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Teenage Mothers & Their Preschool Children: Exploring Self-Efficacy Skills in Parenting within the Kenyan Context

Grace Keengwe, PhD

<https://orcid.org/000-0001-6943-9175>

Department of Teaching, Leadership & Professional Practice, University of North Dakota, USA

&

Joel J. P. Ogutu, PhD

<https://orcid.org/0000-0002-4845-7822>

Department of Educational Psychology, Masinde Muliro University of Science and Technology, Kenya

Abstract

This research article provides an in-depth insight into the lived experiences of teenage mothers, experiences of schooling, stigma, and gender narratives of the way in which they experience motherhood. The girls often bare teenage pregnancy consequences, and men who are responsible are often less seen in the consequences and narratives of teenage pregnancy. The African culture, which sees young girls as the ones who must necessarily take care and raise the children, also exacerbates the way in which teenage mothers, and particularly those in this research study, experience motherhood. In utilizing a survey design, the research article examines 112 Kenyan teenage mothers' parenting self-efficacy skills, financial and emotional stress and correlates that to their involvement in their young children's learning in preschool programs. Results find that financial and emotional stress plays a huge role in how teenage mothers engage in their children's learning.

Key words: Involvement, Self-Efficacy, Teenage Mothers, Well-Being & Preschool Children

Introduction

Motherhood is a significantly important event in the life of a woman (Javadifar et al, 2016). Teenage motherhood is a situation in which a girl in her teenage years becomes a mother as a result of getting pregnant (Brady et al, 2012). Preparation to accept the maternal role has important effects on maternal adjustment and transition to adulthood (Riva, 2014). However, increasing number of teenage mothers is one of the important concerns in many countries (Vincent, 2016). According to the World Health Organization, (WHO) (2011) every year, approximately 16 million teenage girls give birth worldwide and of these about 5.5 million are in sub-Saharan Africa (Global giving, 2012; Were, 2007). Among the developed countries, the United States of America (USA) leads in cases of teenage mothers; whereas Japan and South Korea are the least affected (Lowen, 2012). In the developing, countries, sub-Sahara Africa has the highest number of teenage mothers (Were, 2007). A study commissioned by the African Committee on Rights and Welfare of the Child found that one in every five adolescent girls in Africa becomes pregnant before reaching the age of 19. The study further revealed that many of the adolescents are denied access to basic sexual and reproductive health services, such as antenatal and postnatal care, contraception, and abortion care, and rarely return to school after giving birth. In Kenya, approximately 13000 girls leave school annually due to teenage motherhood (UNDP, 2010). Kenya ranks third globally in teenage pregnancies, with one in every five adolescents aged 15-19 already

mothers or expecting their first child. These rate increases rapidly with age from 3% among girls aged 15, to 40% among girls aged 19 (KDHS, 2022).

Transition to motherhood needs physical, psychological, social and cognitive preparedness of which teenage mothers are not prepared to become (Lotse, 2016). Motherhood becomes cumbersome and convoluted for teenage mothers, who endure maternal role and developmental task of adolescence simultaneously (Riva, 2014). Teenage mothers face many physical, psychological, social and spiritual challenges such include a constant need for support and training (Williamson, 2013), inability to planning and decision making, lack of maternal skills, Zyl (2015), encountering unknown situations and major changes Williamson (2013), high risk pregnancy and birth (Sekhoetsane, 2012; Vincent, 2016), mental health problems, depression, anxiety, shock, low self- efficacy, isolation (Lotse, 2016), multiple responsibilities, role conflict and identity confusion, inadequate social and spiritual support (Sekhoetsane, 2012), disruption of education and employment (Vincent, 2016); financial problems, social stigma, religious or cultural negative reaction Zyl (2015), inappropriate behavior of health care providers, Aparicio (2015), and family conflicts, Vincent (2016), low accountability, emotional fluctuations, lack of knowledge and experience, the influence of peers, and high risk behaviors in adolescents; highlights the important role of health care providers (Serrarira, 2016; Rani, 2016). In developed countries unlike developing countries, early motherhood is be considered as one of important public health issues and is assessed by obstetricians & gynecologists, pediatricians, child psychologists, sociologists, family physicians, and nurses, Diaconescu (2015), for thorough understanding of the needs of teenage mothers, their challenges and capabilities.

Self-efficacy is considered a fundamental concept in maternal care because it emphasizes the importance of self-management and empowerment. Bandura's self-efficacy theory states that people generally take action if they believe that they can do something, and if they believe that they will fail in doing something, they avoid it (Urdu, 2006). Self-efficacy promotion requires four main resources, including successful experiences of the individual, social modeling, social persuasion, and psychological responses, which should be considered when designing interventions (Samaneh et al, 2023).

