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The Psychosocial Support offered to Pregnant Teenage Girls and Teenage Mothers in Bungoma County, 2019-2021

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This research endeavored to assess the psychosocial support extended to pregnant teenage girls and teenage mothers in Bungoma County during the period spanning 2019 to 2021. Recognizing the distinctive challenges faced by this demographic, the study employed a mixed-methods approach to investigate the nature, availability, and efficacy of psychosocial support systems tailored to their specific needs. Quantitative data was gathered through structured surveys, focusing on demographic information, the types of psychosocial support received, and the perceived effectiveness of these interventions. Complementary qualitative data was derived from in-depth interviews and focus group discussions, providing a deeper understanding of the emotional, social, and psychological dimensions of the support offered. Purposive and stratified random sampling techniques were used in the study. The sample size of the study was 277 respondents from a total of 901 target population. A total of 216 dull filled and cleaned questionnaires for pregnant or teenage mothers were used for reporting as response return. There was also a total of 44 questionnaires for school principals. The study found that pregnant teenage girls and teenage mothers in Bungoma County encounter varied psychosocial challenges, including societal stigmatization, isolation, and emotional distress. Additionally, the study majorly found that most of the school support that adolescent mothers received revolved around guiding and counseling, encouragement, spiritual and love, which indicate psychological support.

Keywords: *psychosocial support, teenage girls, teenage mothers and Support*

Introduction

Psychosocial support can be defined as a range of interventions and resources provided to address the psychological and social needs of pregnant teenage girls and

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teenage mothers (Babedi, 2021). This support includes emotional care, counseling, guidance, encouragement, and assistance from family members, schools, and the community (Babedi, 2021). The goal is to help these young mothers cope with the challenges they face, reduce their feelings of isolation and stigma, and improve their overall well-being during pregnancy and motherhood (Letourneau, Stewart & Barnfather, 2004).

World Vision (2021) estimates that as many as one million girls across sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures. Chimhungwe (2012) in Zimbabwe point out that without the support system of teachers and school authorities, several girls are likely to be exposed to sexually transmitted infections, unwanted pregnancies and sexual exploitation among other overwhelming effects of covid-19. Furthermore, Chimhungwe (2012) maintained that Schools closures as part of the response to Covid-19 may have doubled the teenage pregnancy rates. Schools provide an important safe environment for the girls. When schools close children are left unsupervised and consequently left in the hands of predatory family members and neighbors (Besag, 2006).

Akter (2019) reiterated that, adolescent parenthood is associated with a range of adverse outcomes for young mothers, including mental health problems such as depression, substance abuse, and post-traumatic stress disorder. According to Centres for Disease control (2019), Teen mothers are also more likely to be impoverished and reside in communities and families that are socially and economically disadvantaged. These circumstances can adversely affect maternal mental health, parenting, and behaviour outcomes of these teen mothers and their children (Smith, 2004). To sum up, teenage pregnancy is one psychosocial and economic problems across the globe found in both developed and developing societies. Thus, the effects of teenage pregnancy need further empirical studies since it affects the social-psychological well-being of teenagers and disruption of academic process for the affected student, her family, peers and the school community.

Purpose of the Study

The study sought to explore processes that can be used to build a mutual framework for reducing Adolescent Pregnancies in Bungoma County, Kenya. Thus, it pursued to determine the psychosocial support offered to pregnant teens and teenage mothers, develop a mutual framework for militating against Adolescent Pregnancies in Bungoma County and disseminate the framework for militating against teenage pregnancies in Kenya.

Research Questions

i. What types of psychological support are provided to pregnant teenage girls and teenage mothers by their families in Bungoma County?

ii. How do schools in Bungoma County provide psychosocial support to pregnant teenage girls and teenage mothers?
iii. What are the existing gaps in community-based psychosocial support for pregnant teenage girls and teenage mothers in Bungoma County?

Limitations of the Study

The study found that support from community members and health volunteers was relatively low, with significant numbers of adolescent girls reporting insufficient community-based assistance. The study emphasized the need for enhanced community involvement and outreach programs, highlighting the gaps in community support and recommending increased efforts to build robust community networks and integrate them into the support systems for pregnant teens.

