

COUNSELLING ON STIGMA AND ITS INFLUENCE ON ACADEMIC PROGRESSION AND PSYCHOLOGICAL WELLBEING OF ADOLESCENT STUDENT MOTHERS IN PUBLIC SECONDARY SCHOOLS IN NAKURU COUNTY, KENYA

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Abstract

Adolescent motherhood is a phenomenon of public concern to stakeholders at the national and international levels. It is considered a factor that impedes the realization of girl child formal education, which also causes strain on government resources. Adolescent mothers who are re-admitted into school system face various psychological challenges such as stigma. This study purposed to assess the relationship between counselling on stigma and academic progression, as well as psychological well-being of adolescent student mothers in public secondary schools in Nakuru County, Kenya. The study adopted two theories, self-efficacy and theory of planned behaviour. It was guided by correlation research design. The target population was 1,788 adolescent student mothers in Nakuru County, from which a sample of 221 respondents was selected through purposive sampling method. Teacher counsellors in the respective schools also formed part of the study sample. Reliability of the test instruments was determined by test-retest method where a Cronbach co-efficient alpha of 0.82 was established. Qualitative data was analyzed thematically. Data analysis was aided by SPSS (Version 26). Pearson correlation was used to test the relationship between stigma counseling and academic progression and psychological wellbeing on the other hand. Findings from the study indicated stigma counselling influenced the academic progression of adolescent student mothers positively ($r = .936$). R squared was found to be 0.876, indicating that 87.6% of the variance in academic progression and psychological wellbeing of adolescent student mothers in public secondary schools could be explained by the stigma counselling of adolescent student mothers. The study recommends the need to enhance counselling interventions in building resilience on personal responsibility to enable adolescent mothers fulfill both academic and motherhood roles.

Keywords: academic progression, adolescent, counselling, psychological wellbeing, stigma, student mothers

Introduction

The United Nations Department of Economic and Social Affairs [UNDESA] (2020) contends that adolescence motherhood is a social problem confronting both the developed and developing countries. Globally, over 16 million girls aged 15-19 years become pregnant every year with over 90% of the adolescent pregnancies occurring within marriage and among marginalized communities (UNESCO, 2017). The main causes for adolescent pregnancies are poverty, lack of education and employment opportunities (WHO, 2020). Adolescent mothers in the world are estimated at 65/1000 females where Sub-Saharan Africa remains the worst hit by adolescent pregnancy, with 143/1000 females (World Bank, 2017). Europe has the least incidences of adolescent with prevalence rates of 28/1000 females. Adolescent mothers in other regions of the world are estimated at 63/1000, 56/1000, and 54/1000 in Americas, Asia and Oceania (World Bank, 2017).

Adolescent mothers are associated with childbirth complication and risks such as anemia, high blood pressure, deliver of premature babies and babies with low birth weight (National Council for Population and Development, 2021; WHO, 2020). Kenya has an estimated adolescent

pregnancy rate of 101/1000 females. According to the Kenya Demographic Health Survey (2014), 1 in 5 girls between the ages of 15 and 19 are either pregnant or have given birth already. According to the most recent data from the Global Childhood, with 82 births per 1,000 live births, Kenya has the third-highest rate of teen pregnancies as of 2019. According to the UNFPA report, Kenya recorded 378, 397 adolescent and teenage pregnancies for girls between the ages of 10 and 19 between July 2016 and June 2017. Specifically, 28, 932 girls between the ages of 10 and 14 and 349,465 girls between the ages of 15 and 19 gave birth. Despite the fact that adolescent pregnancy impacts girls in a variety of circumstances, restricted access to education continues to be one of the main effects of the epidemic. Key gaps remain in secondary school completion among adolescent girls worldwide with four out of five girls completing primary school, and only two out of five complete upper secondary school (United Nations Children's Fund, 2021). Statistics from the United States indicates that 30% of adolescent girls who have dropped out of high school cite pregnancy or parenthood as a key reason (The National Center for Education Statistics, 2014).

