Securing their Future: How Sport for Development Programmes Empower Kenyan

Adolescent Mothers Regarding their Sexual and Reproductive Health and Rights

Master's thesis

Utrecht University

Department of Pedagogical and Educational Sciences

Master's programme Youth, Education and Society

Student: Leonie Bakker

Student number: 6209637

First UU assessor: Semiha Sözeri

Second UU assessor: Paul Baar

Women Win supervisor: Kitty Macklin

FETC approval numbers: 22-0633 & 22-0634

Date: June 20, 2022

Abstract

Adolescent pregnancy is a global health problem. This study examines an important determinant of adolescent pregnancy: lack of knowledge about sexual and reproductive health and rights (SRHR). Initiatives have been taken to prevent such pregnancies by empowering adolescent girls regarding SRHR. Such preventive initiatives include Sport for Development programmes (SfD). However, the question arises of whether preventive approaches bypass the empowerment needs of adolescent mothers. This study takes a mixed methods approach to explore how SfD programmes empower adolescent mothers regarding their SRHR and applies an empowerment theory that incorporates the role of agency and opportunity structure. This study comprises a case study of Secure Futures (SF), an SfD programme targeting adolescent mothers in the Nairobi slums. Paired t-tests were used to analyse survey data from 155 participants aged 19-30 years ($M = 24.1$), who gave birth in adolescence. In addition, semi-structured interviews were conducted with key stakeholders ($n = 10$) involved in the implementation of the programme. Paired t-tests revealed a relationship between programme participation and enhanced SRHR empowerment and knowledge. The interview findings show that SF empowers adolescent mothers regarding their SRHR by addressing both agency, through the provision of knowledge and psychosocial support, and opportunity structure, through community involvement and economic empowerment. Additionally, the findings reveal that agency and opportunity structure are interrelated in respect of their impacts on empowerment. This study also identified a relationship between economic empowerment and opportunity structure which may advance the empowerment theory. Further research may explore this relationship in more depth.

Keywords: adolescent pregnancy, empowerment, SRHR, Kenya

Samenvatting

Adolescente zwangerschap is een wereldwijd gezondheidsvraagstuk. Een belangrijke oorzaak betreft gebrek aan kennis over seksuele en reproductieve gezondheid en rechten (SRGR). Daarom zijn initiatieven ontwikkeld gericht op de empowerment van adolescente meiden om zwangerschap te voorkomen, waaronder *Sport for Development* (SfD) programma's. Deze nadruk op preventie gaat mogelijk voorbij aan de behoeften van adolescente moeders. In dit mixed methods onderzoek wordt een empowerment-theorie toegepast die de rol van *agency* en *opportunity structure* omvat. Hiermee wordt inzicht vergaard in hoe SfD programma's adolescente moeders kunnen empoweren aangaande SRGR. Dit onderzoek omvat een casestudie van Secure Futures (SF), een SfD programma in de sloppenwijken van Nairobi. Allereerst is een gepaarde *t*-toets gebruikt om vragenlijstdata van 155 adolescente moeders tussen de 19 en 30 jaar ($M = 24.1$) te analyseren en vast te stellen of het programma deze moeders heeft empowered. Daarnaast zijn semigestructureerde interviews afgenomen met betrokkenen ($n = 10$) die een sleutelrol speelden in de programma uitvoering. De kwantitatieve analyse toont een relatie tussen deelname aan het programma en verhoogde SRGR-empowerment en -kennis. Uit de interviewbevindingen blijkt dat SF adolescente moeders heeft empowered aangaande zowel agency, door kennis en psychosociale steun te geven, als opportunity structure, door economische empowerment en het betrekken van de gemeenschap. Bovendien benadrukken deze bevindingen de samenhang tussen agency en opportunity structure. De, in huidig onderzoek vastgestelde, relatie tussen economische empowerment en opportunity structure biedt een aanknopingspunt voor het uitbreiden van de empowerment theorie. Vervolgonderzoek kan zich richten op het verder onderzoeken van deze relatie.

Sleutelwoorden: adolescente zwangerschap, SRGR, empowerment, Kenia

Securing their Future: How Sport for Development Programmes Empower Kenyan

Adolescent Mothers Regarding their Sexual and Reproductive Health and Rights

Each year, about 16 million adolescent girls give birth to a child (World Health Organization, 2014). These mothers aged between 15 and 19 years are disproportionately located in Sub-Saharan African countries, such as Kenya (United Nations Population Fund, n.d.). Data from the 2014 Kenya Data and Health Survey show that one in every five girls aged 15 to 19 years was either pregnant or already a mother (Kenya National Bureau of Statistics, 2015). The last few years have seen a rapid increase in these numbers due to the COVID-19 pandemic (Maina-Vorley, 2020). According to the UNICEF representative to Kenya, the issue is now even more pressing as the COVID-19 pandemic has affected important safety nets such as families and schools (UNICEF, 2020). Research on the impact of the lockdown on Kenyan secondary schoolgirls found that girls who could not attend school for six months had twice the risk of becoming pregnant (Zulaika et al., 2022).

Adolescent pregnancies have a myriad of undesirable consequences for both mothers and children. Firstly, adolescent pregnancy is associated with higher maternal and foetal mortality (Agbemenu & Schlenk, 2011). Complications surrounding pregnancy and childbirth are the leading cause of death among girls aged 15 to 19 years in low- and middle-income countries (World Health Organization, 2014). An important cause of maternal mortality in Kenya concerns the country's strict abortion laws which prohibit abortion unless the life or health of the pregnant girl is in danger. Consequently, many women and girls with unwanted pregnancies resort to unsafe, illegal abortion procedures (Saharan & Schulpen, 2021). Secondly, pregnancy affects the socioeconomic position of adolescent girls. Early pregnancy denies them the opportunity to complete their education which increases the likelihood of a life in poverty (Were, 2007).

Thus, adolescent pregnancies reduce the likelihood that girls achieve their full potential. This is problematic because adolescence is a crucial time for reaching healthy adulthood (World Health Organization, 2014). That is why it is relevant to assess what can be done to both prevent adolescent pregnancies and support pregnant adolescents to avoid any negative consequences as much as possible. However, many programmes currently focus on preventing adolescent pregnancies rather than supporting adolescent girls who are already mothers (Chandra-Mouli et al., 2013; Christiansen et al., 2013). Preventive approaches may bypass the needs of adolescent mothers because they differ from the needs of adolescent girls. Adolescent mothers have to transition to adulthood as well as deal with other significant life changes that come with adapting to motherhood and caring for a baby (Erfina et al., 2019).

Sexual and Reproductive Health and Rights

An important determinant of pregnancy among Kenyan adolescents is limited knowledge of sexual and reproductive health and rights (SRHR) (Were, 2007). Before diving deeper into the Kenyan context, it is important to define SRHR. Firstly, the concepts of reproductive health and rights were internationally recognised at the International Conference on Population and Development in 1994. This conference defined reproductive health as the ability of people to have a safe and satisfying sex life during which they can freely decide if, when, or how often to reproduce. Reproductive rights encompass those rights that ensure that individuals can decide on their reproductive life, including the number and spacing of children (United Nations Population Fund, 2014). An example is the right to have access to safe and affordable methods of family planning (Sundby, 2006). Secondly, the notion of sexual rights first emerged at the fourth World Conference on Women in 1995, which established that the sexual rights of women concern the right to have control over and decide freely and responsibly on matters related to their sexuality without discrimination, violence, or coercion (United Nations, 1995).

