 sessions that start with an explanation of the manual contents ,objectives and structure then followed by an Pre-PM+ assessment ,intervention feedback and post intervention evaluation as well as a WHODAS & PSYCHLOPS. The session helps the individual girl understand adversity by appreciating the intervention with sessions that take about 1-2 hours with the following themes; • Managing stress • Managing Problems • Get going and keep doing • Strengthening social support • Staying well
Exercise	Each of the sessions are guided by trained personnel who work with a group of 12-20 girls to engage in the discussion that yields in identifying the 5 key themes. An outline of the session is made before each session commences then relaxation techniques like breathing exercises to get the girls to relax are encouraged -this can be guided by a local yoga instructor.

	During the session the facilitator is expected to find out how the girls have been since the last interaction, review homework or assigned work as areas that require emotional changes. Handout notes, case studies, pictorials, weekly calendars, assignments are shared with participants get to interact with each other through case studies and feedback sessions At the end of each of the sessions the facilitator summarizes by sharing home work or agreed practice task and clarifies with the participants on the PSYCHLOPS assessment .
Resources	Consider working with yoga instructors from the community, yoga and meditation videos from the internet. A sound system or small speakers to play soothing music or instructions during the exercise. A convenient and spacious room with yoga mats. Inform the participants to wear appropriate clothes for the exercises prior to this engagement.
Recommendations	Problem management plus is a therapeutic treatment plan that requires fidelity to the sessions and needs. The management approach is not recommended for girls with suicidal ideation or high scores of depression. During the intervention the facilitators are encouraged to keep tabs with a supervisor or clinical psychologist who can provide guidance on the emerging emotional needs.

- **Step 5: Post-assessment of mental health ((Symbol of life and Mental health assessment)**

Session Objective	To identify whether participants have developed resilience ,confidence in self care and the ability to articulate levels of distress that require follow up and linkage to care.
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Content of discussion	The activity requires the facilitator to link hope with symbol metaphors that break down cultural practices and rites to individualized adaptations that create purpose by attaching meaning.
Exercise	• Participants engage in sketching the symbol of life which depicts what symbol they attach hope and meaning for life. • Fill in a WHODAS Post evaluation assessment. • The facilitator should encourage participants to be honest, expressive and follow instructions for success of this exercise.
Resources	EMOTIONAL Coping effectively with life and creating satisfying relationships. FINANCIAL Satisfaction with current and future financial situations. SOCIAL Developing a sense of connection, belonging, and a well-developed support system. SPIRITUAL Expanding our sense of purpose and meaning of life. OCCUPATIONAL Personal satisfaction and enrichment derived from one's work. PHYSICAL Recognizing the need for physical activity, diet, sleep, and nutrition. INTELLECTUAL Recognizing creative abilities and finding ways to expand knowledge and skills. ENVIRONMENTAL Good health by occupying pleasant, stimulating environments that support well-being. WELLNESS Stationery-pens, pencils, crayons and papers for the exercise. Printed forms of various mental health assessment tool to be used such as the EPDs.
Recommendations	The facilitator needs to allow the participants to think through and share their symbols to each other to identify diversity in hope and resilience building.



THOUGHTS OF
SUICIDE SHOULD
ALWAYS **BE TAKEN**
SERIOUSLY.

CRITICAL REFERRALS

When a person poses an immediate danger to self or others (for example, suicidal behavior, severe aggressive behavior, an eating disorder that is out of control, self-mutilation like cutting, or other self-destructive behavior).

Thoughts of suicide should always be taken seriously. They may not share these thoughts with you, but the family members may be aware of concerning behaviors, like isolation. A person who is seriously suicidal should be considered a psychiatric emergency and immediate psychiatric evaluation/consultation should be sought. Do not hesitate to call 911/Emergency Medical Services (EMS) for assistance; ask if a person with Crisis Intervention Team (CIT) training is available.

HELPLINES

If you need to talk to someone, you can reach out through the free helplines below:

- **One2One Hotline:** For any information on sexual and reproductive health, including HIV/AIDS, dial **1190**. The service is free for Safaricom subscribers.
- **The national Gender-based Violence hotline:** Access quick GBV services on referral through a confidential system by dialing **1195**.



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