

A Concept Paper: Understanding the Plight of Murang'a Mothers as Reflected in Current

Research

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1.0 Introduction

While mothers play a fundamentally vital role in ensuring that families are socially and financially sustainable developing countries such as Kenya are struggling with providing proper healthcare and enhancing their financial welfare. Considering the challenges that affect Kenya which include, but not limited to poor economic performance, the dwindling of the agricultural industry that has been the backbone of the country's economy, poor healthcare, corruption, and cultural barriers that limit women freedom for self-determination, the welfare of mothers continues to worsen. Nonetheless, understanding and acknowledging these challenges would play an important role when it comes to developing a conceptual model that can be applied to reinstate the dignity of women and support them through the often-underestimated role of motherhood. This concept paper relies upon credible academic, professional, and institutional research to identify economic, social, cultural, and personal issues that affect mothers especially within Murang'a county, aiming to use such findings to develop a model that could help improve the experiences of women during motherhood.

2.0 Challenges Encountered

2.1 Maternal Mental Health

A significant number of mothers in low- and middle-income communities, especially in third-world countries encounter perinatal depression often characterized by depressive symptoms leading to the deterioration of mental health as well as other critical health conditions. Research shows that about 20-25% of mothers within such socio-economic settings incur these symptoms - a condition further aggravated by the lack of effective public health systems otherwise meant to diagnose and address the inherent health challenges (Hummel et al., 2022). This being an emerging concern within the Kenyan context, a research seeking to determine the prevalence of prenatal depression was conducted among mothers during and after giving birth, finding that almost a third of the sample (32.9%) encountered depressive symptoms.

The study further indicates that instances of abuse during the pregnancy period, poor academic performance, and low levels of employment predicted depression significantly. In essence,

these socioeconomic aspects expose women in these communities to mental health vulnerabilities and at the same time hinder the access to proper healthcare and social support to mitigate the resultant effects. Yet, the aforementioned symptoms have negative implications on the health and welfare of the infants whereby they are under increased risk of contracting diseases. Importantly, perinatal depression is counterproductive to the quality of upbringing that the affected mothers provide to their children, leading to intergenerational traumas emanating from poor maternal mental health.

The research further focused on the extent to which mother with depressive symptoms used digital mHealth systems compared to the ones that depicted less stress levels within the sample population. SMS messages were sent to each of the participants providing key health information regarding the welfare of the mothers during pregnancy focusing on determining the extent to which they engaged with the nurses depending on their depressive conditions. In this case, the research found that mothers with higher depressive symptoms happened to avoid engaging the nurses through the SMS messages while those that depicted less severe depressive conditions engaged more. These findings pointed to the fact that the severity of depressive symptoms experienced during pregnancy does not only have a negative impact on the welfare of the mothers, but also determines the extent to which they reach out to healthcare providers to get assistance and access healthcare support, thus putting to danger the welfare of their infants.

2.2 Intersectionality between Adolescent Motherhood and Depression

The intersectionality between adolescent motherhood and prenatal depression further escalates the extent to which Kenyan mothers struggle with the challenge of depressive symptoms alongside other critical social challenges such as dropping out from school. It further exposes the hardship that mothers to the adolescent mothers' experience as they seek to help their teenage daughters navigate through early parenting. Gebrekristos et al (2025) conducted research to study the state of post-partum depression among teenage mothers concerned that about 15% of them give birth before they are 18 years of age. The researchers' idea is that determining the impact of social support to the teenage mothers can help develop a holistic approach when it comes to designing an

intervention strategy for mental health. With this in mind a cross-sectional sample of 193 adolescent mothers between the age of 14 and 19 years of age was established to take a questionnaire that could help determine the presence of PPD or lack of it. In addition to this, the researchers investigated the impact of different domains of support, such as the extent to which the mothers were supported by the child's father, their parents, and/or female adult friends during pregnancy, on mental health one year postpartum.

