



A 16-year-old girl who is pregnant with her first child, Rwanda © Nathalie Bertrams/GAGE 2023



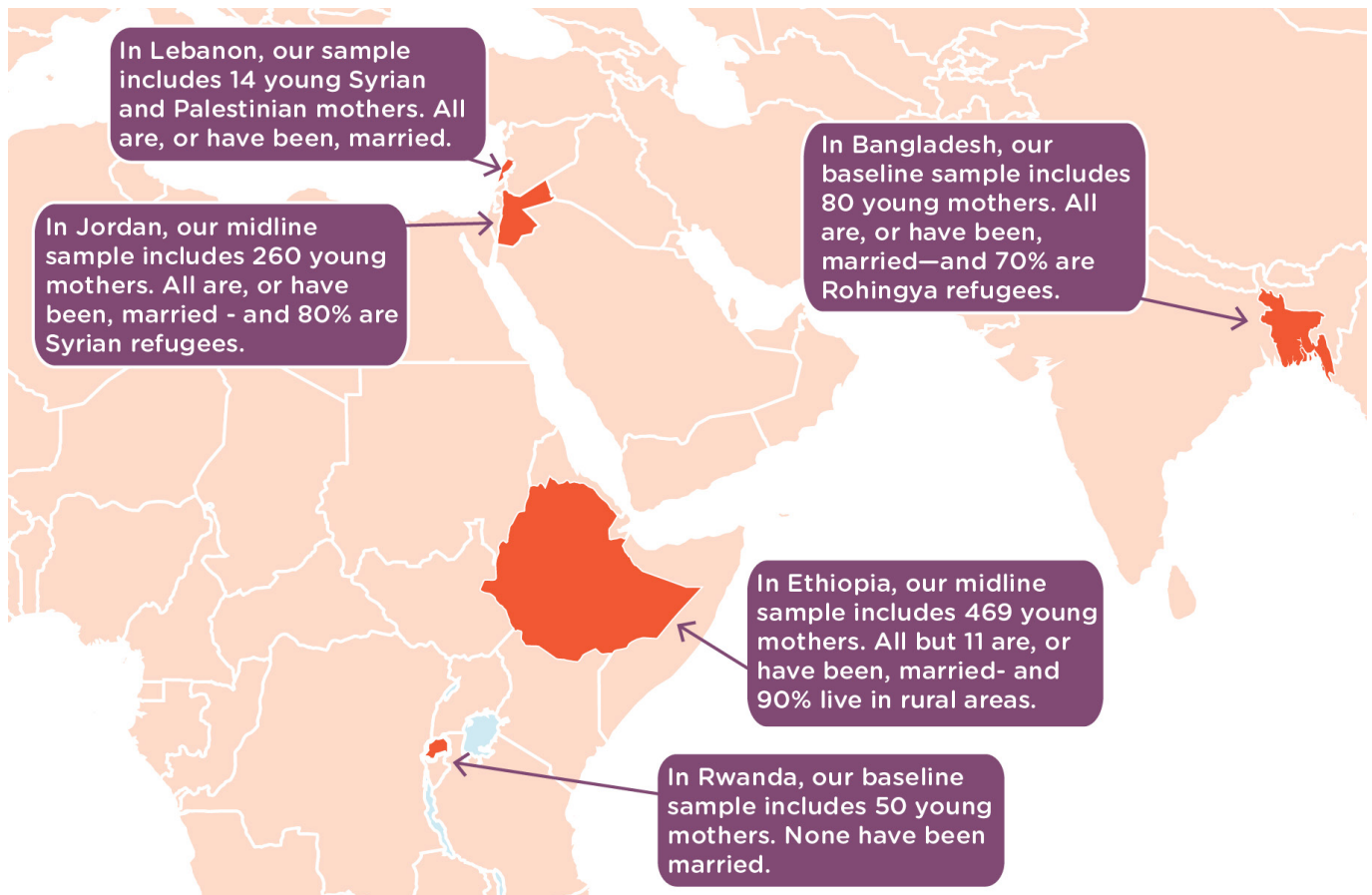
‘There is no single day I am relaxed in my heart’: GAGE findings on the lives of adolescent mothers