Despite the progress made since SRHR emerged as a global issue, work remains to be done, especially in Sub-Saharan Africa (Chandra-Mouli et al., 2015). Gender norms hamper access to sexual and reproductive education and support for women in Eastern and Southern Africa (MacPherson et al., 2014). Moreover, Kenyan adolescents do not receive adequate sex education and their reproductive needs are largely ignored (Agbemenu & Schlenk, 2011; Were, 2007). Furthermore, discussing sexuality is considered taboo in Kenya. Consequently, Kenyan adolescent girls have little knowledge of family planning and contraceptives, which increases the likelihood of adolescent pregnancies (Agbemenu & Schlenk, 2011). Besides, providing SRHR information enhances the likelihood that girls can enjoy sexual and reproductive freedom (Goicolea et al., 2010). That is why interventions have been developed to empower adolescent girls regarding their SRHR (Philips & Mbizvo, 2015).

Theoretical Framework

Before further exploring what kinds of initiatives are deployed to empower girls, we must first construe the concept of empowerment. This is done through the empowerment theory of Alsop et al. (2006). According to this theory, empowerment encompasses the capacity of a group or individual to make independent, effective choices, and to translate these choices into actions and outcomes. This theory states that empowerment is influenced by two interacting components: agency and opportunity structure (Alsop et al., 2006).

Agency refers to the ability of an individual or group to make calculated decisions. Agency requires assets that equip actors to make these decisions. These assets include psychological, financial, or informational assets. Informational assets encompass knowledge which is a fundamental mechanism of agency (Alsop et al., 2006). Knowledge plays an important role in empowering individuals in the health domain (i.e., the domain to which SRHR belongs), as it allows individuals to make better-informed decisions and increases their self-efficacy regarding their health decisions (Hennink et al., 2012). Besides informational

assets, psychological assets are particularly important according to the empowerment theory because individuals must raise their awareness to be able to transform their assets into action (Alsop et al., 2006). The importance of psychological assets is further emphasised by the agency-based empowerment model. This model states that development programmes must dedicate time and space to allow participants to increase awareness of and reflect on their beliefs and on how their cognitive processes, including emotions, thoughts, and beliefs, affect their behaviour. This enables individuals to translate their knowledge of what they want to do into action (Shankar et al., 2018).

Opportunity structure concerns the institutional context in which actors operate and influences their ability to translate decisions into outcomes (Alsop et al., 2006). Opportunity structures contain official laws and regulatory frameworks as well as value systems and cultural practices that exist within communities and households. Agency and opportunity structures are dynamic, interrelated components. Opportunity structure determines to what extent individuals and groups can transform their assets into agency. After all, an individual may have the knowledge, resources, and capabilities necessary for making choices but may be restrained by societal norms. In this way, the institutional context can determine the effectiveness of agency (Alsop et al., 2006). Concerning gender inequity, the ability of girls to make decisions is influenced by the broader context of power that limits the control that girls have over their opportunities and choices (Hayhurst, 2014).

The concepts of opportunity structure and agency help understand why the empowerment of girls regarding SRHR in Kenya is lagging. Regarding agency, studies indicate that Kenyan adolescents lack informational assets because they receive no or inadequate sex education (Agbemenu & Schlenk, 2011). This lack of informational assets is illustrated by recent research on the reproductive empowerment of women in sub-Saharan Africa. This research demonstrated that misconceptions about contraceptive methods hindered

women's use of and access to these methods. An example of such a misconception is the belief that contraceptive methods cause infertility (Karp et al., 2020). Furthermore, the possibly restraining effect of opportunity structure is also visible within the Kenyan context. Research into gender inequity and SRHR in Eastern and Southern Africa found that gender norms affect the accessibility of SRHR services. For example, due to gender roles, women have less access to economic resources which makes them financially dependent on their partners. Consequently, women might not be in a position to express their sexual wishes and needs (MacPherson et al., 2014). These studies underline the importance of developing initiatives to empower Kenyan adolescent girls.

The Power of Sport

An increasingly popular tool to empower girls is sport (Brady, 2011; Hancock et al., 2013). It has been demonstrated that sport is an instrument to promote physical and mental health, social integration, skill development, and self-confidence (Hancock et al., 2013; Kotschwar, 2014). The potential of sport to improve the position of girls is endorsed by a myriad of international organisations. Therefore, Sport for Development (SfD) programmes, defined as programmes incorporating sport to advance development, for girls have been developed across the globe, particularly in the Global South (Brady, 2011; Hancock et al., 2013).

However, there is little research on the impact of SfD programmes on girls, and most of that impact research has been conducted in the West (Brady, 2011; Hancock et al., 2013; Philips & Mbizvo, 2015). The few studies on the impact of SfD programmes in non-Western contexts have demonstrated that these programmes can educate girls about reproductive health, help them build leadership skills, and expand their social support networks (Brady, 2011; Chawansky & Hayhurst, 2015). Furthermore, research on a soccer-based programme in South Africa found that this programme empowered adolescent girls regarding their self-

efficacy to avoid unwanted sex and improved their communication with others about sex (Merrill et al., 2018). Another study into a soccer-based programme illustrated that the programme strengthened the sexual and reproductive knowledge of girls. Additionally, girls who joined the programme reported a higher use of condoms (Duffey et al., 2019). However, how these sport-based programmes empower girls is an understudied topic (Hayhurst et al., 2018).

Current Research

Given the scarcity of research and the importance of providing programmes tailored to the specific needs of adolescent girls who have given birth in non-Western contexts, it is relevant to assess how SfD programmes can empower adolescent mothers in these contexts. This study aims at fulfilling the request for more research on how these SfD programmes empower adolescent mothers regarding their SRHR because SRHR is an important determinant of adolescent pregnancy (Hancock et al., 2013; Were, 2007). This study will do so by answering the following research question: how do girl-centred SfD programmes empower Kenyan adolescent mothers regarding their SRHR according to key stakeholders? Consistent with the theoretical framework on empowerment, the following sub-questions are formulated: how do girl-centred SfD programmes empower Kenyan adolescent mothers regarding agency and how do girl-centred SfD programmes empower Kenyan adolescent mothers regarding opportunity structure? These questions will be answered through a case study of the Secure Futures (SF) programme of Women Win, a global non-profit fund for advancing women's rights. SF is a girl-centred sport-based development programme that targets pregnant adolescent girls and young mothers. Hence, this programme is a suitable case study for this research.

The Secure Futures Programme

Design

SF aims to address the specific needs of pregnant adolescent girls and young mothers in the slums of Nairobi by increasing their social support, livelihood opportunities, and life-skills (Women Win, n.d.). The programme utilises the power of sport and play. Therefore, physical and sports activities are part of the programme (Nzioki & Austrian, 2021).

