

What Matters? Afghanistan Speaks!

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Adolescent mothers' pregnancy journeys

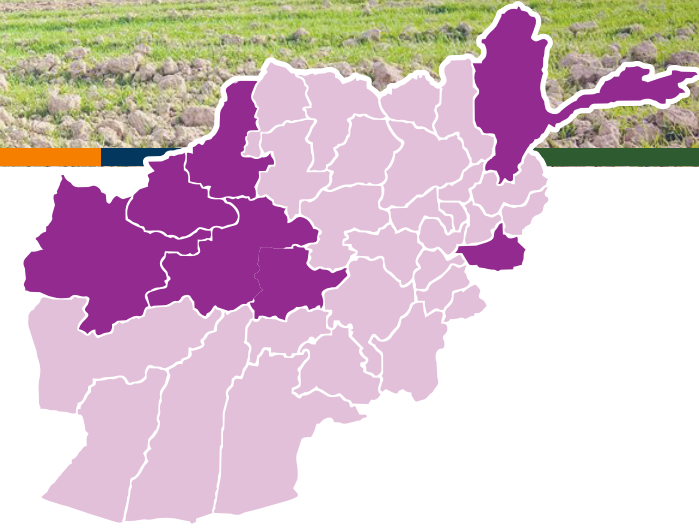
Navigating pregnancy with limited confidence and decision-making power

“I was really shocked and didn't feel happy at all [when I found out about my pregnancy] because I was afraid of how I would give birth to this child and how I would care for and raise a child.”

Adolescent mother, Ghor

Introduction

This research highlights how adolescent mothers' pregnancy journeys are shaped by dependence on family members and a deep sense of shyness. Many young women reported that they rely on husbands or mothers-in-law to make decisions about nutrition, healthcare and clinic visits. At the same time, feelings of nervous self-consciousness and low confidence can often prevent them



from raising concerns with health staff or their families. As a result, many appear to be navigating their pregnancy risks without being able to fully voice their needs.

Research approach

This research draws on 84 interviews with adolescent mothers, spouses, and mothers-in-law, and four interviews with health service providers across seven provinces conducted in June 2026. Most of the adolescent mothers interviewed were married at 14 or 15 years old and became pregnant at the age of 15 or above.



Silent journeys of adolescent mothers

In this research, we found that adolescent mothers have limited autonomy. As a result, they often become dependent on others and are hesitant to share their pains and concerns, which in turn leads to poor nutrition, fewer clinic visits, and a strong sense of shyness in discussing their needs throughout their pregnancy.

Photo by Marjan Tawanbakhsh

Shyness in discussing the signs of pregnancy

Adolescent mothers said that they experienced a range of symptoms before seeking care and confirming their pregnancy. Signs included vomiting, a lack of appetite, anaemia, hair loss, insomnia, sleepiness, dizziness, headaches, and breathlessness. Despite experiencing these symptoms, many were reluctant to discuss them openly with family members, which sometimes delayed recognition of their pregnancy.

Adolescent mothers expressed concerns about their birth delivery and childcare, including worries about their own health and whether their babies would be born healthy. Some adolescent mothers looked weak and underweight when we were interviewing them.

Adolescent mothers said they felt embarrassed to discuss their pregnancies or health concerns with their family members, particularly their mothers-in-law. This inability to speak openly was also seen to contribute to delays in seeking antenatal care. As a result, some did not visit health clinics until they were more than six months into their pregnancy.

“I was weak and had no appetite. I was tired and didn’t feel like eating anything, not even bread. At first, my family thought it was because of a cyst, but when we went to the clinic and did an ultrasound, I was 41 days pregnant. No one had noticed the signs, because they thought it was caused by the cyst.”

Adolescent mother, Ghor

“I only shared it with my mother. She was the only person I talked to about it. Because of my embarrassment and shyness, I did not tell anyone else. If others found out on their own, that is fine, if they didn’t, I would never say anything about it. After that, I went back once or twice more to the health clinic, but I did not continue going regularly.”

Adolescent mother, Faryab

Too shy to ask for nutritious food

Adolescent mothers reported limited access to fruits, meats, and other important sources of protein during pregnancy. They said they were expected to eat the same meals as other family members, without any special consideration for their pregnancy. They felt embarrassed to request additional nutritious foods.