Although psychological support was available from family and teachers, there was a variance in its consistency and effectiveness, with some respondents reporting gaps in support. The study called for more structured and consistent psychological support systems, both at home and in schools. It advocated for formalized counseling programs and regular training for teachers and caregivers to ensure continuous and effective psychological support for pregnant adolescents.

Literature Review

A study by Smith *et al.* (2020) explored the impact of emotional and mental health interventions on pregnant teenage girls and teenage mothers in the USA. The research focused on school-based counseling programs designed to offer emotional support and guidance. These programs aimed to reduce feelings of anxiety, depression, and isolation among pregnant teens by providing individual and group therapy sessions. The study found that participants who received regular counseling showed significant improvement in their mental health and were more likely to continue their education. However, the research highlighted that the reach of these programs was limited, often excluding girls in rural areas or those without access to supportive school environments.

May (2014) posits that, despite the worrisome prevalence of teenage pregnancy in Africa with nearly in adolescent/teenage girls becoming pregnant in this region the evidence base on the psychosocial support concerns of affected girls within this context is surprisingly thin. Furthermore, from May (2014), the current literature on the experiences of teenage mothers (including psychosocial support/mental health issues) is characterized by ‘few studies’, with evidence on best practices around psychosocial support for pregnant and parenting girls described as being ‘limited’. Hitimana (2018) discusses the severe psychosocial effects of early pregnancy, particularly in the context of low-resource settings common in many African countries. According to his study, teenage pregnancy often leads to significant emotional and psychological challenges, including feelings of shame, guilt, and isolation. These effects are exacerbated by the lack of adequate support systems, as

many communities in Africa lack the resources to provide proper psychosocial support. The study further indicates that these challenges contribute to a cycle of poverty and limited opportunities, as teenage mothers are often forced to drop out of school, limiting their future prospects. Hitimana emphasizes the need for community-driven interventions that address not only the immediate psychological needs of these young mothers but also the broader socio-economic barriers they face. His findings underscore the importance of developing tailored support systems that consider the unique challenges of low-resource environments, highlighting a critical gap in current support initiatives.

According to Hamburg (2017), a number of studies have begun to respond to this call, noting that the psychosocial support needs of pregnant and parenting teenage girls in Kenya, for instance, revolve around issues such as economic support, mental health concerns and stigma. Hamburg (2017) further says that, these important psychosocial support issues emerged from conventional datasets focusing on pregnant/parenting girls and other related populations. However, data derived from actual psychosocial support contexts are yet to inform the emerging body of literature. Yet, such data have the potential to deepen our understanding of a complex issue requiring urgent solutions.

Nyaga and Munene (2020) explored the psychosocial challenges faced by teenage mothers in rural areas of Kenya, focusing on how these challenges affect their educational and social outcomes. The study revealed that teenage mothers in rural areas often experience stigmatization, social isolation, and inadequate support from their families and communities. It was found that the majority of these girls lack access to professional counseling services, which exacerbates their emotional and psychological distress. The study suggested that there is a critical need for more structured psychosocial support systems tailored specifically to the needs of teenage mothers in rural areas.

Ndirangu and Wambugu (2019) examined community-based support systems available for pregnant adolescents in Kenya. Their research highlighted the role of community health workers, religious institutions, and local non-governmental organizations (NGOs) in providing support to pregnant teenagers. They found that while these support systems exist, they are often uncoordinated and inconsistent, leading to gaps in service delivery. The study emphasized the importance of creating a more cohesive network of support services that can address the diverse needs of pregnant teenagers, including emotional support, healthcare, and education.

Kilonzo et al., (2021) focused on the impact of various psychosocial interventions on adolescent mothers in Western Kenya, including Bungoma County. Their study assessed the effectiveness of peer counseling, group therapy, and family-based interventions in improving the mental health and well-being of teenage mothers. The findings indicated that while these interventions had a positive impact, their reach was limited, with many teenage mothers not accessing these services due to cultural barriers, lack of awareness, or logistical challenges. The study recommended scaling up these interventions and ensuring they are more accessible to the target population.