Content

Adolescent mothers can participate in the young mum's programme. This programme consists of a four-month life-skills curriculum, taught in group sessions by a trained coach. Each session includes a sports activity, ranging from small games to football tournaments. The life-skills curriculum encompasses a variety of modules. Each module tackles an important topic in the lives of these adolescent mothers including self-confidence, parenting skills, economic empowerment, freedom from violence, and SRHR. In addition to these life-skills sessions, the adolescent girls are supported through psychosocial group and individual therapy sessions, and income generation pathways (Nzioki & Austrian, 2021).

Methods

Study Design

This study used a mixed-method design, incorporating both quantitative and qualitative methods. To assess to what extent SF has empowered adolescent girls regarding their SRHR, a quantitative survey analysis was done using existing survey data from Women Win. Additionally, I conducted qualitative research to understand how the programme has empowered adolescent girls. Qualitative research enables the researcher to gather information in an open and unlimited way. Furthermore, qualitative research is well-suited for gaining insights into the perspectives and experiences of participants, because it enables researchers to capture social reality (Boeije, 2010). Therefore, qualitative research is a suitable method to gather data on a relatively ill-researched topic, like the topic of this research.

Measuring Instruments

Survey Data

The quantitative analysis used survey data collected from adolescent mothers who had filled out paper-and-pencil questionnaires before (*baseline*) and after participating in the programme (*endline*). This survey contained eight items measuring the SRHR empowerment of the girls in terms of knowledge, agency, and opportunity structure. The reliability of these eight items ($\alpha = .689$) turned out to be slightly below the reliability threshold ($\alpha = .70$), which suggests that internal consistency was not ensured (Sijtsma, 2008). One possible explanation for the relatively low reliability is that the survey included items taken from an existing survey used to measure many aspects besides SRHR empowerment. Another explanation is that the survey included a low number of survey items that measure SRHR empowerment (Sijtsma, 2008). If the item regarding knowing a place in the community to discuss reproductive health would be deleted, reliability would be acceptable ($\alpha = .702$). However, this item measures whether an enabling community structure is in place. Therefore, the item was not removed. Because this survey was the only quantitative manner available to measure the impact of the programme on the participants, it was still included in the research despite falling short of its threshold value.

The survey assessed knowledge through the following four items measured on a binary scale (true/false): 'I know how to care for my body and use products safely during menstruation', 'I know how to prevent pregnancy', 'I know how to prevent HIV', 'I know how to prevent sexually transmitted infections'. Agency was assessed by these two items measured on a used a 4-point Likert scale ranging from *strongly disagree* to *strongly agree*: 'If a woman does not want to be touched or have sex, it is her right to say no', 'Women should have the right to decide how many children they have'. Opportunity structure was measured through the following two binary (true/false) items: 'I know a place in my community where I can discuss my reproductive health', and 'I know a place in my

community where I can go to report violence or abuse of a girl or woman'. Only knowledge had a high enough reliability ($\alpha = .750$) to be included as a separate analysis. Given that the existing pre-survey did not incorporate the notions of agency and opportunity structure, this is not unexpected. Therefore, agency and opportunity structure were solely incorporated in the overall quantitative assessment and further explored in the qualitative analysis.

Semi-structured Interviews

Qualitative data were gathered through semi-structured interviews. These interviews were conducted using a framework of predetermined topics and questions while leaving room to adapt the questions to the course of the interview (Doody & Nonan, 2013). This enabled the researcher to dive deeper into the stories of the participants. Furthermore, the use of a topic list ensured thematic consistency across all interviews, thus enhancing the reliability of the research (Doody & Nonan, 2013). The topic list included questions to assess what SRHR topics were discussed during the programme sessions, how these topics were discussed, and whether the interviewees considered the programme to be successful or not in empowering the participants regarding their SRHR.

Participants

An analysis was carried out of the survey data of 155 mothers between 19 and 30 years who gave birth during adolescence and participated in the young mum's programme. The sample is largely homogenous because the participants were all adolescent mothers from the same background living in the same slum in Nairobi. All participants consented to be monitored and evaluated when they agreed to participate in the programme.

In addition, 10 female Kenyan key stakeholders who played a role in the implementation of SF were interviewed. This is a sufficient sample size to gain a thorough understanding of the programme as Guest et al. (2006) argue that saturation (i.e., the point at which more interviews will not provide new information) can be achieved with six to twelve

interviews. These 10 stakeholders comprised eight coaches (who deliver the life-skills and sports sessions), one lead counsellor (who oversees the psychosocial support component of the programme), and the programme officer (who coordinates the programme activities). A purposive sample was used to select the interview participants with the aim of obtaining a variety of perspectives from different stakeholders to ensure that a comprehensive picture of the programme could be painted (Boeije, 2010). The participants were approached by the Kenyan implementing organisation and introduced to the researcher through email. The interviews were conducted in English via Microsoft Teams. The interview duration ranged from 25 minutes to 41 minutes, with an average of 32 minutes. Prior to the interviews, all participants signed a consent form to ensure that they were well-informed and able to voluntarily decide whether to participate in the research (Neuman, 2014).

Data Analysis

Quantitative

The data was analysed using SPSS statistical software (Allen et al., 2014). A paired *t*-test, with a confidence interval of 95% and a statistical significance of $\alpha = .05$, was used to determine whether the difference between the baseline and endline survey was significant. Paired *t*-testing is a suitable method to measure change over time for example change as a result of participation in a programme such as SF (Gravetter & Wallnau, 2017). In case of significance, the effect size was calculated using Cohen's *d* test with the magnitude of effect explained as < 0.20 = small; < 0.50 = moderate; and < 0.80 = high.

In this research, the dependent variable is SRHR empowerment as measured by the eight survey items. The independent variable is participation in the SF programme. Before analysing the data, a check was performed on the assumptions of measuring the dependent variable on at least an interval scale, normal population distribution of the difference scores,

and independence of the scores within each group, which must all be met before conducting a paired *t*-test (Gravetter & Wallnau, 2017).

To analyse the survey items that were assessed on different measurement levels, the answers to the six items using a binary scale were assigned either a 1 or a 4 value. A 1 represented a negative answer, so "no", and a 4 value represented a positive answer, so "yes". For example, if a participant answered "yes" to the item 'I know how to prevent HIV', this participant was assigned a 4. The Likert scale items were assigned a 1, 2, 3, or 4 value, with 4 indicating the most positive answer. Next, a composite measure for each participant existing of sum scores was calculated on both the base and endline answers regarding overall empowerment and knowledge.

Qualitative

The qualitative data was analysed in line with the grounded theory approach to which generating new theory is crucial (Glaser & Strauss, 1967). The emphasis is on analysing data in an inductive way to enhance knowledge rather than on testing a predetermined hypothesis (Charmaz, 2006). Considering this, grounded theory is a suitable approach when researching less researched areas such as the efficacy of SfD programmes for adolescent mothers regarding SRHR (Boeije, 2010).