“No, nothing has changed. Whatever others eat, I would also eat. Still, whenever I craved something, I couldn’t tell anyone because I was embarrassed. There has been no change to my diet.”

Adolescent mother, Ghor

In some cases, mothers-in-law believed that pregnant women did not need to eat additional meals beyond the usual family diet, viewing eating outside regular mealtimes (breakfast, lunch, evening) as unhealthy and harmful to the pregnant mother’s health. This limited the adolescent mothers’ access to an adequate healthy and diverse diet.



Photo by Nadia Shakib

“This is a village and there is a lot of work to do, so there isn’t enough time. We can’t manage it; there isn’t time even for three mealtimes [Breakfast, lunch, evening]. We don’t eat food without proper time (outside of the three meals). Our elders tell us not to eat food outside of mealtimes because it’s harmful and makes a person sick.”

Adolescent mother, Badghis

Awareness of antenatal care services

Participants were not fully aware of the number of ANC checkups required during the pregnancy period, the appropriate timings of these visits, and when the first checkup should occur. They generally understood that the first ANC visit should be attended when a woman begins to feel signs of her pregnancy, such as a missed period, vomiting, a loss of appetite, the baby's movement inside the womb, or during the second or third month of the pregnancy.

“ I didn't go to the doctor at all during pregnancy, I only went once for a check-up where they told me I was pregnant. After that, I didn't go to any health clinic and gave birth at home. But when I faced complications during childbirth, my family had to take me to the hospital. Since I didn't see a doctor, I don't know anything about danger signs or prenatal care. ”

Adolescent mother, Ghor



Photo by Qamarudin Poya

Adolescent mothers often had limited awareness of antenatal care (ANC) checkups, largely due to not having prior experience of pregnancy. Some also reported that they did not know about their pregnancy, in some cases for up to six months. They believed that visiting health clinics was often the case only when facing serious health issues, rather than routine ANC visits.

“My mother-in-law talked about some of the things that may happen before the time of childbirth. She said, if you see these signs, you should tell me so I can take you to the doctor. She said those severe pains, bleeding, and drainage. I had never heard about these things from anyone before, and when I realized that I was pregnant, my mother-in-law gave me some advice.”

Adolescent mother, Nangarhar

Husbands who accompanied adolescent mothers to health clinics, explained that ANC guidelines/booklets distributed in many health clinics helped them to attend the follow up visits on time. The materials gave simple instructions, reminded them of follow-up schedules, and encouraged timely clinic visits.