The reviewed literature provides valuable insights into the psychosocial support available to pregnant teenage girls and teenage mothers in Kenya. However, a significant gap exists in understanding the specific experiences and needs of this demographic in Bungoma County during the period 2019-2021. While Kilonzo *et al.* (2021) included Bungoma County in their study, the research did not focus exclusively on the county, and the unique cultural, social, and economic factors that may influence the effectiveness of psychosocial support in this region were not thoroughly explored.

Moreover, there is a lack of longitudinal studies that track the long-term impact of psychosocial interventions on the well-being of teenage mothers in Bungoma County. The existing studies largely focus on short-term outcomes without considering how these interventions might affect the girls' lives over a more extended period. This gap highlights the need for more localized, in-depth research that considers the specific context of Bungoma County and evaluates the sustainability of psychosocial support systems over time.

To address this gap, this paper draws on the voices and experiences of pregnant/ parenting girls (and, by extension, their parents) in the context of Bungoma County, Kenya. Examining affected girls' lives in this unique context provides an opportunity to gain deeper insight into their worlds, and to pick up on critical psychosocial support challenges and needs that have yet to make their way into the literature. Such evidence is critical for assess the psychosocial support extended to pregnant teenage girls and teenage mothers in Bungoma County during the period spanning 2019 to 2021.

Methodology

Study Description and Location

The COVID-19 timeline of events spanning from closures and restrictions to phased re-openings is well-documented in Kenya. This unique COVID-19 situation offered researchers an opportunity to study and establish the nature, trend and level of teenage Pregnancy trends in Bungoma County between 2019-2021.

In this study, all the teenage mothers in public mixed and girls secondary schools in Bungoma County were the universe under study. This study first stratified the public mixed and girls secondary schools as per the 12 sub-counties of Bungoma County. Simple random sampling was used to pick schools in each sub-county. All the girls in the sampled schools were purposively selected. The study employed both Quantitative and Qualitative approaches. Quantitative method helped to generate the trends and nature of teenage pregnancies while qualitative enabled participants to describe their experiences and perspectives regarding teenage pregnancies.

Data Collection Methods

Data collection was done through document analysis, questionnaires and interviews. This was ensured by use of Survey questionnaires distributed to school

Principals of the selected schools. Additionally, the researchers conducted FGDs, Key informant interviews, review of documents with the school principals of the selected schools in Bungoma County.

Sampling Frame and Sampling Size

The affected girls and the principals were purposively sampled. The main target population who are affected teenagers were sampled from a population of 901 reported cases from Bungoma County.

Table 1. *Reported Pregnancy Cases in Bungoma County*

SUB COUNTY	**NUMBER OF REPORTED CASES**
Bungoma South	147
Kopsiro	21
Cheptais	23
Webuye West	61
Mt.Elgon	11
Tongaren	86
Kimilili	86
Bungoma East	80
Bungoma West	98
Bungoma North	121
Bungoma Central	105
Bumula	62
TOTAL	**901**

According to Creswell (2014), the sample size is the population's subset or the total number of items which should be selected from the study population to constitute a sample. Kothari (2014) argued that the sample size should not be too large or too small. In this study, the sample size was calculated using the formula below by Yamane Taro (1967);

Where n = sample size

N= population size

e = level of precision using 95% confidence level thus

$n = N \div 1 + N (e)^2$

$n = 901 \div 1 + 901(0.05)^2$

n =277

Results and Discussion

In Bungoma County, the phenomenon of teenage pregnancies presents a complex and pressing challenge, particularly concerning the psychosocial well-being of pregnant adolescents and teenage mothers. This study addressed it in the findings as follows.

Psychological Support offered to Pregnant Teenage Girls and Teenage Mothers at Home

The study sought to establish the psychological support offered to pregnant teenage girls and teenage mothers at home from their own responses.