The interviews were first transcribed in an edited form, excluding most stutters and silences. To ensure confidentiality, all personal information was anonymised. Next, the interviews were open coded. To ensure inter-coding reliability, the open codes were checked by a second researcher. After open coding, the transcripts were axially coded which meant that new meaning was ascribed to the data by merging codes into new categories and distinguishing between main codes and sub-codes (Boeije, 2010). The final three interviews were solely axially coded based on the patterns that emerged from the first seven interviews. This is in line with Guest et al. (2006) who found that you can identify meaningful themes

based on approximately six interviews. Finally, the interviews were selectively coded into a coherent storyline (Chun Tie, 2019).

Before presenting the findings, it is important to reflect on the position of the researcher as this affects both the conduct of the research and its outcomes (Darwin Holmes, 2020). As a white, highly educated woman conducting research from a Western context, I am an outsider to the group I researched which hindered my access to the target group. To mitigate this, participants were approached by a contact person from the Kenyan implementing organisation, who introduced them to me. Yet, conducting the research as a Women Win intern made me an insider as Women Win implements the programme in collaboration with the Kenyan partner. Additionally, I am an insider in terms of gender and therefore understand the SRHR issues females can face. This might have been conducive to my data collection and analysis as insiders can ask more insightful questions and may be more trusted, which results in more honest answers (Darwin Holmes, 2020).

Results

This section outlines the key findings from the interviews with key stakeholders. These findings provide insight into how this girl-centred SfD programme empowers adolescent mothers regarding their SRHR. This section is structured along the two sub-questions concerning agency and opportunity structure. Additionally, this section presents the results of the survey data of 155 Kenyan mothers residing in a slum in Nairobi aged 19 to 30 years (M=24.1, SD=2.42), who gave birth during adolescence and participated in the young mum's programme of SF.

Empowering Adolescent Mothers

The paired t-test illustrates that SF has empowered adolescent mothers regarding their SRHR. On average, the adolescent mothers scored higher on the survey after completion of the programme (Mendline = 30.46, SDendline = 2.12) than before the programme's start

(Mbaseline = 24.22, SDbaseline = 5.69). This improvement is statistically significant, $t(154)$ = 14.18, $p < .001$. The effect is very large ($d = 1.60$). Because this result indicates that programme participation is related to increased SRHR empowerment of adolescent mothers, the rest of the section is dedicated to explaining how the programme has managed to achieve this.

Agency

Based on the information derived from the interviews, three main ways in which the programme increases agency are identified: knowledge provision, confidence-building, and psychosocial support.

Knowledge Provision

The paired t-test shows an increase in participants' SRHR knowledge from programme entry to programme completion (Mbaseline = 11.57, SDbaseline = 4.26, Mendline = 15.75, SDendline = 1.41). This increase is statistically significant, $t(154)$ = 12.54, $p < .001$, with a large effect ($d = 1.48$). This result indicates that participation in the programme is related to an enhancement in the knowledge of SRHR among adolescent mothers.

This relationship between the programme and knowledge enhancement is supported by the interview findings which contain a pattern that can be seen across all interviews. The coaches said that most young girls have no or little knowledge on topics regarding SRHR prior to participating in the programme. They did not know how their menstrual cycle works, what family planning methods are available or how to use these methods, and they did not understand their sexuality. Additionally, the interviewees stressed that, besides lack of knowledge, the girls also have misbeliefs regarding SRHR. Coach one provided an example of such a misbelief: "*Some of the girls used to think that when your husband beats you up, that is a sign of love.*"

Concerning a cause for the lack of knowledge and prevalence of misbeliefs, the interviewees pointed to the fact that SRHR is taboo in their community and therefore rarely discussed in public or within families. According to the interviewees, this is problematic because it puts the girls at an increased risk of becoming pregnant again at a young age. Furthermore, two interviewees stated that this lack of information makes it easier for the girls to be deceived. The programme officer elaborated:

> *It is easier for them to be deceived. For example, a girl is told by a boy, if you have sex standing, you cannot get pregnant. Which is not true. But they believe that because they don't have that knowledge of such issues.*

The interviewees described how SF provides knowledge on a variety of SRHR-related topics such as family planning, sexuality, gender roles, and menstruation. This knowledge was provided in an interactive manner. Most of the interviewees emphasised that the coach is not just providing SRHR information. Rather, the sessions are based on the interaction between the coach and the participants, with each participant being given the opportunity to share her story or ask questions. In that way, the coach facilitates and provides information but does not decide for the adolescent mother. The coaches underlined that it is crucial to allow the girls to make their own decisions and to refrain from forcing a particular view or idea on the girls.

Establishing an Attitude Change. Through the provision of knowledge, the girls' misbeliefs are challenged, which has resulted in changes in their behaviour regarding SRHR issues. The interviewees discussed some of the successes of the curriculum. Girls have started using family planning methods, have the know-how to deal with their menstruation hygienically, are no longer ashamed to discuss SRHR issues, and are aware of their sexual and reproductive rights. Coach nine elaborated on this point by stating: "*There are changes*

because now they are educated. When they are engaging themselves into sex, they know what they can use to not become pregnant again."

Sport as a Tool. Sport is a crucial programme element supporting knowledge provision. The interviewees explained that the project includes workouts after each session, sports games during the sessions, and sports tournaments. They described how this keeps the programme fun and the mothers engaged because they enjoy the moments dedicated to sport. For example, the coaches said that the girls keep asking when the next workout or sports session is going to take place. Additionally, the interviewees stated that the sports games helped the girls process and remember the information they were taught during the session.

The Coach is a Peer. Another helpful element concerning knowledge provision identified by the interviewees is the background of the coaches who deliver the sessions. The coaches are the same age, have similar life stories, and live in the same community as the participants. According to some of the interviewees, this helps the girls open up as they have more trust in someone who is from the same background. Furthermore, coaches two and seven explained that, for the girls, discussing with a coach feels like talking to a peer which increases the likelihood that they perceive the information provided by the coaches as truthful.

Confidence-building

Besides information provision, the interviewees explained that the programme also focuses on restoring the adolescent mothers' confidence which they often lost when they became pregnant for example due to negative responses in their community. One coach captured this restoration of confidence adequately by stating that the programme has shown the adolescent mothers that there is a second chance at life for them. An example concerns the bodily confidence of the young mothers. The coaches explained that the girls did not like their bodies after giving birth because of weight gain and hormonal changes. Nevertheless, SF

teaches adolescent mothers to accept their bodies and assists them in losing weight through sport.

Psychosocial Support

Besides confidence-building and information provision, psychosocial support is also integral to the programme. The interviewees described the many hardships that adolescent mothers face. Becoming a mother is challenging and many girls also experience gender-based violence, early marriage, rejection, and school dropout. The interviewees emphasised that SF provides a safe space where girls can share their stories and receive support. The lead counsellor explained:

> *Secure Futures, I must say, created a platform where they could talk issues and share those issues that girls find very hard to discuss and learn from each other and seeing that they were not the only people who were going through it.*

All interviewees emphasised the importance of establishing a safe space for providing psychosocial support. The interviewees highlighted the fact that the programme is tailored to the issues that adolescent mothers face as the most important factor in this. This was done by taking a co-design approach where, prior to the start of the programme, adolescent mothers discussed their needs with the programme designers. One coach amplified by stressing that the programme, and particularly the coaches, functioned as a shoulder for the girls to lean on.