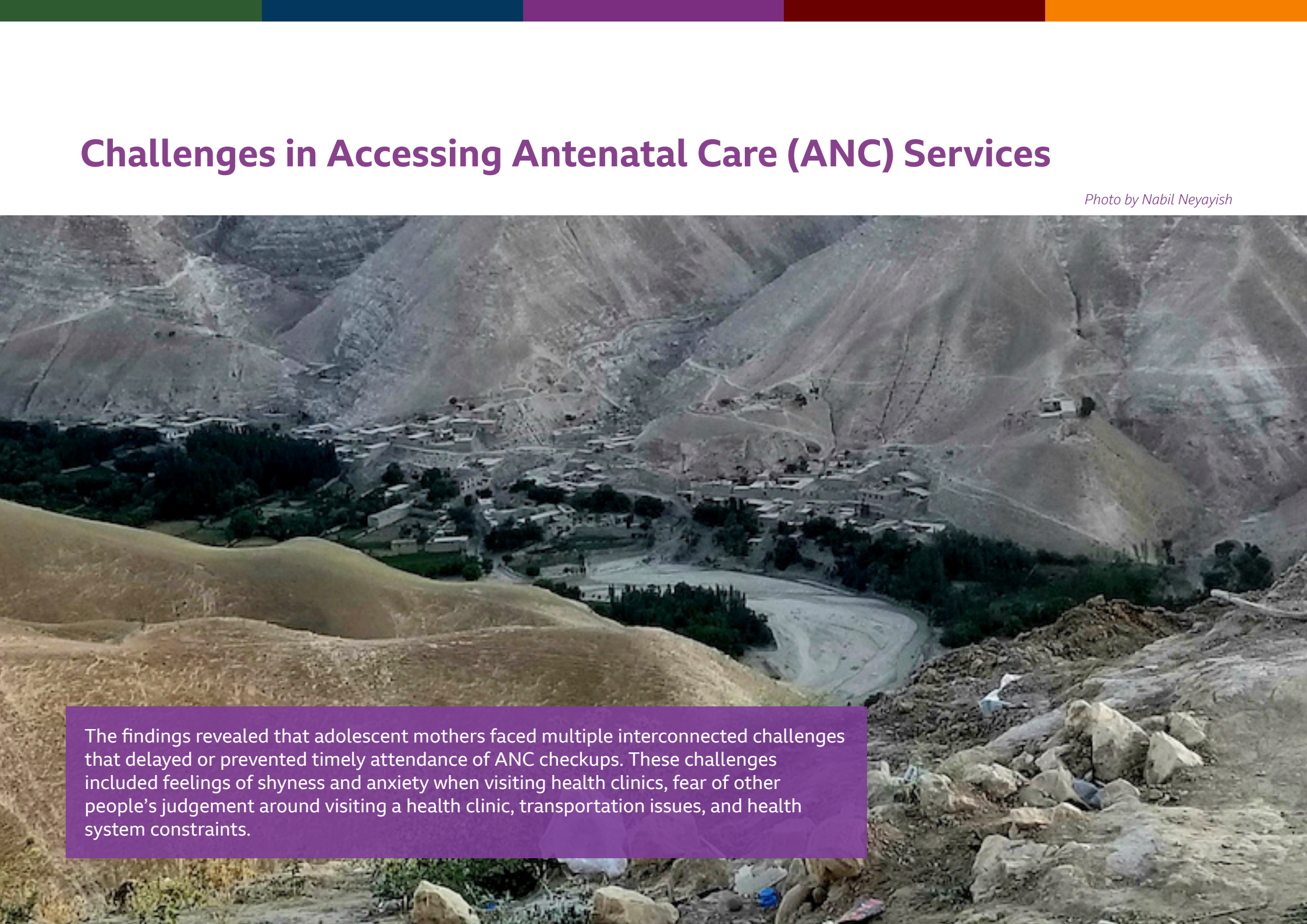
Photo by Mursal Ahmadi

“They [adolescent mothers] visit the health facility, where they are given a card and instructed to return according to the doctor’s guidance. I think they are usually asked to come back after about 40 or 50 days, but the doctor tells them the exact schedule. This is very helpful for adolescent mothers, as it encourages them to visit the health clinic on time and receive antenatal care services.”

Husband of adolescent mother, Badakhshan

Challenges in Accessing Antenatal Care (ANC) Services

Photo by Nabil Neyayish

An aerial photograph showing a small village nestled in a valley between steep, arid mountains. A river or stream flows through the center of the village. The foreground shows a rocky, sloping hillside with some sparse vegetation and debris.

The findings revealed that adolescent mothers faced multiple interconnected challenges that delayed or prevented timely attendance of ANC checkups. These challenges included feelings of shyness and anxiety when visiting health clinics, fear of other people's judgement around visiting a health clinic, transportation issues, and health system constraints.

Adolescent mothers' shyness and fear

Adolescent mothers described how shyness and fear shaped their entire health clinic experience. For many, the first medical visit was overwhelming. They felt embarrassed and unfamiliar with health services.

“...When I went there, it was my first time having a medical examination, so I was very scared. When the doctor asked me questions, I became nervous and couldn't say anything to the doctor; and I was embarrassed and couldn't give proper answers to the doctor's questions.”

Adolescent mother, Nangarhar

There were concerns about negative community perceptions around adolescent mothers' frequent visits to health clinics. Participants feared that people would view them as weak or sick. This meant that adolescent mothers often reported that their families did not encourage them to attend ANC check-ups.



Photo by Basir Haqjo

“Most mothers also avoid repeatedly visiting health clinics because of feelings of shame and social stigma. In their villages and communities, people often look down on mothers who frequently go to doctors or clinics. As a result, young mothers endure various health problems on their own and do not seek medical care in a timely manner because of embarrassment and fear of social judgment.”

