

Adolescent Pregnancy and mental health: Exploring multiple competing needs of adolescents, caregivers and health care providers

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Background: Adolescent pregnancy is a significant public health problem in low- and middle-income countries (WHO 2014). In Kenya, 18% of young women ages 15–19 have already begun childbearing, 15% are mothers and an additional 3% are pregnant with their first child (KHDS 2008–09). We adopted an exploratory systems approach to adolescent pregnancy and their mental health issues from multiple vantage points: unravelling the complex nature of problem (pregnancy and depression in adolescence), complexity of the stakeholders involved (health workers from different cadres) and complex needs of adolescents (health, economic, social and family support, interpersonal, nutritional etc).

Methods: Our grounded theory informed inquiry was conducted in two Nairobi community health centers. Grounded theory approach was used to interview key stakeholders. Our interviews cut across 4 samples with 36 participants. The sample 1 comprised of eight pregnant adolescents who screened positive for depression in site 1, sample 2 were six caregivers from both sites, sample 3 were 22 new adolescent mothers from both sites. The sample 4 were 20 community health workers, health workers and nurses from both sites. We had one FGD with all health workers to understand the crosscutting issues.

Findings: Interviews revealed key themes such as *social stigma, lack of emotional support, poor healthcare access and stresses around new life adjustments*. We also identified a few positive coping strategies. Primary support comes from adolescent's own mother. Extended family and male partners provide negligible support. Whilst the mother's reactions to the daughters' pregnancy were empathetic sometimes absence of food and finances made the mother distant and constraint in lending support. For new mothers living with partners depression was a result of balancing everyday childcare and family responsibilities. Health care workers reiterated that this population had complex and multiple needs, with no integrated services on ground, their own scarce training and resources did not help. Implications for D & I research: We highlight several individual- and -system levels barriers in primary care setting that affect delivery of psychosocial support for pregnant adolescents. These knowledge, practice and systemic gaps need addressing through careful community and health care staff engagement strategies.