Moreover, the psychosocial support sessions also create mental health awareness. The lead counsellor stressed the necessity of teaching about mental health by explaining that the girls often do not know what mental health entails and how it affects behaviour prior to participation. Additionally, the interviewees described how psychosocial support helps girls control their lives. To illustrate, the lead counsellor explained that girls were often stuck in draining, violent relationships over which they felt like they had no control. The girls did not know where they could go or how they could change the situation. Through sharing with and

receiving support from the coaches, counsellors, and other participants, the girls were able to leave their violent partners or claim power over their relationships.

Opportunity Structure

Three main ways in which the programme addresses opportunity structure can be derived from the interviews: community engagement, involving young fathers, and economic empowerment.

Community Engagement

All interviewees noted that adolescent mothers are subject to severe stigmatisation from their families and community. They are rejected by their families, chased away from home, and perceived as sinful. Coach nine explained that the community treats adolescent mothers as outcasts:

> *You are not given that respect. Even when the opportunity comes in the community,*
> *you are not the first to be told. If there are some activities going on, come and help*
> *this way. They don't give you that opportunity. So, they see you as a loser.*

The interviewees described how this stigmatisation affects the access of girls to SRHR services. Adolescent mothers are afraid to go to the hospital to ask for contraceptives because they fear being judged or discriminated. This fear is not unjustified. One interviewee told that even hospitals insult adolescent girls who are pregnant or young mothers. Furthermore, because of the stigma, adolescent girls do not know where they can go to discuss their SRHR. All interviewees underlined that, before SF, there was no place in the community where adolescent mothers could go to talk about their SRHR.

Changing Community Norms. Considering this stigmatisation, all interviewees emphasised the importance of engaging the community to challenge community norms. The interviewees stated that this is done by organising community forums where different community members come together to discuss the challenges that adolescent mothers face

and the impact of stigmatisation on their lives. One interviewee disclosed that the forums are particularly relevant for the male influences in the community such as fathers and brothers, as these males are often less supportive and more discriminative than their female counterparts. The interviewees noted that the forums are insightful and create a lasting change as community members realise that adolescent mothers can still contribute to the community and become remorseful for their actions. For example, two coaches said that the parents of the adolescent mothers were more accepting and welcomed their daughters home after attending the forums.

Creating an Institutional Network. Almost all interviewees highlighted the importance of partnering with other organisations in the community to make these more accessible and familiar to adolescent girls. They explained that they refer girls to health centres and hospitals for check-ups and SRHR information, and to institutions where they can report violence or other crimes against women. Additionally, the psychosocial counsellor accentuated that it is crucial to recognise the limitations of what the programme and coaches can handle. In case of severe mental health issues or domestic violence, the girls are referred to reliable, expert institutions. In this way, a comprehensive community network of SRHR-related institutions is established that adolescent mothers can access without shame or fear.

Involving Young Fathers

The interviewees pointed out that young fathers also have limited knowledge of SRHR issues. The interviewees mentioned that young fathers do not want to use family planning, that they believe that they should make decisions in the relationship and that young fathers engage in gender-based violence because they immediately want sex after their partners have given birth. Engaging these young fathers enables the SF coaches to provide them with knowledge. That is why young fathers can follow a separate curriculum designed specifically

for them. This curriculum teaches these fathers about different SRHR topics such as gender-based violence and family planning. Coach eight exemplified:

The majority of the men never believed in family planning. And some of them did not like their women doing family planning and the spacing of children. After attending our sessions, they had the information and they saw the importance of doing family planning for the young girls.

Consequently, the interviewees pointed to the changes that occurred in the relationships between adolescent mothers and their partners after the programme. Young fathers now understand their partners and know how to support them. Furthermore, the coaches stressed that peace has been restored within the relationships of the adolescent mothers and their partners.

Economic Empowerment

SF provides the adolescent mothers with the opportunity to go back to school, follow vocational and business training, and receive tools to start businesses. The interviewees discussed the different benefits of empowering the participants economically. Firstly, economic empowerment increases the independence of adolescent mothers. Since they now earn their own money, they no longer depend on partners for taking care of themselves and their families. This means that they can now buy their own menstruation pads or contraceptives without having to ask for money or permission. Some of the interviewees stressed that the mothers are now able to stand on their own and decide for themselves. Secondly, economic empowerment opens the pathway to a healthy life and reduces the likelihood that girls will earn their money with risky sexual behaviour such as prostitution. Finally, economic empowerment alters the way in which the community perceives adolescent mothers because families and community members see how able the girls are. Coach seven articulated this adequately: "*Making the girls independent, being able to rely on themselves. It*

has really changed the way the community sees them. And the way they see themself. They

respect themselves right now and the community respects them."

Discussion

The purpose of this study was to explore how girl-centred SfD programmes empower Kenyan adolescent mothers regarding their SRHR. This is relevant because how SfD programmes empower adolescent girls in non-Western contexts is an understudied topic even though SfD programmes are mostly designed for these contexts (Brady, 2011). Furthermore, most programmes focus on preventing adolescent pregnancy which may bypass the unique needs of adolescent mothers. Therefore, this research has the potential to both reduce the empirical scarcity and provide tools for practitioners aiming to develop SfD programmes for adolescent mothers.

The research comprises a case study of the SF programme in Kenya. Paired *t*-tests revealed a relationship between programme participation and enhanced SRHR empowerment of adolescent mothers. After participating, the knowledge of adolescent mothers regarding SRHR issues had increased. Moreover, they knew places to discuss SRHR in their community and were more aware of their rights.

This relationship between programme participation and enhanced empowerment is also reflected in the interview findings. Besides, the interview findings underline the need for empowerment programmes like SF because they demonstrate the notable hardships and stigmatisation that adolescent girls face when they become pregnant. Furthermore, looking back at the empowerment theory of Alsop et al. (2006), the findings support the presumed interrelatedness of agency and opportunity structure with respect to their impacts on empowerment. The key stakeholders underline that solely providing knowledge is not sufficient, as mental health issues and community norms hinder the ability of girls to make reproductive decisions. Therefore, they stress the importance of implementing a

comprehensive programme that combines knowledge provision, psychological support, community involvement, and economic empowerment. Here, sport can be a powerful tool because it keeps participants engaged and helps them process what they have learnt. These findings add to the already existing body of research emphasising the positive impact of SfD programmes on adolescent girls by illustrating that SfD programmes can also empower adolescent mothers (Brady, 2011; Chawansky & Hayhurst, 2015; Hancock et al., 2013; Kotschwar, 2014). In accordance with earlier research, this study demonstrates that SfD programmes enhance adolescents' SRHR-related knowledge and confidence (Duffey et al., 2019; Merrill et al., 2018). Furthermore, Duffey et al. (2019) found a relationship between participation in an SfD programme and increased awareness of the available SRHR services. This finding corresponds with my findings on establishing an institutional network to familiarise mothers with the services provided in their community. Moreover, my findings advance this relationship by highlighting the importance of referral services in making SRHR services accessible. This importance of referral is in line with earlier research indicating that strong referral systems are associated with higher uptake of SRHR services (Kesterton & Cabral De Mello, 2010).