Having analyzed the collected data, the results showed that parental support among adolescent mothers had a positive impact on their mental health with a lower risk of having PPD compared to those that did not receive such support. Similarly, support from adult female friends during pregnancy had a similar mitigating impact on the mental state of the mothers. In light of this, therefore, it is evident that adolescent pregnancies and motherhood pose a critical socio-economic challenge within low-income communities such as Murang'a calling for a comprehensive model and strategies to ensure proper education, economic empowerment, and stable upbringing among others.

Langat et al. (2025) further analyzed this issue observing that adolescent pregnancies are essentially characterized by multidimensional issues including health-related, economic, and social complications that significantly affect the welfare of the mothers in question. The researchers argue that adolescent pregnancies are more likely to be accompanied by psychological and mental disorders due to the feeling of uncertainty regarding their future life trajectory leading to anxiety and in some instances abortion.

2.3 The Socioeconomic Ripple Effect of Adolescent Motherhood

From a socio-economic perspective, adolescent motherhood is not an isolated challenge in the Kenyan context considering the vast Ripple effects it has on the cultural, social, and economic realms of the affected families. To start with, adolescent motherhood is in itself a challenge to the mothers of the affected teenage mothers considering that the young mothers cannot effectively support themselves emotionally, socially, and financially, thereby making it a unique parenting challenge at the two levels. On the face of such critical challenges adolescent girls further grapple with the risk of high

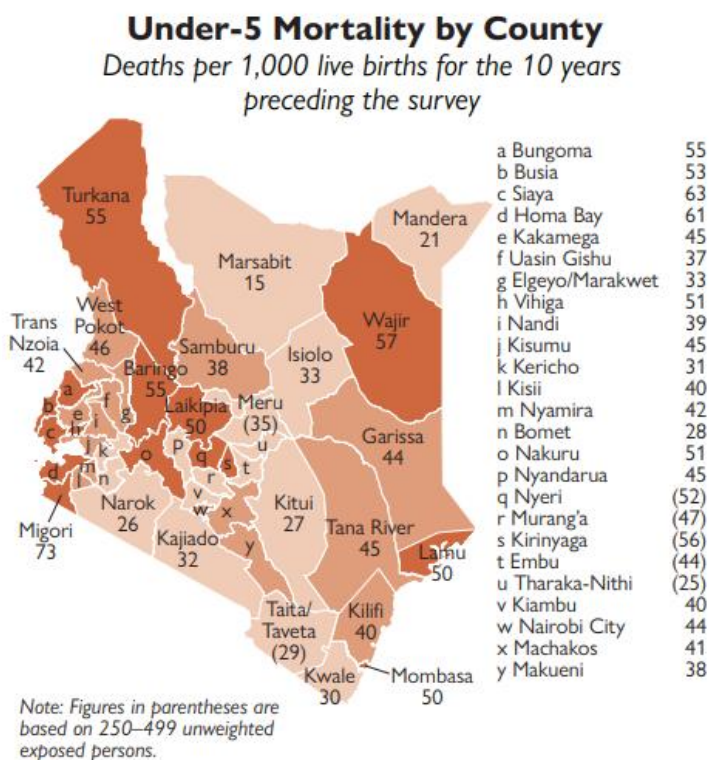
maternal mortality whereby mothers below the age of 18 years tend to develop complications and even death compared to those above the age of 20. Such maternal deaths are encountered especially due to issues such as poor nutrition among young mothers who happen to have higher developmental needs as compared to their older counterparts and poor prenatal care within the Kenyan healthcare system. An even bigger risk to the community is the fact that adolescent pregnancies tend to create a repetitive cycle of poverty preliminarily due to the fact that it leads to discontinuation of high school education, thus depriving them the chance to undertake college education and pursue decent professions. Considering the financial burden that falls on the parents, it further affects the capacity to take care of the other siblings, especially in scenarios where spouses give birth to many children partly due to lack of awareness regarding family planning. Yet, the teenage pregnancies actually intensifies the risk of inspiring more cases of adolescent motherhood among the siblings, especially the younger ones or bringing up children that end up in the same trap. Further, the cultural expectations among the Kenyan/African communities tend to isolate teenage mothers primarily because it is seen as lack of proper upbringing, rebellion, and in some extreme cultures bad omen where some of them could face rejection by their own families. Such community sanctions only tend to worsen the situation, exposing the mothers to the risk of experiencing severe stress, depression, and suicidal thoughts among others, which in turn puts the lives of their infants at risk. Nonetheless, even in situations where such cultural segregation does not happen, teenage mothers could develop mental health conditions occasioned by self-guilt that arises from unattained goals and expectations considering that one has dropped out from school and deviated from the normal life's path.