Dropping out of secondary school denies the affected adolescent girls the actual and potential benefits of secondary education. The Government of Kenya (2005), regards secondary education as the most important stage in the educational cycle of a child. Secondary education is also conceived as the level at which learners are expected to acquire proficiency in both academic and applied subjects (Government of Kenya, 2005). Further, secondary school education is important because it is the foundation for further education, training and work (Boit, Njoki & Chang'ach, 2012). Additionally, secondary education must ensure that students' cognitive, psychomotor, and affective skills re developing in a balanced way, as well as their mental, social, moral, and spiritual growth (Chia, 2002). It is anticipated that secondary education will foster the development of positive attitudes, self-respect, self-reliance, cooperation, and adaptability as well as provide students a sense of purpose, integrity, and self-discipline for their families, communities, and country (Bogonko, 1994). Education is also seen as a significant factor in determining incomes, a way out of poverty, and a way to lessen social and economic inequalities in society (Government of Kenya [GOK], 2005). The purpose of education is to instill values, ideas, attitudes, and aspirations that are crucial for national development in addition to knowledge and skills that enable the beneficiaries to act as agents of social change and economic activity (Nsubuga, 2003).

Although Lewis and Locckheed (2007), Maluli and Bali (2014), Ekpo (2007) and Omwancha (2012) have hailed the significance of counselling of adolescent mothers in their academic progression, and indeed stressed the need for such counselling services, the authors have not demonstrated the role of such counselling in the academic progression and psychological wellbeing of adolescent student mothers. The scholars have also not indicated the type of counselling services that should be offered to adolescent mothers resuming studies. The study therefore examined the influence of individual counselling on academic progression and psychological well-being of adolescent mothers in public secondary schools in Nakuru County, Kenya. Specifically, the study sought to examine the influence of stigma counselling on academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County

Objective of the Study

To establish the relationship between counselling on stigma and academic progression, as well as psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya.

Research Hypothesis

There is no statistically significant relationship between counselling on stigma and academic progression, as well as psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya

Literature Review

Counselling on stigma, wellbeing and academic progression of students mothers

Stigma is defined as the disapproval of, or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society. Psychologists consider stigma as a complex issue that has both visible and invisible attribute, deeply discrediting to individuals suffering from stigma (Craig & Stanley, 2006). *In the context of adolescent motherhood, stigma* is experienced when an adolescent student mother is viewed negatively because she has a distinguishing characteristic or personal trait considered to be a disadvantage.

A significant percentage of pregnant adolescents' experience social stigma. For instance, a survey conducted in the United Kingdom on the prevalence of stigma among pregnant adolescents revealed that over 40% of pregnant adolescents suffered from social stigma. A survey by Wiemann, Rickert, Berenson and Volk (2015), which among things explored the prevalence of stigma among adolescent mothers, found that 43% of the 925 adolescent mothers experienced stigma as a result of adolescent pregnancy. Although two studies are not sufficient to generalize the extent of prevalence of social stigma among pregnant adolescents and adolescent mothers, the survey nonetheless confirms that stigma is indeed a problem experienced in adolescent pregnancy and motherhood. It is also important to observe here that cases of stigma associated with adolescent motherhood could be much higher in a developing country such as Kenya given that cases of adolescent pregnancy in Kenya are higher than those of the developed world generally and United Kingdom in particular.

Adolescent mothers feel stigmatized due stereotypes that society attach to adolescent pregnancy. Whitehead (2001), observe that adolescent girls who become pregnant are perceived as weak willed due to their engagement in premature sexual activity. Smithbattle (2013), argues that adolescent pregnancy is perceived as a transgression from societal expectations and a symbol of personal deviance. Adolescent mothers are also perceived as unmotivated, irresponsible and incompetent individuals who cannot control their social lives (Aapola, Gonick & Harris, 2005).