Husband of adolescent mother, Nangarhar

There were also practical and logistical challenges that restricted access to attending ANC check-ups at health clinics:

Seasonal challenges: Participants reported that seasonal factors hinder attendance at ANC. During winter, blocked roads limited travel to health facilities, and in summer, men's farming commitments reduce their availability to support the adolescent mothers for attending ANC appointments.

The husbands' absence, their all-day work commitments, and the adolescents' mothers' responsibilities at home were other challenges that delayed attending ANC checkups.

Transportation barriers: Participants reported transportation challenges including bad road conditions, and long distances that led families to be reluctant to visit health clinics. Additional barriers included transportation costs, a lack of regular transport services, and a lack of vehicles. Travel by motorcycle was also considered unsafe during pregnancy, further leading to adolescent mothers' reluctance to visit health clinics.

Photo by Nadia Shakib



“Sometimes our problem is that we cannot find a vehicle, and even when we do, the transportation fare is very expensive. For example, if an emergency illness occurs, we must pay the driver about 3,000 Afghanis to take the patient to a health facility. Sometimes the lack of money becomes a very serious problem.”

Mother-in-law, Badakhshan

Clinic related issues

People's expectations regarding the quality and availability of health services significantly influenced their decision-making process regarding attendance at antenatal care (ANC) checkups. These expectations included the availability of intravenous fluids (serum), adequate laboratory equipment for diagnostic tests, the presence of female healthcare providers, and sufficient facility resources such as beds and wheelchairs. The absence or inadequacy of these resources contributed to their hesitation in utilizing ANC services.

Findings revealed that participants perceived intravenous (IV) fluids (serum) as an appropriate treatment for the weakness and low energy of adolescent mothers.

In addition, the crowds, hot weather, and a lack of air-cooling equipment particularly in areas with hot climates leading to long waiting times, delayed the process of receiving services, and in some cases resulted in women postponing their visit to another day.

Photo by Nadia Shakib

“ My daughter-in-law went to the health clinic. She was given only iron tablets and a vaccination; no other medicines were provided, and she did not receive any IV fluids (serum). ”

Mother-in-law, Faryab



Visitors experience

In DAWAM areas visitors are satisfied by the health clinics. During this data collection from non DAWAM areas, participants reported late attendance and inappropriate or unfriendly behaviour by health staff in urban health clinics. An adolescent mother reported receiving disrespectful and stigmatising treatment during childbirth in a health facility. Instead of receiving care and reassurance, she was met with harsh words, blame, and even physical mistreatment.

“When I was giving birth, they [health staff] slapped me. They shouted at me many times and yelled loudly at me. They said, ‘Why didn’t you do something from the beginning when you became pregnant?’ I was very young, and the doctor put a lot of pressure on me, saying, ‘Why did you become pregnant if you can’t give birth?’ Then they slapped me.”

Adolescent mother, urban, Faryab



Photo by Qamarudin Poya

Participants reported that sad events, such as a maternal death during childbirth in the nearby health facility, contributed to fear and mistrust among people, and led to reduced utilization of services from these health clinics.

Closure of health clinics: Participants reported that nearby health clinics had closed, and there were also concerns that other health centres would not accept them because they lived outside the catchment areas. In addition, access to antenatal care (ANC) check-ups was further constrained by limited-service availability.

Participants also said that health facilities did not operate on the last two days of the week (Thursdays and Fridays).

“At present, most people do not have access to healthcare services because the clinic has left our village. The other clinic is far away, and they also do not admit us because they say that we are not from their service area.”

Adolescent mother, Ghor

Perceptions around checkups and home delivery

Sometimes mothers-in-law believed that taking medicine, vaccines, and particularly ultrasounds before 40 days of pregnancy could be harmful. Also, they did not perceive routine visits to health clinics as important, viewing pregnancy as a normal process that did not require medical attention unless serious complications arose. The mother-in-law's own experience, where they remained at home during their pregnancies, also may have influenced adolescent mothers' decisions not to attend ANC check-ups.

For treatment of health issues such as pain, mothers-in-law focused on traditional home remedies such as massaging the body with ghee oil and ginger instead of taking the adolescent mothers to health clinics.