2.4 Postnatal Care Gaps and Child Mortality

To ensure optimum health and general welfare for mothers and their infants, Postnatal Care (PNC) plays a fundamentally vital role considering the inherent health risk involved between the time of birth and 6 weeks postpartum. Research shows that over 57 percent of maternal deaths that happen around the world takes place after birth 95 percent of which takes place in developing countries such as Kenya and can be prevented. The quality of care after childbirth, therefore, plays an important role when it comes to protecting the livelihoods of new-born babies and their mothers. Unfortunately,

however, Nuwabaine et al. (2024) observes that the quality of PNC for Kenyan mothers is way below the expected level of proficiency. In a research study incorporating 11,863 mothers, it was evident that only 39 percent of the sample population had received all the PNC interventions required for the next 48 hours after childbirth. Poor postnatal care does not only affect the welfare of the child but also determines the extent to which the mothers seek maternal care due to the level of awareness imparted on them. Despite the poor postnatal care Nuwabaine (2024) indicates that after birth, mothers should receive comprehensive check-ups where healthcare providers check for uterine contractions, tears, and the ability to pass urine. They should further check the appearance of the child to determine the presence of jaundice or lack of it and assess whether the infant breastfeeds as required.

According to a Kenyan demographic survey conducted in 2022, the issue of child mortality in the Kenyan context is an existential threat to the sustainability of communities in Kenya as shown in the figure below.



Gauging from the data collection 5 years before the publication in 2022, it was evident that 21 neonatal deaths are experienced out of 1000 live births pointing to the unfortunate results of poor postnatal care. In a similar situation, it was reported that 32 infant deaths were encountered out of 1000 live births further painting a picture of poor healthcare post-partum (DHS Program, 2022). The neonatal deaths do not only demonstrate the risk that mothers experience but also the challenges that the infants have to go through after the death of their mothers. In one of the most comprehensive stories aired on Citizen TV regarding postnatal deaths and the challenges they precipitate among Kenyans, different stories were presented by the suffering relatives due to the untimely deaths of mothers on the hands of a broken healthcare system. Odindo (2025) captured one of these stories featuring a man going by the name Samuel Mborothi who painfully recalls and narates how he lost his wife a few hours after the birth of their child. At one point, Samuel says,

“While at Kayole 2 Level Four Hospital, I overheard a nurse urging staff to hurry with an ambulance. When I asked what was happening, she told me Eunice had bled and that she had called for an ambulance nearly 20 minutes earlier—but it hadn’t arrived. Eunice looked at me and asked where our baby was. There were about five nurses, but they seemed to be students, receiving instructions over the phone as they tried to help her,” he recalled.

In this statement, Samuel recounts the frustrations he experienced as the nurses tried to find an ambulance that could transfer the mother of her three children to a level 5 hospital upon developing complications immediately after giving birth. In addition to this, he expressed concerns that the nurses that attended to her were unqualified pointing to the breakdown of the healthcare system not only in terms of resource mobilization, but also capacity development amongst the medical staff. He continues narrating his encounters indicating,

"I saw my wife's skin turn yellow. She was transferred to Mama Lucy Hospital, but within just one hour, they delivered the news—she was gone," he said.