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Introduction

Each year, more than 12 million adolescent girls (aged 15-19) in the Global South become mothers (World Health Organization (WHO), 2022). These girls – the vast majority of whom (90%) are married – not only experience health consequences as a result of early motherhood but are also likely to lose access to education (which limits their contact with peers and their prospects for obtaining decent work in future), and more likely to be exposed to violence in the household and in the community (Girls Not Brides, 2023; Huda et al., 2022; UNICEF, 2022; World Bank, 2022). Despite the sheer number of the world’s young mothers, and the many and intersecting risks they face, research and programming focuses predominantly on preventing adolescent motherhood, rather than on supporting these young women as they simultaneously juggle growing up and becoming mothers. This brief, which draws on data collected as part of the Gender and Adolescence: Global Evidence (GAGE) research programme (see Box 1), aims to highlight young mothers’ vulnerabilities and explore how services and programming might be better tailored to meet their needs.

Figure 1: GAGE research locations



Box 1: GAGE overview

The GAGE research programme, funded by the United Kingdom's Foreign, Commonwealth and Development Office (FCDO), is generating evidence about the diverse experiences of adolescents (aged 10–19 years when first interviewed¹) living in low- and middle-income countries. It explores the risks and opportunities facing young people at this crucial life stage and identifies what works to support them to develop their full capabilities as they transition to adulthood. The broader GAGE sample includes more than 20,000 adolescents. This brief, which focuses on married and unmarried young mothers, draws on data collected between 2017 and 2023 in five countries: Bangladesh, Ethiopia, Jordan, Lebanon and Rwanda, involving 873 young women who became mothers as adolescents (see Figure 1).

The GAGE programme uses mixed-methods research. With each sample² we fielded a survey³ that covers the six capability domains set out in the GAGE conceptual framework (see Figure 2): psychosocial well-being, education, physical health, bodily integrity, economic empowerment, and voice and agency. A subset of adolescents and their caregivers were selected to take part in individual and group interviews, during which we used a variety of interactive tools⁴ to explore young people's lives.

The GAGE research design and tools were approved by ethics committees at the Overseas Development Institute, George Washington University, and country-level bodies. Consent (written or verbal as appropriate) was obtained from caregivers and married adolescents; written or verbal assent was obtained for all unmarried adolescents under the age of 18. There was also a robust protocol for referral to services, tailored to the different realities of the diverse research sites.

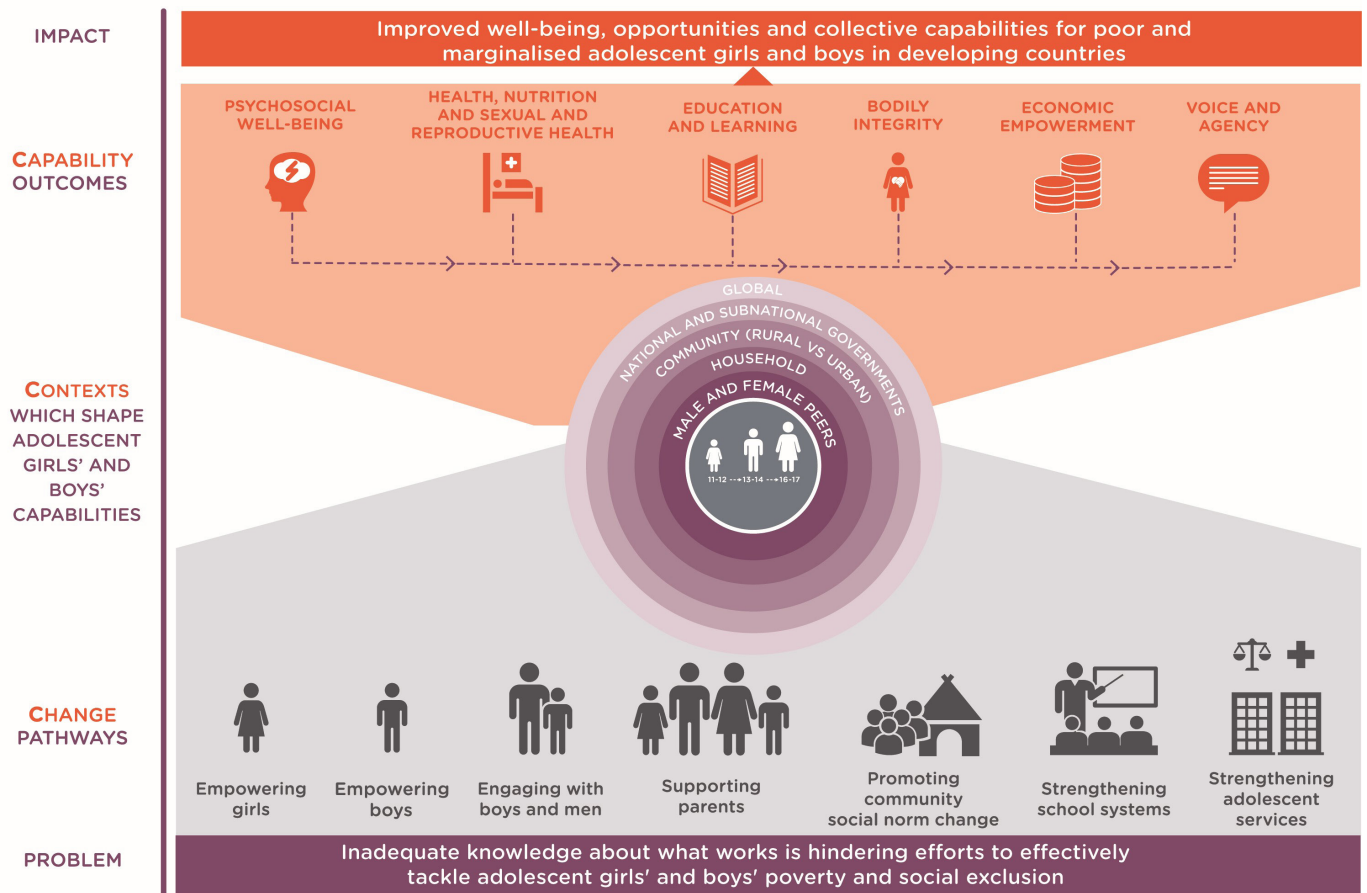
1 The timing of baseline research varied across countries; research was carried out in an 18-month period between late 2017 and mid-2019.

