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Demographic Factors and Social Support on Depression among High School Teenage Mothers in Kisumu East Sub-County, Kisumu County Kenya

By

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Abstract

Teenage motherhood is a major problem in many societies throughout the world. One of the problems these young mothers have to deal with is depression. Depression often results in the disengagement of mother-child interaction. Adolescent mothers who are identified as depressed are more at increased risk of future psychopathology, with additional effects on their future and infants' lives. The aim of this study was to investigate the influence of demographic factors (age and marital status) and social support on depression among high school teenage mothers in Kisumu East Sub-County, Kisumu-County Kenya. The study was based on Cognitive theory of Depression by Aaron Beck in 1976. Quantitative approach which was based on Ex post facto design was used. One hundred and forty-nine adolescent mothers took part in the study. Seventy-four of the participants were teen mothers while the other seventy-three were non-teen mothers selected through random sampling technique. Their ages ranged between 15 and 19. A quantitative research design was employed. Eight principals from eight high schools participated by giving the numbers. The total number of participants were therefore 157. Correlation analysis method was also used to associate lack of social support with depression. Correlation analysis indicated that lack of social support was a significant factor negatively affecting teenage mothers' disposition to depression ($r = -0.609, p < 0.01$). T-test analysis which was used to compare the experience of depression among teenage mothers based on different age groups, indicated that age does not play a significant role for teenage mothers to experience depression ($t = 1.409, df = 98; p > 0.05$). T-test analysis was also used to compare the experience of depression on married teenage mothers and unmarried teenage mothers, and indicated that teenage mothers experience depression irrespective of marital status ($t = 1.091, df = 98; p > 0.05$). The study recommended that professional counseling be provided to teenage mothers before they return to the school system after giving birth. Support from social welfare and family members are also key support system for the young mothers in bringing psychological and social stability in their lives.

Key Words: Kenya Demographic Factors, Social Support, Depression, Teen Motherhood, Kisumu County

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Introduction

Teenage motherhood is a complex issue with outcomes that involve and impact multiple biological, interpersonal, and environmental factors. In the literature, social support has emerged as an important multi-level factor with potential to improve outcomes in maternal depression, parenting and healthy child development, among other outcomes. According to Patterson, & Rakestraw, (2005), the goal of this study was to systematically present and review the research literature available documenting the impact of teenage motherhood and parenting programs with a strong social support component. The background chapter of this thesis discusses teenage motherhood in the context of associated health risks, social consequences and influences, adverse psychological outcomes, and the role of social support.

Worldwide, an estimated 16 million young women aged 15 to 19 give birth every year (World Health Organization [WHO], 2012). Young women face four times the risk of maternal death compared to women in their 20s, and the risk of their infant dying at or around the time of birth is 50% higher (Braine, 2009). In the United States (US), young women from minority and low socio-economic groups disproportionately experience poor reproductive health and family planning outcomes. Hall, Moreau, & Trussell, (2011) contend that the teen mothers from minority groups lack the social support they need thus likely to experience acute depression as compared to those who receive enough social support from both parents and fathers of their children. A convergence of social, behavioral, and environmental factors, for example, race/ethnicity, age at first sex, and perceived neighborhood safety, contributes to the persistence of teenage motherhood (Cavazos-Rehg et al., 2010). Additional risk factors for teenage motherhood include early initiation of dating, early substance abuse, and dating older men. (Talashek, Alba, & Patel, 2016). Young pregnant women are likely to be a product of teen pregnancy, and their babies are at increased risk of becoming a teenage parent later in life (Jutte et al., 2010; American Academy of Pediatrics Committee, 2015). With approximately 300,000 live births per year to adolescents, teen motherhood remains an important social equity issue with consequences that span generations (American Academy of Pediatrics Committee, 2015).