Now, as indicated before, the struggle of mothers is a complex issue that occasions unintended consequences and suffering not only on the infant and the spouse, but the entire family. In this particular case, Samuel's mother has traveled all the way from Nyandarua to Nairobi County 300 Km away to take care of the infant that Eunice left behind. During the interview with Citizen TV, Samuel's mother says the following;

"My heart aches deeply. This job is overwhelming, but there is God—He will help us. When the children come home from school, they ask where their mother is and why I'm feeding the baby milk. She walked into the hospital on her own two feet and came back in a casket," Nyambura (Samuel's Mother) said tearfully.

Despite the old age, Samuel's mother has taken it upon herself to take care of the infant considering that her son cannot afford a nanny to take care of the young one while he goes about his business in the market. This is a perfect example of the extent to which people in the low-income tier suffer when a mother dies due to poor postnatal care.

2.5 Alcoholism among Spouses and Male Children

For a long time, the issue of alcoholism is a thorn in the flesh of most Kenyan communities, especially in the central part of the country where Murang'a County is situated. Kariuki (2013), while writing for the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) depicts the challenges that communities face in the face of rampant alcoholism. The research acknowledges that alcoholism causes more deaths as compared to those attributed to diseases such as TB and HIV. he observes that, while the Kenyan authorities have implemented comprehensive legal frameworks to combat alcoholism, little has been achieved in eradicating the menace. The paper exposes the plight of women, narrating the concerted efforts that women groups such as Maendeleo ya Wanawake make to help in eradicating the menace.

According to the author, this group has held a series of demonstrations picketing against the government and the ministries responsible for controlling and curbing the rampant sale of alcohol. This led to the implementation of the Alcoholic Drinks Control Act, which controlled the operations of bars and alcohol-selling restaurants where the number of operational hours were significantly slashed. However, the actual implementation of these laws over the years has proved to be ineffective considering that corruption makes it easier for alcohol distributors and manufacturers to beat the system by bribing police officers to sell 24 hours a day. As a result of this, in rural central Kenya, bars and pubs start operating as early as 9 AM where men take alcohol before reporting to work. This way, it becomes difficult for them to sustain the casual jobs they survive on and maintain their families because most of the proceeds are spent on alcohol.

3.0 AETA Conceptual Model

The socioeconomic turmoil that Murang'a mothers face due to the breakdown of healthcare and financial systems needs to be addressed using comprehensive models that cater for their psychological, financial, cultural, and social needs. This is based on the fact that mothers play a key role in building families - a role that is often overlooked in most communities in Kenya, including Murang'a County. Looking at the challenges that have been identified in the forerunning discussions, a four-dimension conceptual model has been developed to deal with the identified challenges.

3.1 Awaken - Recognition of Worth

The complex intersection between economic and socio-cultural challenges that have been elucidated above significantly affect the physical, psychological, and cognitive psyche in ways that are often underestimated. Whereas women can stretch their limits to achieve great things in life, they partially fail to do so because they do not believe in their capabilities and strengths. Just like a young bird fear to flex its wings and fly due to the fear that the wings are not strong enough, mothers who receive little or no support from spouses, family, and community suffer low self-esteem. It is only when women realize and acknowledge their self-worth, potential, and value transcending beyond social stigma and family challenges that they can exploit their God given gifts and achieve in life. To

awaken the often discouraged and traumatized woman, they should engage in a number of undertakings.

- a. **Dialogue Circles:** One of the most effective and usually underrated strategies of counteracting emotional distress is sharing one's problems with a person they trust. Community dialogue circles provide a safe space for mothers to interact, get to know each other, and share the challenges they undergo to get comfort and solutions as they compare how each of them solved similar issues. During the dialogue sessions the peer leaders should integrate faith-centered anchors that incorporate positive religious values to enhance dignity.
- b. **Peer-to-peer Mentor Pairing:** While mothers in the society pass through broadly similar challenges, the more experienced ones have useful lessons to offer the younger ones as they start navigating the complex journey of motherhood. Pairing the struggling women to older and more experienced ones who have significantly encountered the difficulties and navigated successfully helps to ease the burden.
- c. **Awareness campaigns:** In the Kenyan society, psychological distress and issues such as having suicidal thoughts is not generally appreciated as a medical condition that warrants professional attention. In some cases, people who are caught attempting to take their own lives are whipped by the community to scare them from attempting suicide again. As such, the community dialogue about mental health should be normalized by making announcements in different gatherings including the church. This will sensitize the community about the need to identify mental distress and counteract any inherent stigma. This should be coupled with family engagements to sensitize husbands and children regarding the plight of mothers and the need to support them.