2 In Lebanon, GAGE is undertaking qualitative research only.

3 The surveys can be found at: www.gage.odi.org/types/methods-tools-and-guides

4 For toolkits that provide the guidance on these approaches, see: www.gage.odi.org/types/methods-tools-and-guides

Figure 2: GAGE conceptual framework



Findings

Drawing on the GAGE conceptual framework mentioned above, we present key findings about adolescent motherhood by capability domain, underscoring similarities and differences across contexts and by marital status⁵.

Psychosocial well-being

Across contexts, many young mothers have mental health concerns (see also Palfreyman and Gazely, 2022; Vanderkruik et al., 2021; Olajubu et al., 2021; Agnafors et al., 2019; Osok et al., 2018). In Rwanda, for example, the survey found that 20% of girls report suicidal ideation in the past two weeks. A 17-year-old Rwandan mother, who became pregnant after being raped, reported that she struggles to get through every single day: *‘Nothing ever made me happy because since I gave birth when I was a child, there is no single day I am relaxed in my heart.’* In Bangladesh and Jordan – where surveys included the General Health Questionnaire-12 (Kalliath et al., 2004) and the Patient Health Questionnaire-8 (Kroenke et al., 2009),

both of which capture symptoms of psychological distress – large minorities of young mothers were found to be affected. In Bangladesh, 30% of mothers were distressed and 37% were showing symptoms of moderate to severe depression. In Jordan, 50% of young mothers were showing some symptoms of psychological distress and 24% showed symptoms of moderate to severe depression. A 19-year-old Syrian mother living in Jordan reported that she felt like her life is over: *‘I feel like my life stopped, like I don’t have anything to live for.’*

In part, young mothers’ mental health concerns are the result of motherhood itself. Most young mothers agreed that the physical and emotional toll of caring for children can be overwhelming. A 19-year-old mother from Ethiopia reported that motherhood had worn her down: *‘Now I have given birth to children and I am raising them. My morale has been broken by them.’* A 17-year-old Syrian girl living in Lebanon, who noted that her husband screams at her when the children cry, confessed that she finds her children

⁵ For more on GAGE’s findings about the lives of married adolescent girls in general please see Presler-Marshall et al., 2023.