Agency

Regarding the first sub-question on agency, the findings illustrate that SF provides adolescent mothers with the informational, financial, and psychological assets needed to make calculated decisions by sharing knowledge, providing psychosocial support, and building confidence (Alsop et al., 2006). In line with Hennink et al. (2012), this research reveals that informational assets are crucial for empowerment because the interviewees describe how knowledge provision helps challenge misbeliefs and addresses the knowledge gap of adolescent mothers regarding their SRHR. Consequently, adolescent mothers are better

informed and more confident when it comes to making decisions regarding their own bodies, family planning, and menstruation.

Additionally, the findings on psychosocial support echo the importance of psychological assets in empowering girls (Alsop et al., 2006). SF provides a safe space where girls can share their stories with peers and counsellors, receive support, and learn that they are not alone. Additionally, psychosocial support enhances mental health awareness among participants. According to the agency-based empowerment model, psychosocial support must include time and space to allow girls to reflect on how emotions, thoughts, and beliefs influence behaviour to enable them to transform knowledge into action (Shankar et al., 2018). However, the interviewees do not mention that the programme contained exploration of such cognitive processes. Nevertheless, the examples provided by the interviewees, including adolescent mothers being able to leave their violent partners, indicate that the adolescent mothers have been able to translate what they have learnt from SF into action.

Opportunity Structure

Regarding the second sub-question on opportunity structure, the findings demonstrate how value systems and cultural practices within families and communities have a constraining effect on adolescent girls' access to SRHR services and information as stressed in the empowerment theory (Alsop et al., 2006). This also resonates with the argument by Hayhurst (2014) that the ability of adolescent girls to make decisions is influenced by the broader context which limits the control girls have over their decisions. Furthermore, the findings emphasise that the programme was able to reduce this constraining effect of the opportunity structure on adolescent mothers by involving families, young fathers, and communities. This finding corresponds with an earlier study that illustrates the facilitating role of families in the participation of girls in SfD programmes (Chawansky & Mitra, 2015).

Contrary to what can be expected based on the empowerment theory, none of the interviewees mentioned the regulatory framework as a barrier for adolescent mothers (Alsop et al., 2006). A possible explanation for this lies within the informal nature of the Nairobi slums. The slums are difficult places to live, with poor access to services, poor housing quality, and government corruption regarding land division (Bird et al., 2017). Therefore, life in the slums might be more about survival than formal regulation.

A notable finding is the role of economic empowerment in changing the way in which the community perceives adolescent mothers. In line with previous studies, this research demonstrates that economic empowerment decreases the likelihood that girls engage in risky sexual behaviour and enhances their independence (MacPherson et al., 2014; Nkhoma et al., 2020). This illustrates that economic empowerment produces the financial assets needed to establish agency (Alsop et al., 2006). Furthermore, this study lends support to the link between enhanced women's social status in their communities and economic empowerment in developing countries, as found in earlier studies (Cornish et al., 2019; Senapati & Ojha, 2019). At the same time, this study adds to the existing research by providing a qualitative description of how this link applies to adolescent mothers. The findings reveal that when adolescent mothers generate their own income and their economic successes become visible, community perceptions change, with less stigmatisation standing in the way of access to SRHR services. Thus, economic empowerment can be used to change the opportunity structure in which adolescent mothers residing in slums live. Future research can focus on exploring this relationship between economic empowerment and community perceptions in more depth.

Study Limitations

This study contains limitations that should be considered when interpreting the findings. Firstly, the survey used was not specifically designed for this research. Hence, the

reliability of the constructs of agency and opportunity structure was low, which limited the researcher to solely include knowledge as a separate analysis. Since agency and opportunity structure are critical for empowerment, future quantitative research should measure the impact of SfD programmes based on these constructs (Alsop et al., 2006). Secondly, because the survey data contains self-reported answers, social desirability might have influenced the outcomes. Studies indicate that individuals tend to report their sexual behaviour in a manner they perceive to be socially desirable rather than their actual sexual behaviour (Kelly et al., 2013; King, 2022). Thirdly, the interview scope of this research is limited ($n =10$) and restricted to assessing one SfD programme. Thus, caution is called for when generalising the findings of this study to other programmes. Finally, my position as an intern at the organisation that plays a role in implementing the programme might have interfered with the freedom that the interviewees felt to express themselves critically about the programme. For example, SfD programmes may encounter challenges in getting girls to participate in sport because girls believe that getting muscles does not match the body image of women (Zipp, 2017). No interviewee mentioned this as an issue. This is understandable given that participants might be less willing to share sensitive information with a researcher in an outsider position (Darwin Holmes, 2020).

Implications

Despite these limitations, this study has produced valuable findings with implications for both the SfD practice and the empowerment theory. Regarding the practical implications, this study provides concrete recommendations for practitioners interested in designing a programme similar to SF. For example, allowing time and space for reflection on cognitive processes enhances the likelihood that participants transform knowledge into action. Furthermore, the provision of psychosocial support is crucial in communities where SRHR topics are taboo. Moreover, working with coaches with a similar background as the

participants helps the participants share and learn. Finally, ways to economically empower participants should be considered in order to enhance the girls' livelihood opportunities and independence and alter community norms.

Regarding the theoretical implications, this research demonstrates that the empowerment theory of Alsop et al. (2006) provides a useful framework to explore how SfD programmes empower adolescent girls. Regarding opportunity structure, this research indicates that formal and informal structures have different effects. In the context of adolescent mothers living in slums, the informal structure, comprising community and family norms and cultural practices, weighs more heavily on empowerment than the formal structure does. Lastly, this study has advanced the empowerment theory by showing the impact of economic empowerment is not restricted to generating financial assets required for agency. Rather, economic empowerment can be a powerful tool in transforming the informal structure that hinders SRHR empowerment of adolescent mothers.

A Concluding Remark

This research highlights the profound impact SF has made regarding the empowerment of adolescent mothers. Quantitative and qualitative data show that the participants have increased knowledge of SRHR and increased access to SRHR services. Furthermore, key stakeholders underline how the programme has changed the community by altering community perceptions of adolescent motherhood. In this way, this study underlines the importance of holistic interventions addressing both agency and opportunity structure in empowering adolescent mothers. Due to the rising number of adolescent pregnancies during the COVID-19 pandemic, this might now be more relevant than ever. While preventing adolescent pregnancy is crucial, we should not bypass the needs of those for whom prevention is too late. This will bring us a step closer to achieving a world where each adolescent girl, whether she has given birth or not, has a secure future.