Smithbattle (2013), argues that by subjecting adolescent mothers to moral judgment adolescent mothers feel isolated, ashamed and psychologically hurt. Adolescent mothers have also reported feeling of fear, shame, resentment, anger, distress and lack of confidence (Yardley, 2008). Groves, et.al (2018), has argued that stigma directed at adolescent pregnancy results in 'social death' for young mothers. It is evident from the documented studies that continuing stigmatization of

adolescent pregnancy has profound effects on the adolescent mothers and their children. This study sought to observe that the resulting isolation and social exclusion of pregnant adolescents and adolescent mothers may undermine the psychosocial growth of the adolescent mothers. The stigmatization of adolescent pregnancy has resulted in discrimination of pregnant adolescent and adolescent mothers (Fessler, 2008). It has been empirically established that adolescent mothers are denied certain medical services as deterrence to another adolescent pregnancy. Adolescent mothers' experience of stigma from professionals have undermined their trust in these individuals and institutions leading to an increase in the likelihood of not seeking help from such professionals and institutions they are affiliated to.

Stigma and discrimination towards adolescent motherhood is not just limited to the wider society but also is practiced in schools. Mpanza and Nzima (2010), noted that adolescent mothers suffer from stigma and discrimination as some teachers are often unprepared to deal with adolescent student mothers in a classroom setting. Ramulumo and Pitsoe (2013) also established that some teachers perceive adolescent mothers as adults who do not fit in with the school environment. Additionally, due to a lack of knowledge and the absence of school structures for student mothers, some teachers believe they are unable to give adolescent mothers extra time to make up for lessons missed or other types of help. (Mayzel, Kachala & Kerner, 2010).

Individuals who are stigmatized develop low self-esteem (Tafarodi & Ho, 2014). Proios and Balasas (2007), define self-esteem as the positive or negative attitude of an individual towards him/herself. Self-esteem has also been described as an individual's self-rating and an evaluation of self-concept. Self-esteem has also been defined as a reflective moral stance taken toward oneself (Tafarodi & Ho, 2014). Further, self-esteem is understood by Cooper-smith (2006), as the extent to which individuals believe they are significant, worthy, capable and successful (Cooper-smith, 2006). Despite the varied definitions of self-esteem as shown above, it is clear that self-esteem is more to do with how people evaluate their self-worth, confidence and satisfaction with themselves and life.

Low self-esteem is characterized by state of hopelessness, which inhibits a person from realizing their full potential (Brown & Marshall, 2006). Low self-esteem generates in people feelings of incompetence and unworthiness (Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). This implies that adolescent student mothers suffering from low self-esteem as a result of stigma associated with her status may not focus on their education. Stigma counseling remains one of the most important strategies of building self-esteem (Brown & Marshall, 2006). Stigma counseling is also referred to as stigma reduction counseling or anti-stigma counseling, which is a specialized form of counseling aimed at addressing the negative stereotypes, prejudices, and discrimination experienced by individuals who are stigmatized due to various factors such as mental health conditions, substance use disorders, HIV/AIDS status and teenage pregnancy among other (Corrigan & Rao, 2012). Stigma counselling aims to reduce the emotional and psychological impact of stigma, promote self-acceptance, and empower individuals to cope with and challenge societal biases (Ibid). Such counseling services will enable the affected adolescent student mothers regain their self-esteem. People who have high self-esteem on the other hand generally feel good about their ability to participate, confident in social situations and happy with their lives (Pyszczynski et al., 2004). High self-esteem makes people feel confident, have good sense of self-

worth, possess good communication skills, are positive, encouraging and supportive to others (Pyszczynski *et al.*, 2004).

It has been shown that an individual with high self-esteem easily make and maintain friends and socially interact with people (Menon, Kusanthan & Mwaba, 2016). High self-esteem also enables individuals to resist engagement in negative activities such as consumption of alcohol. The study by Menon, Kusanthan, and Mwaba (2016), was particularly important to this study since it addresses the core issues that the study sought to address. As earlier noted stigma arising from adolescent pregnancy makes affected individuals feel isolated and hopeless. It is therefore for schools to help adolescent student mothers fight stigma through stigma counseling. Stigma counseling may help adolescent student mothers regain their lost self-esteem and pride. Students with high self-esteem can relate well with their colleagues, teachers and peers and thus being able to do well in their academics.