A 19-year-old Bangladeshi mother with her son and infant daughter © Nathalie Bertrams/GAGE 2023

so overwhelming that she resorts to physical violence. She explained: *'I am always nervous, shouting at the children... I am not able to handle all of this and sometimes when I get nervous I lash out at my children, hitting them to relieve my anger.'* A 19-year-old Palestinian mother from Jordan, who also admitted to hitting her children, added that perpetrating violence is not only a symptom of distress but a cause, because of feelings of guilt. She noted: *'I keep looking at them while they are sleeping thinking, how could I do this to them? You feel you are a failing mother.'*

Young mothers emphasised that the emotional toll of motherhood is amplified by constant worries about how to adequately provide for their children. An 18-year-old from Rwanda explained that, *'I am always thinking about how to get money... I am worried about him [her son] mostly. Even if I can't eat, my child should have a good life.'* A 17-year-old Rohingya girl living in Bangladesh shared similar worries: *'I have three children... I have no assets, no money... I worry about that.'*

Young mothers' distress is also the result of isolation from friends. In Bangladesh, Ethiopia, Jordan and Lebanon, this isolation is largely the result of restrictions placed on girls by their husbands and marital families. An 18-year-old Syrian mother living in Jordan explained that, *'When a girl is living in her family's house, she has friends and she can receive them whenever she wants, and she can go to visit her friends, she goes with her mother anywhere. But at the*

husband's house, he prevents her from going to visit her friends, he also prevents her from receiving her friends at home.' Restrictions on married girls can be so severe that surveys found that approximately 50% of young mothers in Jordan, 40% of young mothers in Cox's Bazar and 33% of young mothers in Ethiopia did not have a single trusted friend. In Rwanda, young mothers' isolation from friends is primarily the result of the stigma attached to unwed motherhood. A 19-year-old recalled being rejected by her friends when her pregnancy began to show: *'All my friends rejected me when they saw what happened. I was alone and I could see it, and I started to hate myself. I was worried, and I feared to go in public and wished to stay at home all the time.'* Regardless of whether they are married or not, the young mothers taking part in GAGE are extremely unlikely to have access to community-based programming that would facilitate social interactions. Girl-focused programming is designed for those without husbands and children and women-focused programming is centred on adult women.

Young mothers who are married, nearly all of our sample of young mothers, face the additional demands of marriage. Even girls who report that their husbands are not violent regularly note that juggling the needs of their husbands and in-laws leaves them feeling overwhelmed. An 18-year-old Syrian mother of four living in Jordan explained: *'I was shocked when I first married. There were many things that*

changed... I was unable to deal with the problems, to deal with my husband or to deal with my mother-in-law. Girls who are experiencing intimate partner violence face great distress – especially when they feel they have no way to escape the situation, whether due to poverty or the stigma of divorce. A 21-year-old Ethiopian mother, who had married at age 14, concluded that: *'The greatest mistake I made was to get married.'*

Young Rwandan mothers are distressed by the widespread social exclusion they face. A 17-year-old, when asked what worries her, replied, *'What worries me is that they bully me because I gave birth to a fatherless child.'* A 19-year-old, who became pregnant after being raped by her employer, added that over time the stigma she faces has made her less confident: *'I am also worried about myself. I felt ashamed... I am not confident about myself.'* Some young Rwandan mothers reported suffering from the trauma of having been raped. Many of these girls blame themselves for having been assaulted, which only adds to their distress. An 18-year-old mother stated, *'I was like an idiot because I had just come from the countryside.'*

Across contexts, many young mothers underscored a dearth of emotional support. Married girls, with only rare exceptions, reported that their husband does not provide them a respite from children's incessant needs. Indeed,

many young mothers noted that their husband ignores them, except to demand sex and chores. A 16-year-old girl from Jordan explained that situation worsened suddenly when her son was born, explaining that *'The day I gave birth... my husbands' behaviour changed towards me... I felt that he stopped caring for me.'*

Many young mothers also reported receiving little emotional support from their parents. For married girls, this is sometimes the result of restrictions placed on girls by their husband, and sometimes the result of girls' own parents' insistence that married girls are no longer their responsibility. A 17-year-old Rohingya girl living in Bangladesh reported that her mother refuses to even hear her complaints: *'When I feel sad, I tell my mother. She tells me that I have to eat my husband's food. I can't leave that house.'* In Rwanda, young mothers reported that their parents are not only unsupportive but can be openly disparaging. A 38-year-old grandmother asked of the interviewer, *'Do you feel how painful it is to be disappointed by a child when she gets an unwanted pregnancy?'* Girls are acutely aware of their parents' scorn. A pregnant 16-year-old confessed that her greatest worry is telling her mother that she's pregnant because *'maybe if I tell her, she will kick me out of the home.'*