This research study therefore provides an in-depth insight into the lived experiences of teenage mothers, experiences of schooling, stigma, and gender narratives of the way in which they experience motherhood. The girls often bare teenage pregnancy consequences, and men who are responsible are often less seen in the consequences and narratives of teenage pregnancy. The African culture sees young girls as those having to care and raise the children also exacerbates the way in which teenage mothers and particularly those in this study experience motherhood.

Stressors and Teenage Mothers

Several stressors face teenage mothers with preschool children; these include; low self-esteem, stigmatization and discrimination, poor time management, role conflict and poverty amongst others. Research has revealed that teenage mothers with school going children face various difficulties, including lack of financial support, poor time management, low self-esteem, and emotional instability (Adangabe, Dogbey & Tigig, 2021). A study on exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood revealed that adolescent mothers experience many physical, psychological, mental and social challenges related to care of their young children (Mangeli et al, 2017).

Teenage mothers are susceptible to stress, anxiety, and low self-esteem. Teenage mothers experience low self-esteem in view of themselves and their parenting responsibility. A study by Bhana and Bhat (2010), found that 85% of teenage mothers received disapproval of their motherhood among their families, thus leading to stress and low self-esteem. However, Zarina (2010) points out that despite certain challenges, teenage mothers could continue to achieve their academic ambitions and a strong feeling of themselves.

Stigmatization of teenage mothers is another stressor. Girls who become mothers outside marriage often face stigma because of widespread socio-cultural and religious beliefs that sex should only occur in marriage (Nkwemu et al, 2019). As a result, some face hostile home environment or move away from home to reside with their partners Ajayi, et al, (2016) or drop out of school (Human Rights Watch, 2018). This situation initiates a cycle of events culminating into social exclusion of parenting adolescents. According to a UNESCO (2010) study teenage mothers within schools in Tanzania reported being mocked by peers the moment news of pregnancy or motherhood began to circulate.

Self-efficacy among Teenage Mothers

Self-efficacy is considered a fundamental concept in maternal care because it emphasizes the importance of self-

management and empowerment (To et al, 2021). Bandura's self-efficacy theory states that people generally take action if they believe that they can do something, and if they believe that they will fail in doing something, they avoid it (Vance et al, 2020). Self-efficacy leverage on teenage mothers who are not ready to become parents to catch up to learn about baby care and childcare. Teenage mothers need counseling and more schooling about nurturing to build self-assurance in youthful motherhood (Puspasari et al, 2018). According to Vance et al (2020). Parenting self-efficacy among teenage mothers' increase significantly over time as they gain more knowledge on care giving to their children.

The key to self-efficacy is individual's age (Roy et al, 2018). Parenting tends to improve with age is consistent with Bandura's theory of mastering experience, contributing to overall self-efficacy (Vance et al, 2020). As you get older, more information and experience will be obtained (Warsiti et al, 2020). Hence, older teenage mothers with a high level of parenting self-efficacy are more likely to gain experience in childcare practices as compared to those much younger in age (Fajriyah, Qodariah et al, 2019).

According to a study by Anggit et al, (2021), self-efficacy achievement in teenage mothers is as a result of support from the mother's environment, experience of having previous children, mother's knowledge in parenting, culture and age of the young mother. For instant, family environment affects self-efficacy, (Vance et al, 2020). Strong family support and quality interactions positively impacts teenage mothers and their children development (Puspasari et al, 2018; Roy et al, 2018).

It is documented that the life outcomes of children are partly linked to prenatal and maternal conditions such as mother's age at birth. Thus, a study on early motherhood has revealed that teenage motherhood significantly increases child grade repetition and economic dependency (Anakpo & Kollamparambil, 2021). In a study on parental efficacy among teenage mothers, when comparing different family forms, teenage mothers' residing with one parent reported greater levels of parental efficacy while single teenage mothers' residing with two parents, re-counted high levels of social support (Samantha et al, 2021).

Well-Being

Prior studies show teenage mothers are affected by emotional, physical, spiritual, cultural, family, social, personal, economic, technological, and ethnic backgrounds, local values, and beliefs. This period is considered vulnerable period coupled with negative experience for the mothers, their children, and society (Akram, 2024). Therefore, understanding the factors influencing the concept of motherhood can be the first step in developing and improving the quality of care for adolescent mothers and, consequently, enhancing the health of these mothers and their children. According to Yakubu & Waliu (2018). High levels of adolescent pregnancies in Sub-Saharan Africa is attributable to multiple factors including sociocultural and economic, individual, and health service-related factors as influencing adolescent pregnancies while mitigating factors include community sensitization, comprehensive sexuality education and ensuring boarding schools for girls.