Participants reported that they typically planned for delivery in the tenth month of pregnancy, or when labour began, or when they believed there was a risk of a complicated birth. In most cases, they did not make advance preparations.

“ Sometimes a problem arises because the family keeps making excuses and delaying care for their daughter-in-law. For example, they say, ‘Wait one more day’, ‘Wait until your pain increases more’, ‘Wait until the pain gets more severe’, ‘Wait for the vehicle to arrive, and so on.’ Eventually, the situation reaches a point where the pregnant woman goes into labour and the baby is born without proper preparation, causing everyone to face difficulties and complications. ”

Mother-in-law, Faryab



Photo by Layeqa Jafari

Participants said that adolescent mothers often gave birth at home, and it was only women with complicated deliveries who were taken to the health clinics. They mainly believed that home delivery is suitable for normal births. Participants also said that home deliveries were common due to the previous positive experience of home deliveries among family members. They said that traditional birth attendants were readily available, and so they delayed seeking institutional delivery care, adopting a 'wait-and-see' approach. Postponing decisions until complications arose or labour became advanced thereby limited timely access to facility-based delivery. Home deliveries were also influenced by mobile phone network disruptions, non-functional contact numbers for ambulances, and not reaching a vehicle on time to transport pregnant women to the health clinics.

“If a delivery is going smoothly, then there is no problem with giving birth at home. However, if we see that there is a danger or some complication arises, then we take her [adolescent pregnant woman] to the hospital, where some women may need an operation such as a caesarean section.”

Husband of adolescent mother, Herat

Adolescent mothers described feeling embarrassed and exposed at health facilities due to the presence and movement of many people. As a result, some reported preferring home births, where they felt they had greater privacy and comfort.

Photo by Qasim Rashidi



“I feel very embarrassed at the health clinic because there are a lot of people and a lot of comings and goings, and everyone is aware of a person's flaws. I prefer staying at home because there's no one around and no coming and going.”

Adolescent mother, Badghis

Do adolescent mothers need special health care?

Special health care considerations for adolescent mothers were often seen to be overlooked in health facilities. Adolescent mothers who visited health clinics did report receiving routine health services including blood pressure monitoring, and taking medicines such as iron, folic acid, paracetamol, malaria, and family planning pills. Also, health workers said that along with these services they provided nutritional supplements, vaccine, information on the danger signs during pregnancy, and ANC guidelines for

attending follow up visits. However, these services were generally provided in the same way to both adult and adolescent mothers, with no special care or support to consider the needs of younger mothers.

Mechanisms for receiving feedback and complaints, including complaint boxes, hotline numbers, and email, were made available. However, health workers reported that the main challenge was the lack of feedback or complaints from the visitors.

Information sources

Participants reported receiving information on maternal and child health, pregnancy, ANC and PNC, nutrition, childbirth, hygiene, safe water, and child feeding from a range of sources, including health clinics, community health workers (CHWs), vaccinators, educated community people, books, internet, and radio programmes including Darman. Adolescent mothers often received information from their family members including mothers-in-law, mothers, and other older members. Radio programmes, particularly Darman, were perceived as valuable sources of health information.

However, participants highlighted that they need additional information on topics such as birth preparedness, antenatal care (ANC), postnatal care (PNC), mental health and psychosocial support (MHPSS) for women, as well as information on childcare, healthy nutrition during pregnancy and the postpartum period.



Photo by Nadia Shakib



Photo by Rohullah Akbari

“I have listened to the Darman programme. In Darman, they talk about these kinds of issues, such as which foods are healthy for the body. For example, they explain that potatoes and turnips are good for a child’s health. They also tell people who do not have access to expensive foods or cannot afford them what alternatives they can use that would still be beneficial.”

Mother-in-law of adolescent mother, Badghis



Recommendations

Family Level

Awareness raising efforts should focus on strengthening support for adolescent mothers in the following areas:

- **Empathy with adolescent mothers:** Families should recognise that adolescent mothers are young, inexperienced, and often frightened. Providing gentle encouragement and reassurance can help build their confidence and reduce feelings of shyness and fear.
- **Open communication:** Families can create a safe environment where adolescent mothers feel comfortable expressing their concerns, asking questions, and sharing their pain without judgment. Encouraging open discussion can help improve decision making.
- **Shared responsibility:** Husbands, mothers-in-law, and other relatives should actively participate in pregnancy care decisions, reducing dependency and ensure timely support.
- **Support for timely healthcare-seeking:** Families should be encouraged to recognise the importance of routine ANC and PNC visits and to support adolescent mothers in accessing health services promptly, including during emergencies.
- **Promoting healthy practices:** Family members should provide practical support to help adolescent mothers maintain a nutritious diet, rest adequately, practice good hygiene, and follow healthcare advice during pregnancy and after childbirth.