Low self-esteem is one of the major psychosocial problems that adolescent student mothers experience in their interactions with teachers and fellow students (Ogori, 2013). Mcambi (2008), states that adolescent student mothers stay away from their friends as they find it difficult to be part of a group they belonged to before they became young mothers. The study reported that adolescent student mothers avoid their friends because they are ashamed of their motherhood status hence see themselves as misfits within the group. This feeling of being a misfortune sometimes is extended into fear to participate in class discussions especially during lessons where topics related to their motherhood are discussed since they become uncomfortable (Chigona & Chetty, 2007). School counselor can help adolescent student mothers have an improved interaction with other students and teachers. Research indicates students who have access to counselling programs especially in the area of social skills are reported as being more positive and having greater feelings of belonging and safety in their schools (Lapan, Gysbers & Sun, 2013).

Findings of the current study, which found that lack of self-confidence as a predictor of anti-social behaviour such as alcohol abuse is in many respect similar to a study by Rees and Wilborn (1983), which found that feelings of self-inadequacy as among the main drivers of drugs and alcohol abuse among adolescents. Individuals who do not have confidence in themselves can easily be persuaded into doing things that they had no prior plans about. Such individuals can be easily recruited into deviant behaviour by their friends and peers. Drinking alcohol is a social and group activity, which has been blamed for many incidences of adolescent pregnancy. Adolescent mothers if not properly counselled may resort to alcohol and drugs abuse as a way of fighting stigma associated with adolescent pregnancy. Adolescent student mothers who lack self-confidence may perceive it inappropriate or rude in turning down friends' invitation to social events such as binge drinking, which may lead them second incidences of adolescent pregnancy. Adolescent student mothers' lack of self-confidence can be exacerbated by feeling of hostility or lack of love from teachers, fellow students and peers. However, through stigma counselling, such students can regain self-confidence that they lost due to adolescent pregnancy and the subsequent adolescent motherhood.

Cook, Purdie-Vaughns, Meyer and Busch (2014), in their study found that individuals who suffer from stigma are largely those who have no meaningful contacts with their colleagues and peers. The study established that lack of contact led to discomfort, distrust and fear. It is thus recommended that contact interventions be initiated between stigmatized adolescents and their

friends and peers to help them overcome personal divide that exists between the stigmatized individuals and other referent groups. In this approach, people who have lived through the experience of adolescent pregnancy are brought to interact with adolescent student mothers, where they describe their challenges and stories of success. The aim of contact strategy is to reduce public stigma on an individual basis and also creating a sense of empowerment and boosting self-esteem of stigmatized individuals (Corrigan, 2015). Contact as a form of anti-stigma strategy has been found to be an effective intervention method for changing attitudes and reducing social distance between student mothers and their colleagues and instructors in tertiary institutions. It is therefore critical to address concerns related to stigma by providing counseling for adolescent mothers and manage mental health challenges they may be facing, such as depression and anxiety. Stigma can lead to decreased academic performance due to increased stress, anxiety, and feelings of isolation and counseling can provide adolescent mothers with tools to manage these challenges effectively, potentially mitigating the negative impact on their studies. By addressing the emotional and psychological toll of stigma, counseling can contribute to a reduction in dropout rates among adolescent mothers therefore necessitating this study.

Methodology

The study was guided by correlation research design. The target population was 1,788 adolescent student mothers in Nakuru County, from which a sample of 221 respondents was arrived at through purposive sampling method. Teacher counsellors in the respective schools also formed part of the study sample. Validity of the instruments was guided by the objective while reliability was enhanced by test- retest method where a cronbach co-efficient alpha of 0.82 was established. Qualitative data was analyzed thematically. Data analysis was aided by SPSS (Version 26). Pearson correlation was used to test the relationship between counselling on stigma and academic progression and psychological wellbeing on the other hand.