References

Agbemenu, K., & Schlenk, E. A. (2011). An integrative review of comprehensive sex
education for adolescent girls in Kenya. *Journal of Nursing Scholarship*, *43*(1), 54–63.
https://doi.org/10.1111/j.1547-5069.2010.01382.x

Allen, P., Bennett, K., & Heritage, B. (2014). *SPSS statistics version 22: A practical
guide* (3rd ed.). Cengage Learning.

Alsop, R., Bertelsen, M., & Holland, J. (2006). *Empowerment in practice. From analysis to
implementation*. The World Bank.

Bird, J., Montebruno, P., & Regan, T. (2017). Life in a slum: Understanding living conditions
in Nairobi's slums across time and space. *Oxford Review of Economic Policy*, *33*(3),
496–520. https://doi.org/10.1093/oxrep/grx036

Boeije, H. R. (2010). *Analysis in qualitative research*. Sage.

Brady, M. (2011). *Leveling the playing field: Building girls' sports programs and creating
new opportunities*. Population Council. https://doi.org/10.31899/pgy12.1012

Chandra-Mouli, V., Camacho, A. V., & Michaud, P. A. (2013). WHO guidelines on
preventing early pregnancy and poor reproductive outcomes among adolescents in
developing countries. *Journal of Adolescent Health*, *52*(5), 517–522.
https://doi.org/10.1016/j.jadohealth.2013.03.002

Chandra-Mouli, V., Svanemyr, J., Amin, A., Fogstad, H., Say, L., Girard, F., & Temmerman,
M. (2015). Twenty years after international conference on population and
development: Where are we with adolescent sexual and reproductive health and
rights? *Journal of Adolescent Health*, *56*(1), S1–S6.
https://doi.org/10.1016/j.jadohealth.2014.09.015

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative
analysis*. Sage.

Chawansky, M., & Hayhurst, L. M. (2015). Girls, international development and the politics

of sport: Introduction. *Sport in Society*, *18*(8), 877–881.

https://doi.org/10.1080/17430437.2014.997587

Chawansky, M., & Mitra, P. (2015). Family matters: Studying the role of the family through

the eyes of girls in an SFD programme in Delhi. *Sport in Society*, *18*(8), 983–994.

https://doi.org/10.1080/17430437.2014.997577

Christiansen, C. S., Gibbs, S., & Chandra-Mouli, V. (2013). Preventing early pregnancy and

pregnancy-related mortality and morbidity in adolescents in developing countries: The

place of interventions in the prepregnancy period. *Journal of Pregnancy*, *2013*, 1–5.

https://doi.org/10.1155/2013/257546

Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design

framework for novice researchers. *SAGE Open Medicine*, *7*, 1–8.

https://doi.org/10.1177/2050312118822927

Cornish, H., Walls, H., Ndirangu, R., Ogbureke, N., Bah, O. M., Tom-Kargbo, J. F., Dimoh,

M., & Ranganathan, M. (2019). Women's economic empowerment and health related

decision-making in rural Sierra Leone. *Culture, Health & Sexuality*, *23*(1), 19–36.

https://doi.org/10.1080/13691058.2019.1683229

Darwin Holmes, A. G. (2020). Researcher positionality - a consideration of its influence and

place in qualitative research - a new researcher guide. *Shanlax International Journal

of Education*, *8*(4), 1–10. https://doi.org/10.34293/education.v8i4.3232

Doody, O., & Noonan, M. (2013). Preparing and conducting interviews to collect data. *Nurse

Researcher*, *20*(5), 28–32. https://doi.org/10.7748/nr2013.05.20.5.28.e327

Duffey, K., Zulu, J. M., Asamoah, B. O., & Agardh, A. (2019). A cross-sectional study of

sexual health knowledge, attitudes, and reported behavior among Zambian adolescent

girl participants in a football program. *Journal of Sport for Development*, *7*(12), 46–

58. https://jSFD.files.wordpress.com/2020/09/duffey.zambian.girls_.pdf

Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S., & Ismail, D. (2019). Adolescent

mothers' experiences of the transition to motherhood: An integrative

review. *International Journal of Nursing Sciences*, *6*(2), 221–228.

https://doi.org/10.1016/j.ijnss.2019.03.013

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for

qualitative research*. Aldine.

Goicolea, I., Wulff, M., Sebastian, M. S., & Öhman, A. (2010). Adolescent pregnancies and

girls' sexual and reproductive rights in the amazon basin of Ecuador: An analysis of

providers' and policy makers' discourses. *BMC International Health and Human

Rights*, *10*(1), 1–13. https://doi.org/10.1186/1472-698x-10-12

Gravetter, F. J., & Wallnau, L. B. (2017). *Statistics for the behavioral sciences*. Engage

Learning EMEA.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? *Field

Methods*, *18*(1), 59–82. https://doi.org/10.1177/1525822x05279903

Hancock, M. G., Lyras, A., & Ha, J. P. (2013). Sport for development programs for girls and

women: A global assessment. *Journal of Sport for Development, 1*(1), 1–9.

https://jSFD.files.wordpress.com/2020/08/hancock.SFD_.for_.girls_.and_.women_.pd

f

Hayhurst, L. M. C. (2014). Using postcolonial feminism to investigate cultural difference and

neoliberalism in sport, gender and development programming in Uganda. *Research in

the Sociology of Sport*, *8*, 45–65. https://doi.org/10.1108/s1476-285420140000008002

Hayhurst, L. M., Sundstrom, L. M., & Arksey, E. (2018). Navigating norms: Charting gender-

based violence prevention and sexual health rights through global-local sport for

development and peace relations in Nicaragua. *Sociology of Sport Journal*, *35*(3), 277–288. https://doi.org/10.1123/ssj.2017-0065

Hennink, M., Kiiti, N., Pillinger, M., & Jayakaran, R. (2012). Defining empowerment: Perspectives from international development organisations. *Development in Practice*, *22*(2), 202–215. https://doi.org/10.1080/09614524.2012.640987

Karp, C., Wood, S. N., Galadanci, H., Sebina Kibira, S. P., Makumbi, F., Omoluabi, E., Shiferaw, S., Seme, A., Tsui, A., & Moreau, C. (2020). 'I am the master key that opens and locks': Presentation and application of a conceptual framework for women's and girls' empowerment in reproductive health. *Social Science & Medicine*, *258*, 113086. https://doi.org/10.1016/j.socscimed.2020.113086

Kelly, C. A., Soler-Hampejsek, E., Mensch, B. S., & Hewett, P. C. (2013). Social desirability bias in sexual behavior reporting: Evidence from an interview mode experiment in rural Malawi. *International Perspectives on Sexual and Reproductive Health*, *39*(1), 14–21. https://doi.org/10.1363/3901413

Kenya National Bureau of Statistics. (2015). *Kenya demographic and health survey 2014*. https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf

Kesterton, A. J., & Cabral De Mello, M. (2010). Generating demand and community support for sexual and reproductive health services for young people: A review of the literature and programs. *Reproductive Health*, *7*(25), 1–12. https://doi.org/10.1186/1742-4755-7-25

King, B. M. (2022). The influence of social desirability on sexual behavior surveys: A review. *Archives of Sexual Behavior*, *51*(3), 1495–1501. https://doi.org/10.1007/s10508-021-02197-0