Young mother with her baby in Rwanda © Nathalie Bertrams/GAGE 2023

Education

Across contexts, young mothers' access to education is extremely limited (see also UNESCO, 2017). Our surveys found that of pregnant and parenting girls and young women, 6% of those in Ethiopia, 2% of those in Jordan and none of those in Bangladesh and Rwanda were enrolled in school at the time of the most recent survey. The reasons why young mothers are out of school vary according to the context – and the individual. In Bangladesh, Ethiopia, Jordan and Lebanon, where girls become mothers within the context of marriage, young mothers' school-leaving is almost exclusively driven by marriage, not motherhood. While the timing of (and explanations for) girls' dropout differ – with some girls made to leave school well before marriage (to protect their purity for marriage) and other girls made to leave school when they marry – marriage itself is widely seen as incompatible with education. A father from Ethiopia explained that *'It is not possible. There is no one who returned to school after getting married.'* In Rwanda, on the other hand, it is motherhood that forces girls out of school. Although policy no longer prohibits pregnant girls from attending school, young mothers reported that shame does. An 18-year-old mother recalled leaving school the day she found out she was pregnant: *'I dropped out because I didn't want the teacher to notice that I am pregnant. I thought that they would announce it in the school and that my classmates would mock me.'*

Young mothers observe that regardless of why girls drop out of school, once they have children it becomes all but impossible for them to find a pathway back into formal education, because of childcare responsibilities. A 20-year-old mother from Ethiopia, who married at age 17, explained, *'It is difficult to attend school because we do not have someone who looks after our children.'* An 18-year-old Syrian living in Jordan added that even distance education is no solution, due to lack of time to study. While she continued her studies after marriage, she was forced to abandon them when her daughter was born: *'I didn't complete [my education] because I am busy with my daughter.'* Of the small handful of young mothers who are enrolled in school, all reported that they are relying on their own mother for childcare.

Young mothers not only have limited access to education, they also have very few educational assets, which has consequences for their economic empowerment, food security, and psychosocial well-being. GAGE surveys found that in Bangladesh, the average young mother had not completed primary school; in Ethiopia, she had barely begun 6th grade; and in Rwanda and Jordan, she had not completed 7th grade or 8th grade respectively. A community health worker in Rwanda noted that because adolescent motherhood costs girls their education, it ultimately costs girls their dreams. She stated, *'because she is pregnant, her dreams fade away... it's like her vision has just been erased.'*



A 17-year-old mother with her baby at a health center, Amhara, Ethiopia © Nathalie Bertrams/GAGE 2023



A divorced young Syrian mother with her baby, Al Mafraq, Jordan © Nathalie Bertrams/GAGE 2023

Physical health

The young mothers taking part in GAGE research became mothers very early. On average, girls gave birth to their first child at 15.5 years of age in Bangladesh, 15.9 years of age in Ethiopia, and 17.6 years of age in Jordan. Early motherhood carries high costs for girls' physical health (see also Crooks et al., 2022; Lambonmung et al., 2023; Norris et al., 2022; Kawakita et al., 2016; Jeha et al., 2015; Ganchimeg et al., 2014). For example, because of their inexperience and poverty, girls often report receiving late and limited antenatal care. A 16-year-old girl from Rwanda, whose partner had told her that he had used a condom, recalled that she did not learn that she was pregnant until she felt her baby move: *'I passed about four months without having a period... The first time I felt something playing in my womb, and I wondered what is playing inside my womb. Then I went to the hospital and they told that I was pregnant.'* A health care worker in Jordan added that she sees some girls who are nearly into their third trimester before they realise they are pregnant – because girls not only do not recognise the symptoms of pregnancy, but do not know (due to taboos about discussing sex) how pregnancy happens. She explained, *'I worked with some children who were pregnant and they found that they're pregnant in their sixth month... because these children do not know that*

sexual relations makes women pregnant.' Young mothers also noted that poverty can preclude access to antenatal care. A 20-year-old Dom woman from Jordan, pregnant with her fourth child, reported that because of the real and opportunity costs of attending clinic, she forgoes antenatal care entirely: *'I don't go to the doctors... Only at the time of childbirth, to the hospital.'*