Findings

This objective sought to explore the relationship between counselling on stigma and academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya. The hypothesis presumed that counselling on stigma had no statistically significant influence of on the academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya. To establish the truth of this assumption, means and Pearson correlation analysis of counselling on stigma and the academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya were carried out. Social skills counseling was the independent variable.

Counselling on stigma was measured by the extent to which the respondents agreed with the statements: the believe that people will only respect and value her she value and respect herself, had learnt to carry out herself with respect and honour, never suffered stage fright when contributing to a topical issue in class and public, being satisfied with level of confidence the respondent display when presenting issues to her teachers, had important life goals that the respondent intend to work hard to achieve, confident that she will achieve the career goals, satisfied with the manner in which she articulates issues to friends, feeling proud and happy when friends compliment her for her dressing and personal grooming, determined to pursue her high school

education to completion, had been counselled on the importance of being optimistic in life, has been counselled on the importance of personal grooming, had been counselled on the importance of recognizing self-worth, had been counselled on the importance of self-confidence and tries as much as possible to dress well and take care of myself.

The results of the analysis on the relationship between counseling on stigma on the academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya are presented in Tables 1, 2 and 3. Table 1 presents means of stigma counselling and the academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya.

Table 1:
Means of Counselling on Stigma and the Academic Progression and Psychological Well Being

Statement	Sum	Mean
Believe that people will only respect and value me if I value and respect myself	750	3.84615
Have learnt to carry out myself with respect and honour	735	3.76923
Never suffer stage fright when contributing to a topical issue in class and public	724	3.71282
Satisfied with level of confidence i display when presenting my issues to my teachers	700	3.58974
Have important life goals that I intend to work hard to achieve	666	3.41538
Confident that I will achieve my career goals	604	3.09744
Satisfied with the manner in which I articulate issues to friends	593	3.04103
Feel proud and happy when friends compliment me for my dressing and personal grooming	587	3.01026
Determined to pursue my high school education to completion	571	2.92821
Have been counselled on the importance of being optimistic in life	502	2.57436
Have been counselled on the importance of personal grooming	484	2.48205
Have been counselled on the importance of recognizing self-worth	469	2.40513
Have been counselled on the importance of self confidence	445	2.28205
Try as much as possible to dress well and take care of myself	436	2.23590

Table 2 presents Pearson’s Correlation Coefficient between stigma counselling and the academic progression and psychological well being of Adolescent Student Mothers in public secondary schools in Nakuru County, Kenya.

Table 2:
Stigma Counselling and the Academic Progression and Psychological Well Being

Model	R	Adjusted R Square	Std. ErrorChange Statistics			F Change	df1	df2	Sig. Change	F
			Estimate	Change	Square					
1	.936 ^a	.876	.876	.72271	.876	1366.619	1	193	.000	

a. Predictors: (Constant), Stigma Counselling

Table 3 presents Simple Regression Analysis of self-awareness counselling and the academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya

Table 3:
Self-Awareness Counselling and the Academic Progression and Psychological Well Being

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	713.790	1	713.790	1366.619	.000 ^b
	Residual	100.805	193	.522		
	Total	814.595	194			

a. Dependent Variable: Academic Progression and Psychological Wellbeing Total

b. Predictors: (Constant), Counselling on stigma

Table 3 indicates that the Pearson’s Correlation Coefficient between stigma counselling and the academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya, was statistically significant at .05 level of significance ($r = .936$, $p = 0.000$). The r squared was found to be 0.876. This indicates that 87.6% of the variance in academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya could be explained by the counselling on stigma.