Teenage motherhood is a social problem of teenage girls getting pregnant and becoming mothers, particularly those who are not married (Bloom & Hall, 2019). The consequences of teen parenting are long term. They affect both mother and the child and ultimately the society as a whole. Teenage pregnancy can lead to, among other things, depression, poor school performance and emotional instability. The teenage mother may develop fear of the unknown with regards to abandonment by a boyfriend, deprivation, or reduced family sanction (Bloom & Hall, 2019). A strong relationship between teenage pregnancy and depression can also be assumed. Depression

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may be associated with impaired decision-making, lack of motivation and low self-esteem (Driscoll, 2017). Amongst girls, pregnancy can reflect an attitude of passivity and of not caring about what happens in their lives. Studies on the possible social and psychological problems associated with teenage childbearing confirm that lack of social support is a risk factor for the adjustment and development of both young mothers and their children (Driscoll, 2017). Recent concerns about teen pregnancies have centered on the disruption that childbearing causes to the educational and occupational life of young women. This may consequently maintain and exacerbate poverty, especially when there is a lack of social support.

Statement of the Problem

Teenage motherhood continues to be a common and complex phenomenon in the world. In South Africa, a study that was conducted in all the Counties revealed that the age for first sexual intercourse for urban women was a slightly older age than rural women because rural women get married earlier (Kaufman, de Wet & Stadler, 2018). This also applied to Kisumu County, Rural teenagers tend to start childbearing earlier than urban teenagers (21% compared to 13%). Research also shows that more than 35% of Homabay teenagers became pregnant before they reached the age of 20 as compared to neighbouring Migory, Homa Bay, Siaya and Bomet. However, Muranga has the highest rates of teenage motherhood followed by Homabay County. According to UN (2018) there are Counties that have prevalent cases of teen motherhood as mentioned where depression is likely to be higher than other regions in the Country.

Worldwide, more than 10% of all births are to women 15 to 19 years of age. Young mothers are often unprepared for the tasks of parenting (Leadbeater, Bishop, & Raver, 2016), leading the young mother to doubt her own abilities and competence in nurturing her infant (Tarkka, Paunonen & Laippala, 2016). Depression often results in mothers distancing themselves from their infants, because they often experience negative perceptions of themselves or the baby (Heneghan, Silver, Westbrook, Bauman & Stein, 2018). Many teenagers have relatively high rates of depression and experience anxiety and confusion during this period (Ex & Janssens, 2018). One of the reasons that make teenagers drop out of school is pregnancy, especially in the absence of social support. Teenagers are faced with many challenges. Some of the challenges include transition from childhood to adulthood and scholastic. Being a teenage mother may be even more challenging. These challenges may result into teenagers becoming depressed, especially if they do not get social support. Little information exists regarding the influence of demographic factors and social support on depression among high school teenage mothers. Therefore, demographic factors and social support and the role that they play in teenage mothers who are depressed are the problems that need to be addressed.

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Objectives of the Study

Objectives of this study are as follows:

- i. To determine whether there is a relationship between social support and depression among teenage mothers.
- ii. To assess whether age difference has an influence on teenage mothers experiencing depression.
- iii. To determine whether marital status has an influence on teenage mothers experiencing depression.

Theoretical Framework

Cognitive Theory of Depression was propounded by Aaron Beck in 1976. The theory suggests that people with depression tend to view themselves, their environment and their future in a negative way. They tend to blame themselves for any negative things that happen to them. For instance, if a teenage mother gives birth without social support around them, the blame themselves for having been mothers before maturity thus get into depression and even suicide. Beck believes that people with depression pay selective attention to aspects of the environments that confirm what they already know which Beck calls faulty information processing.

Beck (1976) believes that people become depressed because they feel responsible for every negative life event that has happened to them. He stated that people with depression learn a negative schema from which they view the world. When they encounter similar situation later, this negative schema is reactivated. They expect to fail, they magnify their failures, and they minimize their success (Atkinson, 1983). They feel that they can do nothing about their own helplessness and thus become victims of it. Beck's main argument was that depression was instituted by one's view of oneself, instead of one having a negative view of oneself due to depression. This has large social implications of how we as a group perceive each other and relate our dissatisfactions with one another.

