

Assessing a Community-based, Group Care Program Adapted for Pregnant and Parenting Adolescents in Western Kenya: An Acceptability and Feasibility Study

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Background: An estimated 21 million adolescent pregnancies occur worldwide, predominantly in low- and middle-income countries (LMICs). These pregnancies often result in poor health outcomes due to low health literacy and limited healthcare interaction. Furthermore, many adolescent parents face disproportionate stigma and are unable to complete their education or seek employment due to parenting obligations. The Chamas for Change program, an existing community-based group care program in Kenya targeted to adult mothers, shows promise in improving maternal, newborn, and child health (MNCH) outcomes in adolescents. This study evaluates the acceptability and feasibility of an adapted Chamas model tailored for pregnant and parenting adolescents.

Methods: This mixed-methods study investigated the acceptability and feasibility of an adapted Chamas program for pregnant adolescents in rural Western Kenya. Likert scale surveys (ranging 1-5, 5 = “completely agree”) were conducted at baseline and endline to quantitatively assess acceptability of the program. Program attendance, barriers to attendance, and intention to re-enroll were used to assess feasibility. Two Focus Group Discussions (FGDs) conducted at endline were analyzed through a thematic framework to qualitatively assess acceptability and feasibility.

Results: Over the course of the study, 85% of participants had attended at least half of the adapted program sessions. At endline, 99% of adolescents reported the program is acceptable and 95% reported it is feasible (score ≥ 4 on the Likert scale). Additionally, 99% indicated they would re-enroll in the program for another cycle and 71% would attend even if no transportation and snacks are offered. Through thematic analysis of FGDs, strong themes of greater peer support and health literacy were noted.

Conclusion and Potential Impact: The adolescent Chamas pilot demonstrated strong acceptability and feasibility, with MNCH outcomes being equivalent or better with the intervention. As such, there is potential to scale-up and expand the adapted Chamas program.