Many young mothers also reported having had complicated deliveries. This is especially true of the youngest girls. In Ethiopia, where facility deliveries are difficult for rural girls to access, some births end in tragedy. A 19-year-old mother-of-two recalled having lost her first child – and nearly died herself – at age 13. She explained, *'I was sick at that time... I bled, and there was no one there... I went to a clinic and they gave me a medication... From now on, I want to go and give birth in a clinic.'* In Bangladesh, Jordan, and Rwanda, most of the youngest mothers report having had surgical deliveries. A 17-year-old from Rwanda explained that she had been referred to the hospital early on in her pregnancy, by a concerned community health worker. She said, *'They told me that due to the fact that I was young, I had to go to the hospital because it may happen that I might need surgical treatment.'* While caesareans are saving girls' and babies' lives, they carry costs of their own. In Jordan, a 21-year-old Syrian, now

pregnant with her fifth child, reported that she is terrified of being pregnant because she has had so many back-to-back pregnancies and caesareans that she is afraid that her uterus 'will explode'.

Some young mothers observed that even when maternal age does not lead to medical complications, it can amplify girls' risk of being treated poorly by medical professionals. In Rwanda, young mothers often report being blamed by health care workers for being 'not able to resist temptations' (key informant) and becoming pregnant prior to adulthood and marriage. In Bangladesh, Jordan and Lebanon, girls with large families report being blamed for their own fecundity, which they noted is completely unfair as they are neither able to refuse sex or to insist on contraception. A 19-year-old Palestinian mother-of-three from Jordan explained, 'I can't decide when I can be pregnant.' In Ethiopia, girls who have undergone Type 3 female genital mutilation (infibulation) report being blamed for having long labours. A 19-year-old stated, 'Doctors are insulting girls during childbirth... They say that because we are circumcised, we are unable to labour... When we tell them there was nothing we could do about it, they reply, saying that we know nothing about giving birth because we are circumcised.'

Critically, although young mothers are aware of the physical and emotional toll of motherhood, it is relatively rare for them to be using contraceptives to space pregnancies. Across all contexts, girls' fears of side

effects play some role in this. A 15-year-old from Ethiopia explained that in the region where she lives, concerns centre on impacts on fertility: 'Girls fear contraceptives will make them infertile and they say we will use it after having some children. After they give birth to five or six children they use it.' A 19-year-old from Rwanda reported broader concerns about the side effects of contraception. She said, 'I heard from people saying that when women use those family planning methods, they get headache, dizziness, or have eye problem. So, I think those things can destroy my health.' Other barriers to uptake vary by context. In Bangladesh, Ethiopia, Jordan and Lebanon, girls' access to contraception is almost always controlled by their husband and mother-in-law. A 17-year-old Syrian living in Lebanon and pregnant with her third child explained that: 'Right now I have a very big responsibility. My mother-in-law told me: "You will keep getting pregnant until you have a boy". I am forced to keep getting pregnant every year until I give them a boy.' Young mothers in those contexts also regularly report that they believe that religion prohibits the use of contraceptives. In Rwanda, health care workers admitted that they sometimes refuse to serve unmarried girls: 'We give contraception to someone who is married.'

Across contexts, young mothers also regularly report compromised nutrition. Our surveys found that 55% of those in Bangladesh, 45% of those in Jordan, and 20% of those in Ethiopia have been hungry at least once in the past month. In some cases, this is due to poverty. A



Contraceptives available only outside of camp in Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2023

16-year-old from Rwanda explained that she goes hungry so that she can afford to feed her baby: *'Sometimes I can eat. Other times I cannot eat.'* In other cases, girls' poor nutrition is due to gender norms. For example, an 18-year-old Palestinian from Jordan reported that her in-laws deliberately deprived her of food while she was pregnant, telling her that too much food was bad for the baby: *'I used to suffer from malnutrition. They didn't give me enough. They said it wasn't good for me because it negatively affects the baby.'* A 19-year-old Syrian living in Lebanon noted that she and her daughter go hungry because her husband refuses to allow her to leave the home – or to handle money: *'My daughter and I were left all day without food... I did not have money to buy anything for us... This is a habit of his, my husband does not like to leave money with me... He ate at his parents' house and forgot about us.'*