Health Clinic Level

At the health facility level, key recommendations include:

- **Dedicated adolescent spaces:** Establish separate, private areas where young mothers feel safe, respected, and less embarrassed. Ensure consultations and deliveries respect the adolescent mothers' dignity.
- **Trained staff:** Equip health workers with skills in gentle supportive communication, and non-judgmental care to reduce stigma and create a more welcoming atmosphere.



- **Awareness and orientation:** Provide clear explanations of clinical processes and waiting times, and why doctors ask questions. This can help adolescent mothers understand what to expect and feel prepared.
- **Counselling services:** Offer psychosocial support to build confidence, reduce shyness, manage stress, and help mothers engage actively in their own care.
- **Continuation of existing health facility operations:** the continued operation of existing health facilities will further improve access to ANC and health clinic delivery services for both adolescent and adult mothers. Maintaining uninterrupted health services will enable pregnant women to receive timely ANC checkups, skilled birth delivery, and essential maternal health services.
- **Reopening of closed health clinics:** Some health clinics in the Dawam area have ceased operations and so have reduced access to ANC and health clinic delivery services for adolescent and adult mothers. Reopening these closed health facilities would restore access to ANC services, particularly for women who are currently underserved or deprived of care. Reopening these health clinics would also help to increase service utilization, reduce geographical barriers to care, and improve maternal health outcomes in DAWAM area.
- **Distribution of ANC guidance:** providing services along with completed ANC guidance booklets will help adolescent mothers to easily track the exact date and time of their next visit and help them to make preparations accordingly.
- **Encourage participants to listen to the Darman radio programme,** a trusted source of information on family and maternal health, childcare, and education. This programme is broadcast by BBC Dari and Pashto and local radio stations.



About What Matters? Afghanistan Speaks!

What Matters? Afghanistan Speaks! is a quarterly bulletin which informs the humanitarian community about how people are experiencing issues on the ground. It is part of the Driving Action for Well Being to Avert Mortality (DAWAM) project which aims to contribute to decreased morbidity and mortality in women and girls and high-risk groups including persons living with disability in Afghanistan. The project is funded by the Foreign, Commonwealth & Development Office (FCDO). It is implemented in seven provinces by a consortium consisting of World Vision-Afghanistan, Action Against Hunger (ACF), Action Aid (AA), BBC Media Action, Nai Qala, Afghan Women's Educational Centre (AWEC) and AADA. This bulletin is produced by BBC Media Action, Afghanistan. The content of What Matters? Afghanistan Speaks! is the responsibility of BBC Media Action. Any views expressed in this report should not be taken to represent those of the BBC itself, nor any donors supporting What Matters? or the work of the charity. BBC Media Action welcomes collaboration with other organisations collecting feedback in areas where they work or who would like to contribute to the analysis and production of this bulletin.

Written by: Karen O'Connor, Abdul Zaher Modaqeq and Obaidullah Shinwari

Please contact: karen.o'connor@uk.bbcmediaaction.org

Methodology

This research utilised a qualitative approach to explore people's experiences and perceptions related to accessing health services for adolescent mothers during pregnancy. Data was collected through 84 in-depth interviews (IDIs) with adolescent mothers, their husbands, and mothers-in-law across seven DAWAM provinces, capturing diverse perspectives on antenatal care and birth delivery for adolescent mothers. Four key informant interviews (KIIs) were conducted with health services providers in health clinics across four provinces to understand existing health interventions and the accessibility of services and communication channels particularly for adolescent mothers. The husbands and mothers-in-law interviewed in this research were the spouses and family members of the adolescent mothers. These insights offer valuable learnings for communities and practitioners working in the health and nutrition sectors.

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