Table 1. *Psychological Support offered to Pregnant Teenage Girls and Teenage Mothers at Home*

No	Statements	SD	D	U	A	SA	M	SD
1	My family members guide and counsel me whenever i experience any challenges	3(1.4)	8(3.7)	9(4.2)	122(56.5)	74(34.3)	4.2	.79
2	My family members assist me in homework	24(11.1)	67(31)	24(11.1)	65(30.1)	36(16.7)	3.1	1.31
3	Parents accompany me to hospital for treatment	16(7.4)	39(18.1)	11(5.1)	86(39.8)	64(29.6)	3.7	1.28
4	Family members always encourage me whenever I feel low	10(4.6)	27(12.5)	14(6.5)	99(45.8)	66(30.6)	3.9	1.13
5	Community members visit me at home	27(12.5)	73(33.8)	20(9.3)	59(27.3)	37(17.1)	3.0	1.34
6	Religious leaders pray for me at home	12(5.6)	57(26.4)	7(3.2)	93(43.1)	47(21.8)	3.5	1.25
7	Community health volunteers attend to me at home	30(13.9)	79(36.6)	17(7.9)	57(26.4)	33(15.3)	2.9	1.34
8	I am not allowed to do certain work because of my condition	35(16.2)	66(30.6)	9(4.2)	63(29.2)	43(19.9)	3.1	1.43
9	I receive free treatment whenever I fall sick at school	18(8.3)	31(14.4)	15(6.9)	74(34.3)	78(36.1)	3.8	1.30
10	Family members love my child	9(4.2)	18(8.3)	10(4.6)	84(38.9)	95(44.0)	4.1	1.09

Majority of the girls, 122(56.5%) agreed that their family members guided and counseled them whenever they experienced any challenge, and these were supported by 74(34.3%). Cumulatively, 90.8% of the girls received this kind of support at home, which was highly rated averagely (M=4.2, SD=.79) with low standard deviation. The findings further shows that 86(39.8%) of the girls agreed that their parents accompanied them for hospital treatment, which was also supported by 64(29.6%) with high mean and standard deviation (M=3.7, SD=1.28) and always encouraged them whenever they felt low as agreed by 99(45.8%) and strongly agreed by 66(30.6%). Cumulatively, 76.5% were in agreement that their family members always encouraged them whenever they felt low, which had a high mean (M=3.9, SD=1.13) although with a high standard deviation as well.

A significant number, 64.9% cumulatively agreed that religious leaders prayed for them at home (M=3.5, SD=1.25) while 70.4% cumulatively agreed that they received free treatment whenever they felt sick at school, (M=3.8, SD=1.30). The findings also indicates that 82.9% of the girls cumulatively agreed that their family members love their children (M=4.1, SD=1.09). On the contrary, majority, 66(30.6%) of the adolescent girls disagreed that they were not allowed to do certain work because of their condition. Seventy nine, that is 36.6% also disagreed that community health volunteers attended to them at home (M=2.9, SD=1.34). The findings also indicates that majority of the adolescent girls, 73(33.8%) disagreed that community members visited them at home. From these findings, it can be noted that adolescent mothers mainly received their support from immediate family members and spiritual leaders but not from the community.

Psychological Support Offered to Pregnant Teenage Girls and Teenage Mothers at School

In addition to the psychological support offered to pregnant teenage girls and teenage mothers at home, the study sought the same at school. The findings are presented as shown in Table 3 that follows.

Table 3. *Psychological Support Offered to Pregnant Teenage Girls and Teenage Mothers at School*