Abela and D'Alessandro's (2002) study on college admissions found that the student's negative views about their future strongly controlled the interaction between dysfunctional attitudes and the increase in depressed mood. The research clearly backed up Beck's claim that those at risk for depression due to dysfunctional attitudes who did not get into their college of choice then doubted their futures, and these thoughts lead to symptoms of depression. Therefore, the students' self-perceptions became negative after failing to get into college, and many showed signs of depression due to this thinking. Individuals who are depressed misinterpret facts and experiences in a negative fashion, limiting their focus to the negative aspects of situations, thus feeling hopeless about the future, especially in the absence of social support.

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Literature Review

According to Cohen and Wills (2015), conducted a study in USA and found that teenage mothers with social support are unlikely to experience mental health problems. Buffering hypothesis generally put forward two ways in which social support mediates the causal sequence linking stress to illness. First, social support may prevent a stress appraisal response. The perception that others will help to provide the necessary resources to combat stress may bolster one's perceived ability to cope with the situation, and consequently prevent a particular stressor from being appraised as highly stressful. Second, adequate social support may intervene to suppress the stress reaction. Support may reduce the impact of stress by facilitating healthful behaviour, providing a solution to the problem, or inhibiting the neuroendocrine system.

According to Rice (2012) in a study in Australia demonstrated that early motherhood creates stresses in the lives of teenagers. Teenage mothers are more likely to drop out of school and unemployed. They may experience loneliness and feelings of isolation from friends, with little time for themselves. Many teenage mothers cope through assistance from family members and community agencies. McWhitter and McWhitter (2013) in support of the said study point out that when a teenage girl becomes pregnant; her physical, social, educational, and career development is significantly altered. An unwanted child may have consequences for the mother's socio-economic status, her educational attainment, her health, and her family development.

Furthermore, another study by Gottlieb and Turner (2013) On Psychological effects of teen motherhood conducted in Canada established that in Main Effects Hypothesis, the study assigns positive main effects of social support to its provision of positive effect, a sense of stability and recognition of self-worth. Involvement in a social support network may also directly promote avoidance of stressful or negative life experiences, and the absence or removal of social support constitutes a source of stress in itself. Gottlieb and Turner however had lack of samples or methodology thus creating research gap for the researcher in this study.

Methodology

The researcher's aim in this study was to explain the influence of demographic variables and social support on depression among teenage school mothers. The quantitative and Qualitative research approach was utilized for the purposes of this study. The study utilized ex-post facto research design. The aim of the research design is to investigate the possible cause-and-effect relationship by manipulating one independent variable to influence the other variable(s) in the group, and by controlling the other relevant variables, and measuring the effects of the manipulation by some statistical means (Bless, Higson & Smith, 2015). In this study, the dependent variable is depression on teenage motherhood while the independent variable is demographic factors and social support.

The sample of the study comprised registered female learners from Kisumu East Sub-County. It consisted of two groups, namely the high school teen mothers and the non-teen mothers' group. The researcher used probability sampling for the purposes of the study. In particular, random sampling technique was used. Eight schools were selected from a list of 16 high schools in the area that have exclusively high school learners. A total number of 157

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participants were selected from the eight high schools. Biographical Information questionnaire, Duke-UNC Functional Social Support and Beck Depression Inventory Scale were used to collect data. The data were analyzed by the researcher using Factor analysis, Correlation analysis, T-test analysis and analysis of variance, using the Statistical Package for Social Sciences (SPSS). In particular, unpaired or "independent samples" *t*-test was used to analyze data to test the hypothesis that had set.