Bodily integrity

Young mothers are at high risk of violence, but the perpetrators vary according to context (see also Lambonmung et al., 2023; Hayes et al., 2021; Tetteh et al., 2020; Auma et al., 2020; Kidman, 2016). In Bangladesh, Ethiopia, Jordan and Lebanon, where motherhood is generally within marriage, intimate partner violence is most common, because men believe *'I have a right to beat my wife'* (husband, Ethiopia). Girls reported that they are beaten for myriad reasons, including prioritising their children's needs over their husband's and for their children's (mis)behaviour. A 17-year-old Rohingya mother explained that mothers have no choice but to tolerate violence, as husbands are the breadwinners who keep children fed. She stated, *'Mothers have to be beaten for their children. It hurts.'* A 19-year-old Syrian living in Jordan agreed, but only up to a point: *'I got married at age 15. Immediately problems started. I was exposed to insults, beatings and psychological harm every day. I was patient and endured it for the sake of my children. Eventually my energy ran down and I decided to divorce.'* Although young husbands reported that marital rape is not possible, because *'raping is for the foreign countries'* (Syrian husband living in Jordan), young mothers observed that forced sex is a common part of marriage. A 13-year-old from Ethiopia recalled of her wedding night, *'I tried to oppose him, but it must happen, so he forced me.'*

In Rwanda, threats to young mothers' bodily integrity are somewhat different because premarital pregnancy is highly stigmatised, and because most girls live at home with their parents. The latter is due to two factors. First, the legal age of marriage in Rwanda is 21 years, meaning that

none of the young mothers in the sample were old enough to marry at the time data was collected. Second, rape is common; many of the young mothers in the sample reported becoming pregnant as a result of rape and did not have a romantic partner with whom they could live. Because of these contextual differences, young mothers reported not only intimate partner violence but also violence at their hands of their parents and others in their community. A 17-year-old girl explained that she is beaten by her mother and called a prostitute by her neighbours, and that there is nothing she can do about either: *'My mother says that she will beat me until I get into my own house, that's when I will stop being beaten... People see us as prostitutes... I can't do anything about it.'* A key informant agreed that young mothers face multi-layered exclusion. He said, *'They face high persecution... They are being harassed after getting pregnant.'*

Economic empowerment

Across contexts, young mothers and their families are very poor. Surveys found that in Bangladesh, Ethiopia, and Jordan, young mothers are disproportionately likely to live in households with the fewest household assets (such as a bed or radio). In interviews, young mothers noted that food security is a constant worry, and that they see no route out of poverty. A 20-year-old Syrian mother living in Lebanon stated, *'We worry about food all the time.'* A 19-year-old Rwandan mother observed, *'I see that I am so poor and I may not even overcome poverty.'* The options available to young mothers to improve their economic conditions vary by context. In Bangladesh (8%), Jordan (13%) and Lebanon, it is extremely rare for young mothers to have worked for pay in the past year, primarily because of restrictions placed on them by marital families. An 18-year-old Rohingya mother noted that her husband refuses to allow her to work, even though they regularly go hungry: *'I want to do a job. He won't let me.'* In Ethiopia, young mothers are relatively more likely to do paid work (19% in the past year), albeit often on an ad-hoc basis and with fairly limited control over how their income is spent. A 21-year-old mother-of-three reported that she would love to be able to work more, but that childcare duties preclude this, especially since her husband is not attentive. She said, *'I can't go anywhere leaving my children... I would be happy if he looked after the children and I went to jobs, but... he doesn't give attention to them.'* In Rwanda, nearly all young mothers reported working for pay, as they are responsible for contributing to upkeep even if they are living with their parents. A 17-year-old explained, *'We all have to go find money for buying food.'*



An 18-year-old Rohingya mother living in Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2023

Apart from in Ethiopia, where some young mothers are aware of their rights and willing to use the legal system to enforce them, girls who are living apart from their children's father (because their relationship, whether marital or non-marital, has ended) regularly reported receiving little financial support from him. In Rwanda, it was common for girls to report that their partner denied all responsibility for the child. An 18-year-old recalled, *'Since the moment I told him that I am pregnant, he already told me that the child is not his.'* In Bangladesh, Jordan and Lebanon, even court-ordered child support is often withheld because men know that legal enforcement is weak. A divorced 18-year-old Syrian mother living in a Jordanian host community reported, *'He [my ex-husband] is supposed to pay us 30 liras, but he told me he'd rather drink with this money than give it to me and my child.'*