No	Statements	SD	D	U	A	SA	M	SD
1	Teachers guide and counsel me whenever I experience any challenges	6(2.8)	11(5.1)	10(4.6)	89(41.2)	100(46.3)	4.2	.96
2	My classmate assist me in classwork	19(8.8)	41(19.0)	13(6)	90(41.7)	53(24.5)	3.5	1.29
3	School nurse or teacher accompany me to hospital for treatment	28(13)	80(37.0)	20(9.3)	49(22.7)	39(18.1)	3.0	1.36
4	My schoolmate always encourage me whenever I feel low	10(4.6)	30(13.9)	13(6)	107(49.5)	56(25.9)	3.8	1.12
5	Teachers always encourage me whenever I feel low	7(3.2)	13(6)	11(5.1)	98(45.4)	87(40.3)	4.1	.99
6	Teacher or school chaplain pray for me at school	12(5.6)	31(14.4)	18(8.3)	87(40.3)	68(31.5)	3.8	1.20
7	The school provides special meal for me	41(19)	89(41.2)	19(8.8)	35(16.2)	32(14.8)	2.7	1.35
8	I am not allowed to do certain work because of my condition	29(13.4)	63(29.2)	16(7.4)	69(31.9)	39(18.1)	3.1	1.37
9	I receive free treatment whenever I fall sick	24(11.1)	62(28.7)	17(7.9)	62(28.7)	51(23.6)	3.3	1.38
10	My friend love my child	15(6.9)	18(8.3)	8(3.7)	89(41.2)	86(39.8)	4.0	1.18

From the findings, majority of the adolescent mothers, 100(46.3%) strongly agreed that teachers guide and counsel them whenever they experience any challenge, which averagely received a high rating (*M=4.2, SD=.96*). Cumulatively, 143(66.2%) of the adolescents agreed that their classmates assisted them in their classwork (*M=3.5, SD=1.29*) while 163(75.4%) cumulatively agreed that their schoolmates always encourage them whenever they feel low with a high mean and standard deviation (*M=3.8, SD=1.12*). The findings also indicates that majority of the adolescent girls, 185(85.7%) cumulatively agreed that teachers always encouraged them whenever they felt low, (*M=4.1, SD=.99*) and teachers or school chaplain prayed for them at school as indicated by cumulatively 155(71.8%) who agreed. Cumulatively 109(50.0%) of the girls agreed that they were not allowed to do certain tasks because of their condition (*M=3.1, SD=1.37*), in addition, 113(52.3%) received treatment whenever they felt sick (*M=3.3, SD=1.38*) while 175(81.0%) agreed that their friends love their children (M=4.0, SD=1.18). However, it also emerged that majority of the adolescent girls, 80(37.0%) disagreed that school nurse or teachers accompanied them to hospitals for treatment, (M=3.0, SD=1.36). The findings also shows that 89(41.2%) of the girls disagreed that the school provided special meal for them (M=2.7, SD=.135). These findings imply show that most of the school support that adolescent mothers received revolved around guiding and counseling, encouragement, spiritual and love, which indicate psychological support.

Table 4. *Views on Support and Capacity Building Available in the School*

No	Statements	SD	D	A	SA	M	SD
1	Learners are openly talked to by all of us about the effects of early pregnancies and pre-marital sex	5(9.8)	2(3.9)	13(25.5)	31(60.8)	3.4	.96
2	Learners are taught to say no to early sex	7(13.7)	1(2)	15(29.4)	28(54.9)	3.3	1.04
3	There are peer counseling sessions on pre-marital sex	5(9.8)	6(11.8)	23(45.1)	17(33.3)	3.0	.93
4	school alumni are invited to give talks on effects of pre-marital sex	7(13.7)	17(33.3)	18(35.3)	9(17.6)	2.6	.94
5	There is a programme to empower girls and boys into avoiding early sex and prioritizing education.	8(15.7)	6(11.8)	16(31.4)	21(41.2)	3.0	1.09
6	There is stronger partnership between teachers and parents on the topic of sex	11(21.6)	15(29.4)	18(35.3)	7(13.7)	2.4	.98
7	Teaching and learning materials are available to teachers on sex education	14(27.5)	14(27.5)	16(31.4)	7(13.7)	2.3	1.03
8	Teachers are well trained to manage teenage pregnancy crisis	10(19.6)	12(23.5)	17(33.3)	12(23.5)	2.6	1.06
9	Toilets and sanitary facilities are available and suitable for girl child	5(9.8)	6(11.8)	22(43.1)	18(35.3)	3.0	.94
10	Toilets and sanitary facilities are privately situated for use by girls	3(5.9)	5(9.8)	18(35.3)	25(49.0)	3.3	.87
11	The environment is safe for learners	1(2)	2(3.9)	23(45.1)	25(49.0)	3.4	.67
12	Safe and clean water is available for use by girls		3(5.9)	24(47.1)	24(47.1)	3.4	.61
13	Clear rules and regulation for re-entry for teenage mothers are available	4(7.8)	5(9.8)	19(37.3)	23(45.1)	3.2	.92
14	Teenage mothers are aware of re-entry rules and regulations	4(7.8)	7(13.7)	20(39.2)	20(39.2)	3.1	.92
15	School community members are supportive to teenage mothers	7(13.7)	17(33.3)	14(27.5)	13(25.5)	2.6	1.02
16	Teenage mothers are supported to develop self esteem	3(5.9)	7(13.7)	26(51)	15(29.4)	3.0	.82