3.2 Empower - Knowledge and Awareness

While it is necessary for mothers to discuss among each other and provide support to mitigate the negative impacts that come with mental challenges such as anxiety and depression among others, it is

necessary to empower them with light skills that helps to identify and address the challenge at hand. In this regard, there is need to organize workshops where the topic of perinatal depression is discussed at length to assist women in managing stress, domestic violence, and overindulgence in alcohol. During such workshops and other congregations, the organizers to prepare and distribute knowledge kits in form of pamphlets and written guides which help recognize mental health symptoms and offer support where necessary. Yet, some challenges such as domestic violence have a legal angle that needs women to have information regarding their rights, the responsibilities they should assume, and the concept of gender equity among others. Most of these issues that transcend the gender limits should be addressed in the presence of other parties such as men and male children especially when dealing with the issue of alcoholism which has affected the ability of men to play their roles effectively and build families. Further, it is necessary to have a digital platform where mothers can ask for medical, legal, and social support when faced with a critical issue that goes beyond their capacity.

3.3 Train - Capacity and Skills Building

To fully empower women and mothers, this model proposes the implementation of a comprehensive training framework meant to enhance both transferable and hard skills meant to help them make ends meet given that financial struggles significantly worsen the other types of challenges experienced. During the training sessions, mothers should be taken through resilience and coping mechanisms to help navigate during difficult times without losing hope or abandoning their responsibilities. The learners should be taken through techniques such as journaling and meditating with the aim of enhancing the path towards self-reflection and discovery. Importantly, there is a need to impart peer counselling skills especially because the aim of this model is to ensure that communities become self-sustaining especially when it comes to healing. This should be further coupled with parenting and communication skills meant to enhance positive discipline among children considering that the process of combating such ills as alcoholism should also be approached from a long-term perspective. With the right upbringing, mothers can raise God fearing men that respect and protect women rather than disenfranchise them. Communication skills would play a vital role in improving conflict

resolution within the family setting especially in communities where domestic violence is the order of the day. Even more important is literacy and financial skills which would incorporate reading skills, budgeting, and saving. Saving groups often referred to as “Ciama” provide a good framework to provide training about table banking where the proceeds are used for family and community development. In addition to this, the groups provide a model where women provide loans to each other at low interests and also access government-sponsored credit to undertake the projects of choice. However, these skills further require comprehensive hard skills such as tailoring, hairdressing, culinary knowledge that women within the community can apply to start businesses and make a livelihood from.

3.4 Ascend - Transformation and Leadership

The implementation of the above aspects cannot be effective without proper leadership, appreciating that maintaining these activities is far more difficult as compared to starting. The ascension could be achieved through the establishment of peer mentor roles where the more accomplished and experienced mothers provide leadership and guidance to those entering the motherhood circle later on. Having implemented the aforementioned strategies it is necessary to put together community gatherings meant to showcase success stories as a way of inspiring upcoming mothers to join in. This requires the implementation of a network of influence where mothers at the county-level are connected to groups from other communities to amplify their voices and reinforce the impact.

4.0 Conclusion

It is evident that the challenges facing Murang'a women and, by extension, those in other regions in Kenya are complex spanning social, cultural, and financial challenges that makes it difficult to play their multidimensional roles as mothers, wives, daughters, and career women effectively. Given the poor economic conditions in the country, a failed healthcare system, and lack of enough social support, mothers experience prenatal depression and postnatal deaths. Alcoholism happens to impose critical suffering on women due to socio-economic implications of drunkard husbands especially when it comes to catering for the families which are usually large in size due to poor family planning

practices. Nonetheless, whereas there are immense challenges in the community, proper social support, counselling, and training among others can help reverse the situation.

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