Kotschwar, B. (2014). *Women, sports, and development: Does it pay to let girls play?* (No. PB14-8). Peterson Institute for International Economics. https://ciaotest.cc.columbia.edu/pbei/iie/0030290/f_0030290_24500.pdf

MacPherson, E. E., Richards, E., Namakhoma, I., & Theobald, S. (2014). Gender equity and sexual and reproductive health in Eastern and Southern Africa: A critical overview of the literature. *Global Health Action*, *7*(1), 23717. https://doi.org/10.3402/gha.v7.23717

Maina-Vorley, K. (2020, October 4). *Teenage pregnancy: Let us not bury our heads in the sand*. Plan International. https://plan-international.org/kenya/blog/2020/10/10/teenage-pregnancy-let-us-not-bury-our-heads-in-the-sand/

Merrill, K. G., Merrill, J. C., Hershow, R. B., Barkley, C., Rakosa, B., DeCelles, J., & Harrison, A. (2018). Linking at-risk South African girls to sexual violence and reproductive health services: A mixed-methods assessment of a soccer-based HIV prevention program and pilot SMS campaign. *Evaluation and Program Planning*, *70*, 12–24. https://doi.org/10.1016/j.evalprogplan.2018.04.010

Neuman, W. L. (2014). *Understanding research*. Pearson Education.

Nkhoma, D. E., Lin, C. P., Katengeza, H. L., Soko, C. J., Estinfort, W., Wang, Y. C., Juan, S. H., Jian, W. S., & Iqbal, U. (2020). Girls' empowerment and adolescent pregnancy: A systematic review. *International Journal of Environmental Research and Public Health*, *17*(5), 1664–1678. https://doi.org/10.3390/ijerph17051664

Nzioki, M., & Austrian, K. (2021). *Secure futures evaluation report*. Women Win.

Phillips, S. J., & Mbizvo, M. T. (2015). Empowering adolescent girls in Sub-Saharan Africa to prevent unintended pregnancy and HIV: A critical research gap. *International Journal of Gynecology & Obstetrics*, *132*(1), 1–3. https://doi.org/10.1016/j.ijgo.2015.10.005

Saharan, T., & Schulpen, L. (2021). Women's rights agenda and fragmented advocacy for

    safe abortion in Kenya. *Development in Practice*, *32*(4), 481–491.

    https://doi.org/10.1080/09614524.2021.1958162

Senapati, A. K., & Ojha, K. (2019). Socio-economic empowerment of women through micro-

    entrepreneurship: Evidence from Odisha, India. *International Journal of Rural*

    Management, *15*(2), 159–184. https://doi.org/10.1177/0973005219866588

Shankar, A., Sundar, S., & Smith, G. (2018). Agency-based empowerment interventions:

    Efforts to enhance decision-making and action in health and development. *The*

    Journal of Behavioral Health Services & Research, *46*(1), 164–176.

    https://doi.org/10.1007/s11414-018-9592-0

Sijtsma, K. (2008). On the use, the misuse, and the very limited usefulness of Cronbach's

    alpha. *Psychometrika*, *74*(1), 107–120. https://doi.org/10.1007/s11336-008-9101-0

Sundby, J. (2006). Young people's sexual and reproductive health rights. *Best Practice &*

    Research Clinical Obstetrics & Gynaecology, *20*(3), 355–368.

    https://doi.org/10.1016/j.bpobgyn.2005.12.004

UNICEF. (2020, November 27). *Action urged on teenage pregnancy and HIV, as new report*

    reveals high rates in Homa Bay [Press release]. https://www.unicef.org/kenya/press-

    releases/action-urged-teenage-pregnancy-and-hiv-new-report-reveals-high-rates-

    homa-bay

United Nations. (1995). *Report of the fourth world conference on women*.

    https://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf

United Nations Population Fund. (n.d.). *Adolescent birth*. unfpa.org. Retrieved 24 May 2022,

    from https://pdp.unfpa.org/?_ga=2.117118406.1319737312.1653382107-

    1149438420.1642250036#indicators

United Nations Population Fund. (2014). *Programme of action of the international*

    conference on population development: 20th anniversary edition.

    https://www.unfpa.org/sites/default/files/pub-

    pdf/programme_of_action_Web%20ENGLISH.pdf

Were, M. (2007). Determinants of teenage pregnancies: The case of Busia district in

    Kenya. *Economics & Human Biology*, *5*(2), 322–339.

    https://doi.org/10.1016/j.ehb.2007.03.005

Women Win. (n.d.). *Advancing life skills-based education through secure futures*. GRLS.

    https://www.womenwin.org/grls/programmes/secure-futures/

World Health Organization. (2014). *Adolescent pregnancy: Fact sheet*. Department of

    Reproductive Health and Research.

    https://apps.who.int/iris/bitstream/handle/10665/112320/WHO_RHR_14.08_eng.pdf

Zipp, S. (2017). Sport for development with 'at risk' girls in St. Lucia. *Sport in*

    Society, *20*(12), 1917–1931. https://doi.org/10.1080/17430437.2017.1232443

Zulaika, G., Bulbarelli, M., Nyothach, E., van Eijk, A., Mason, L., Fwaya, E., Obor, D.,

    Kwaro, D., Wang, D., Mehta, S. D., & Phillips-Howard, P. A. (2022). Impact of

    COVID-19 lockdowns on adolescent pregnancy and school dropout among secondary

    schoolgirls in Kenya. *BMJ Global Health*, *7*(1), e007666.

    https://doi.org/10.1136/bmjgh-2021-007666

Acknowledgements

Writing this dissertation would not have been possible without the guidance and support of so many of you. Firstly, I would like to thank the coaches and implementing staff of Secure Future who were part of this study. Thank you for sharing your experiences, stories, and wisdom with me. I feel very lucky to have been able to discuss the incredible work this programme has done with each and every one of you. Your passion and enthusiasm for the programme have shown me that, while there remains work to be done, programmes like Secure Futures can make an immense difference in the lives of pregnant adolescent girls and young mothers. I want to express a special thank you to Ann, for providing me with the opportunity to speak with the implementing staff and coaches based in Kenya and facilitate these sessions.

Secondly, I would like to thank my GR&S Women Win team for being so understanding and supportive during my dissertation process. Your words of encouragement have been extremely helpful. Specifically, I want to express my gratitude to Kitty Macklin and Virginia Munyua. Thank you for introducing me to this amazing programme, guiding me through this dissertation process, and checking in on me.

Thirdly, thank you to my family and friends for their continued support and encouragement. Thank you for listening to my doubts and worries and critically reading the many drafts I sent you. But first and foremost, I want to thank you for continuing to believe in my capability to finish this research, especially when I had doubts about that myself.

Finally, I would like to express my sincere gratitude to Dr. Semiha Sözeri for guiding me in this challenging yet exciting dissertation process. Your enthusiasm, feedback, and critical questions have been a huge support in bringing this research together. Thank you for answering my endless questions, I have learnt so much from this. I am very thankful that you have dedicated time and energy to this research and am proud to finally be able to present my final thesis to you.