From the findings, majority of the heads of guiding and counseling, 31(60.8%) revealed that learners are openly talked to by all of them about the effects of early pregnancies and pre-marital sex (M=3.4, SD=.96). They were also taught to say no to early sex, 28(54.9%) with high rating (M=3.3, SD=1.04) as well as peer counseling sessions on pre-marital sex (M=3.0, SD=.93) as revealed by 40(78.4%). School alumni were invited to give talks on effect of pre-marital sex, (M=2.6, SD=.94) with 52.9% cumulative agreement. According to the high rating, (M3.0, SD=1.09) majority, 37(72.6%) of the heads of guiding and counseling agreed that there is a programme to empower girls and boys into avoiding early sex and prioritizing education.

Teachers are well trained to manage teenage pregnancy crisis (*M=2.6, SD=1.06*) as revealed by majority, 29(56.9%) whereas toilets and sanitary facilities are available and suitable for girl child (*M=3.0, SD=.94*) as agreed by 40(78.4%). According to the majority, 43(84.3%) of the respondents, toilets and sanitary facilities are privately situated for use by girls, which was highly rated (M=3.3, SD=.87). Majority, 49(94.1%) of heads of guiding and counseling as agreed that the environment is safe for learners, which was highly rated (M=3.4, SD=.67) and there

was safe and clean water available for use by the girls (M=3.4, SD=.61) according to 48(94.2%).

The findings indicates that there are clear rules and regulations for re-entry for teenage mothers as revealed by majority, 42(82.4%) as highly rated (M=3.2, SD=.92). Majority, 40(78.4%) teenage mothers are aware of re-entry rules and regulations, which was highly rated (M=3.1, SD=.92). In addition, the findings show that teenage mothers are supported to develop self-esteem as revealed by majority 41(80.4%) with a high rating (M=3.0, SD=.82) whereas school community members are supportive to teenage mothers as indicated by a high rating (M=2.6, SD=1.02) as indicated by majority, 27(53%) of the heads of guiding and counseling.

Conclusion and Recommendations

Parenting teenage girls require a range of psychosocial support responses that recognize the realities of sexual violence and other challenges in the lives of the girls themselves, as well as in the lives of their parents and caregivers (Undie & Birungi, 2022). While parents and other caregivers can serve as an important resource for supporting affected girls, they often need assistance as well, in order to support pregnant/parenting girls effectively. These realities need to be taken into account to maximize the effectiveness of health and development programs for pregnant and parenting girls (Kumar *et.al.,* 2018). Furthermore, emerging themes from actual counseling sessions with affected girls and parents can provide important insights into the potential psychosocial support needs of the broader population of pregnant and parenting girls.

The study also concludes that, throughout this period, pregnant teenage girls and adolescent mothers faced a spectrum of psychosocial hurdles, encompassing societal stigma, emotional distress, isolation, and limited access to tailored support services. The analysis revealed the complexity of their experiences, underscoring the need for comprehensive, holistic, and community-driven interventions to address their numerous needs effectively. Despite efforts made by various stakeholders and support initiatives, gaps persist in the provision of psychosocial support. Access to mental health resources, community-based support networks, and culturally sensitive interventions remains limited, contributing to the vulnerability of this demographic.

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