Results and Discussion

On demographic factors, the study revealed that teenage motherhood in secondary schools occurs between the ages of 17 to 19 years. This is a time when most of them are either in form two form three or form four. The study sought to find out whether those who were in schools as teenage mothers were married teen mothers or were single teen mothers. It was established that 98% of the participants who filled the questionnaires were unmarried while only 2% were married teen mothers but still allowed to be in school in order to complete their education due to the fact that all learners are expected to complete their education. On the other hand that the majority of the participants (92 %, n = 100 were in forms 1 and 2 while the rest, the smallest percentage were in forms 3 and four. The reason for the large number of teenage mothers in forms 1 and 2 was because some of them became mothers in primary while others became mothers in form one and two.

Beck Depression test for teen mothers revealed a mean of 28.6 while that of non-teen mothers had a mean of 1.12. This demonstrated that the mean of the teen mothers on depression was higher than the mean for non-teen mothers. It therefore could mean that that both teen mothers and non-teen mothers were likely to be depressed. However, from the results, the teen mothers were worse off on issues of depression than the non-teen mothers. This therefore demonstrates that the teen mothers were more likely to be depressed than the non-teen mothers. The T-test on overall performance on Duke-UNC Functional Social Support Questionnaire for teen mothers was a mean of 29.7100 (n=76). The mean score for non-teen mothers on Duke-UNC Functional Social Support Questionnaire was 46.8100 (n = 73). This is summarized on table 8 above. This finding shows that teen mothers who felt that they were given more social support were more likely to stay in school and complete studies unlike those who did not receive social support from the school as well as from home.

The results of the factor analysis for Duke-UNC Functional Social Support Questionnaire were presented in form of a table. The Kaiser-Meyer-Olkin (0.816) indicated that the sample size was adequate to allow further analysis of Chi Square on teenage mothers The Chi Square results was 330.7 with a sig level of 0.000 at a degree of freedom of 45. The level of alpha was set at 0.005. This therefore showed that the alpha level was greater than the sig level. It was then concluded that the teenage mothers who lack social support will experience depression. The Kaiser-Meyer-Olkin (0.934) revealed that sample size for both teenage mothers and non-mothers was adequate to allow further analysis with the sig level of 0.000 on chi Square, It was clear that the both groups experienced depression only that each group had different levels and reasons for their depressive episodes. Teen mothers were found to experience depression due

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to lack of support from the fathers of the babies and family while non-mothers had other issues like stress due to adolescence and other developmental issues.

However, for the teen mothers, it is clear from the Scatter Plot of Duke-UNC Functional Social Support Questionnaire for teen mothers indicate a higher relationship between social support and depression. The higher the social support the lower the depression among the teen mother while the lower the social support the higher the depression for the same group. This indicates that social support for teen-mothers is very important for their general functioning in school and also in enhancing their general classroom performance. The scatter plot for the combined group (teen mothers and non-teen mothers) shows that there is only one factor explaining 63.282% of total variance. This means that the scale cannot be divided into different types of social support. Based on the results of the factor analysis, it was decided that the total score of the scale would be used for further analysis. It further shows that the teen mothers are likely to have depressive problems as compared to non-teen mothers when given social support.

A correlation analysis was used to determine the extent to which changes in the values of social support are associated with changes in the report of depression. There was a negative relationship between depression and social support ($r = -0.609$, $p < 0.01$). In this case therefore, we reject the null hypothesis which states that teen age mothers who lack social support will be depressed. The rule therefore stands that if the p value is less than the significance level we reject the null hypothesis and if it is greater than the significance level we fail to reject then null hypothesis. This indicates that contrary to what is expected, the teenage mothers who lack social support will be depressed.

T-test analysis was conducted and it was found that teenage mothers experience depression irrespective of age ($t = 1.409$, $df = 98$; $p > 0.05$). The sig value of 0.653 was greater than the p value of 0.05. The rejection rule states that if the p-value is greater than the sig value we reject the null hypothesis and if the p-value is less than the sig we fail to reject the null hypothesis. In this case the null hypothesis which stated that teenage mothers under the age of eighteen will experience more depression than those over eighteen years was rejected and an alternative hypothesis taken. Therefore, teenage mothers are affected by depression across all age groups. This implies that whether an individual is older or younger, they are more likely to experience depression irrespective of age. This finding contradicts that of Mc Whitter (2013) who found that teenage mothers over the age of eighteen may have better cognitive development, and therefore can cope better with motherhood than those less than eighteen years. Thus, the younger the age of the teenage mother, the more likely the depression.