In Bangladesh, Jordan and Lebanon, nearly all refugee families benefit from food vouchers provided by the World Food Programme. However, young mothers in our sample reported that vouchers are not sufficient to meet household needs, especially given recent inflation. A 19-year-old Syrian mother living in Lebanon noted, *'We are barely managing and barely affording food.'* In Jordan, the youngest mothers observed that they lack access to vouchers entirely, because of measures meant to discourage child marriage. A pregnant 15-year-old explained, *'We don't have coupons because my husband and I are not living alone because I am still young, I am under the legal age for marriage.'* In Rwanda and Ethiopia, young mothers also reported

limited access to any form of social protection. A 16-year-old Rwandan mother explained, *'I am not even able to pay health insurance [which costs \$8/year].'*

Voice and agency

Across contexts, young mothers' voice and agency is limited by the fact that they are female. Girls reported that limits begin during childhood, when they are taught that their compliance demonstrates that they are 'good' girls. A 15-year-old Palestinian from Jordan explained, *'When I'm polite and do not interfere with anything, they say I'm good and well-raised.'* In Bangladesh, Ethiopia, Jordan and Lebanon, young mothers' voice and agency is further limited by marriage, with husbands largely dictating what girls can wear, what girls can do, where girls can go, and with whom girls can interact. A 19-year-old Rohingya mother, when asked if she must always do as her husband tells her, replied, *'Why won't I listen to him? I must listen to him if I have to stay with him.'* Men often admitted that their control over their wife is absolute – and that they enjoy this power. A 25-year-old Syrian man, married to a 15-year-old girl, stated, *'It is like the doll, you can move it as you like... It's better than getting a mature girl.'* In Rwanda, poverty interacts with gender norms to limit young mothers' voice and agency. Girls report that although they have the autonomy to make daily decisions over what to wear, where to go, and what to do, they have no real freedom because every moment of their lives is spent caring for or providing for their children.

Conclusions and programming recommendations

Across contexts, GAGE findings indicate that young mothers are facing myriad, intersecting disadvantages. Very few young mothers have access to education, paid work and adequate levels of social protection. Many experience violence at the hands of marital and natal family members, as well as inadequate nutrition, emotional distress and loneliness. Most are also at risk of repeated and closely spaced pregnancies and lack autonomy over their own bodies and lives.

GAGE evidence also highlights that young mothers are largely being left to face these intersecting disadvantages without adult support. Not only do services and programmes rarely account for young mothers' age-related needs – which can be quite different from those of older women who are better able to draw on life experience and to speak up for what they need – but even girls' parents often abrogate their responsibilities to their daughters. With the caveat that young mothers' needs are many and interwoven, GAGE research suggests the following priority actions for programming and policy:



To improve the lives of young mothers, programming should start in early adolescence – before girls marry or become pregnant -

and empower girls with education, life skills, and knowledge about how their bodies work.



To support young mothers' right to continued learning, there is an urgent need to invest in varied pathways,

including the provision of childcare and bridging programmes that facilitate access back into part-time or full-time education, vocational training, and skills building opportunities.



To improve young mothers' health:

- There is a need for immediate and scaled-up efforts involving young women, husbands, community and religious leaders, to promote healthier spacing of pregnancies.
- Health care providers need to be sensitised about how age and gender norms shape young mothers' access to – and experiences of – health services, so as to more effectively tailor services and to shift provider attitudes.



To improve young mothers' psychosocial well-being and voice and agency:

- Young mothers need opportunities to spend time with peers in safe spaces that also afford them access to caring adults.
- Married mothers need better communication and a stronger relationship with their husband, as well as more support from their mother-in-law. Unmarried mothers need more support from their own parents. Messaging and awareness raising efforts on effective intra-family communication approaches could be an important first step.
- Programming should develop and disseminate tailored messaging, working closely with religious and traditional leaders, to reduce the stigma that surrounds divorce and unwed motherhood.



To reduce young mothers' exposure to violence, and support survivors of violence:

- Husbands and romantic partners should be supported to explore alternative masculinities that do not revolve around control and violence.
- Young mothers who are experiencing (or have experienced) violence need stepped-up support from justice, health, social protection and psychosocial service providers.
- Programming should work to reduce the stigma that surrounds divorce, to ensure that girls do not feel trapped in violent marriages, and to reduce the stigma that surrounds unwed motherhood, so that girls are not rejected by their own families and communities.



To improve young people's psychosocial well-being

- Young mothers need access to programming that provides basic numeracy and financial literacy, work skills, and context- and gender-responsive opportunities (including home-based working options so as to balance childcare and domestic work responsibilities) to generate income, and to save and borrow.
- Greater efforts should be made to ensure that fathers provide child support.
- Social protection should be expanded to be more inclusive of young parents.

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