From Table 3, the F value was found to be significant ($F(1, 193) = 1366.619$, $p = .000$). Therefore, null (H_0) that counselling on stigma has no statistically significant influence of on the academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County, Kenya was rejected at .05 significance level. It was therefore concluded that counselling on stigma has significant influence on the academic progression and psychological wellbeing of adolescent student mothers in public secondary schools in Nakuru County,

According to the results in Table 1 the mean score that was highest for believe that people will only respect and value someone if the value and respect themselves (mean = 3.84615), followed by the respondent had learnt to carry out herself with respect and honour (mean= 3.76923) while the respondent never suffer stage fright when contributing to a topical issue in class and public (mean = 3.71282) had the third highest mean. On the other hand, the third lease was tha the respondent had been counselled on the importance of recognizing self-worth Mean = 2.40513),

tseconds least was that the respondent had been counselled on the importance of self-confidence (mean = 2.28205) while the least mean was that the respondent tried as much as possible to dress well and take care of herself (mean = 2.23590).

The findings of the study reverberate well with the findings of previous studies. For instance, Menon, Kusanthan and Mwaba, (2016) has been shown that an individual with high self-esteem easily make and maintain friends and socially interact with people. Additionally, high self-esteem also enables individuals to resist engagement in negative activities such as consumption of alcohol. The study by Menon, Kusanthan and Mwaba (2016), is particularly important to the proposed study since it addresses the core issues that the proposed study wishes to address. As earlier noted stigma arising from adolescent pregnancy makes affected individuals feel isolated and hopeless. It is therefore for schools to help adolescent student mothers fight stigma through stigma counseling. Stigma counseling may help adolescent student mothers regain their lost self-esteem and pride. Students with high self-esteem can relate well with their colleagues, teachers and peers and thus being able to do well in their academics.

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Cook, Purdie-Vaughns, Meyer and Busch (2014), in their study found that individuals who suffer from stigma are largely those who have no meaningful contacts with their colleagues and peers. The study established that lack of contact led to discomfort, distrust and fear. It is thus recommended that contact interventions be initiated between stigmatized adolescents and their friends and peers to help them overcome personal divide that exists between the stigmatized individuals and other referent groups. In this approach, people who have lived through the experience of adolescent pregnancy are brought to interact with adolescent student mothers, where they describe their challenges and stories of success

The aim of contact strategy is to reduce public stigma on an individual basis and also creating a sense of empowerment and boosting self-esteem of stigmatized individuals (Corrigan, 2015). Contact as a form of anti-stigma strategy has been found to be an effective intervention method for changing attitudes and reducing social distance between student mothers and their colleagues and instructors in tertiary institutions.

The study agrees with Javadifar, Majlesi, Nikbakht, Nedjat and Montazeri (2016), that pregnancy during adolescence often results in low self-esteem among the affected adolescents. The

psychological stress arising from unplanned pregnancy is often compounded by blame from family members, peers and teachers who perceive such pregnancy as a product of loose morals. The above authors found that low self-esteem is more acute during pregnancy and in the first year of birth. However, interventions through personalized counseling can help a great deal and enable the affected adolescents overcome stress and regain their lost self-esteem. Ogori (2013) points out that low self-esteem is one of the major psychosocial problems that adolescent student mothers experience in their interactions with teachers and fellow students. It is therefore possible as suggested by the results of the study in that a significant proportion of adolescent student mothers who received counseling gradually regained their self-esteem.

Conclusions

The study concluded that there was a significant relationship between counselling on stigma and academic progression, and psychological well-being of adolescent student mothers in Nakuru County, Kenya. Further, examination of the results points that all the approaches used in counselling on stigma adopted notably self-worth counseling, personal grooming and self-confidence counseling significantly contributed to the academic progression of adolescent student mothers in secondary schools. Counseling on stigma counseling that took the self-worth counseling approach was the most beneficial to the psychological well-being of adolescent student mothers.

Recommendations

Based on the findings of this study, the study recommends the need to enhance counselling interventions on stigma among the student mothers in a bid to enhance their academic output. The counselling interventions should further enhance personal responsibility to enable adolescent mothers fulfill both academic and motherhood roles.

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