The T-test analysis that was conducted and results indicated that there is no significance difference between married teenage mothers and those who are not married in terms of experiencing depression ($t = 1.091$, $df = 98$; $p > 0.05$). Thus, teenage mothers experience depression irrespective of their marital status. No significant difference was noted between married teen mothers and unmarried the mothers in secondary schools in Kisumu Sub-County as shown in the scores from the two groups ($p=0.294$). This implies that the married teen scores are not significantly different than the scores for the non-married teens according to the, paired T-test for depression scores which clearly reveals that there is no significant difference between the

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two groups. This means that depression will affect both teen mothers who are married as well as those who are not married.

Conclusion

Factor analysis, correlation analysis and *t*-test analysis results were conducted. Most participants were between the ages of 17-19 and were not married. The results further indicate that most of the participants at the time the research was conducted were in grade 11 and 12, and the majority of them were Pedi speaking individuals residing in township. Correlation analysis results indicate that teenage mothers who lack social support will experience depression. Furthermore, *t*-test analysis shows that there is no significance difference in terms of experiencing depression between married teenage mothers and those who are not married.

Recommendations

Having analyzed the Demographic Factors and Social Support on Depression among High School Teenage Mothers in Kisumu East Sub-County-Kisumu County Kenya and having made summary and conclusions, the researcher made the following recommendations: Teenagers should attend parenting classes to help them better their parenting skills that will help them to cope with challenges of being both teen mothers and learners in secondary schools. If the government and other stake holders could provide such avenues for teen mothers to learn the skills of parenting and strategies of coping with both study and teen motherhood then depression would be a thing of the past in the lives of teen mothers in schools. It is further recommended that identified limitations of study be investigated, using a broader research science. The problem of the teenage mothers is a worldwide problem and Kisumu County is no exempt. It is necessary that a support system is created for these mothers so that they do not feel abandoned. Their being acknowledged will give them the confidence to continue with life in a more positive light and this will reduce the chances of them falling into depression. For effective implementation of guidance and counseling programme, the government through the Ministry of Education should come up with a national policy document, giving detailed guidelines on how guidance and counseling programme should be run in schools especially to help the teen agers from early pregnancy which is causing depression among teen mothers. There is no policy document to guide the programme. The Ministry of Education need to ensure that teacher counselors are given adequate professional training in guidance and counseling to enable them to deliver the services effectively. The Ministry should also organize free and frequent capacity building seminars, sex education and workshops particularly on emerging issues to enable the teacher counselors to handle students' issues and problems especially that of teen motherhood and depression. Principals need to create awareness on the significance of guidance and counseling programmes in schools among all the stake holders.

Once students understand the significance of the programme, they will have a positive attitude towards it and they will make maximum use of it. Then, teacher counselors should take advantage of the positive attitude of students and enhance their availability to them in order to avoid issues of teen motherhood and depression. Teacher counselors should ensure that the

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department of guidance and counseling which they head implement all the three aspects of guidance and counseling, that is, academic, personal and career. No single aspect should be overlooked so as to prevent prevalent teen motherhood in schools. Finally, the parents should educate their youth on the dangers of early pregnancies or give them the necessary support that is needed so that depression among teen mothers is minimized. There is need also to allocate specific time and space for community guidance and counseling services to capture as many youth as possible to educate them on the need to develop self-control that will curb early pregnancies among teenagers. This will also minimize levels of depression which may eventually lead to suicide if care is not taken. It is recommended that social welfare should regularly visit schools and their families to provide the necessary assistance to teenage mothers and their family members. Professional counseling should be provided to teenage mothers before they return to school.

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