On the other hand, adolescent childbearing has been a subject of debate as a "crisis" with the perspective that adolescent mothers experience negative consequences in terms of health, childbirth, economic, and social aspects (Govender et al, 2020). In a study by Rafii et al, (2020) many adolescent mothers experienced conflicting emotions such as regret, confusion, sweet moments, and a sense of pleasure. A study conducted by Kumar & Huang (2021) established that teenage mothers are more likely to use negative parenting practices than non-teenage mothers, especially in emotional socialization practices. They were more likely to discourage their child's emotional expression by punishing or neglect their child's negative emotions than non-adolescent mothers. The study further established that women with teenage motherhood history to have significantly more negative emotions in the older age group than the younger age group. A study by Odiemo et al (2019) established that teenage parenting posed a great challenge not only to the teenage mother but also disadvantaged one from accessing education, hence not achieving the academic goals because of the parenting demands which kept them away from school.

In a study by Govender et al, (2020) the reality of being pregnant during adolescence was distressing, and emotions such as guilt, shame, and suicidal thoughts (mental and emotional distress) predominated in the minds of teenage mothers. The results of a study by Tigrari et al, (2020) also indicated that unpleasant emotions experienced by teenage mothers included fear and worry, depression, loneliness and isolation, regret and despair, guilt and shame, and doubt. The results of another study also indicated fear of facing challenges due to being unprepared for motherhood, fear of losing the fetus, and fear of childbirth (Gharacheh et al, 2020). In addition, in a study by Wainaina et al, (2021) some teenage girls expressed how being pregnant or becoming a mother at such a young age deprived them of teenage opportunities, freedom of movement, leisure

time, buying things for themselves, and having friends. Another consequence discovered in the theoretical phase was "loss of educational and career opportunities." Dzotsi et al, (2020) discussed the inability of teenage mothers to continue their education in school due to their pregnancy. In a study by Gbogbo (2020), most of them wished to return to school or learn a profession to secure a better future but the burden of rearing the children depressed their fortunes.

Methodology:

Research Design

The study adopted a mixed method and exploratory approach, which involved use of quantitative data collection. The Purpose of the study was to investigate parenting self-efficacy skills, beliefs, well-being of Kenyan teenage mothers' and their involvement in the learning of their young children in early childhood classrooms. In view of this, the following study questions guided in coming up with findings and recommendations:

1. What are the parenting self-efficacy skills of Kenyan teenage mothers and how do they impact their parent involvement in children's learning?
2. What is the well-being of Kenyan teenage mothers and how does it affect their parent involvement in children's rearing

The hypothesis was that teenage mothers with higher parenting self-efficacy skills, beliefs and well-being will have higher parental involvement activities. The independent variables were parenting self-efficacy skills beliefs and well-being, and the dependent variable was parent involvement.

Sample

The participants consisted of 112 teenage mothers that had children enrolled in preprimary 1 and 2 which is popularly referred to as PP1 and PP2 in Kenyan schools in Kakamega County who were purposely selected to participate in the study. Kenya has recently reshuffled its education system which is currently in a transitioning phase. The former system consisted of standards 1-7 in the primary level (which is equivalent to grades 1- 7 in the US system). After standard 7 the students continue to high schools where they complete forms 1 to 4 and then move to universities for 4 years. In the old system early childhood programs (ECD) were nonintegrated in the school settings. In the new system Competency Based Curriculum, classes start from PP1 to grade 7 then students move to junior high school for three years and then to High school for 4 years. Teenage mothers were recruited through these PP1 and PP2 classrooms. The teachers in these classrooms were asked to provide a list of parents with young children enrolled in their schools who are teenagers. These teenage mothers were invited to participate in the study and surveys were presented to them in their classrooms to complete.

Measurements:

i). Parent Involvement

The Family Involvement Questionnaire (FIQ) was used to assess parent involvement of teenage mothers. The FIQ consists of 36 items assessed on a 4-point Likert format (1 = rarely, 2 = sometimes, 3 = often, 4 = always). For these items, parents were asked to report on the frequency of specific involvement behaviors. This measure assesses three dimensions of parents' educational involvement. The school-based involvement dimension measures activities and behaviors that parents engage in at school with their children. Home-based involvement measures parents' promotion of learning opportunities at home and in the community. Home-school conferencing describes the communication between parents and school personnel about a child's educational experience and progress. Some items were adjusted to fit the context of the Kenyan schools and culture.

ii). Parenting Self-Efficacy Skills

To assess parent's competency in parenting the comfort with parenting performance (Ballenski and Cook, 1982) of 60 items 8 – 14 items per age period was used. The tool that assesses how comfortable parents are with their parenting ability examines several specific parenting tasks, across different developmental stages from infancy through adolescence. Test-retest reliability index was 0.85 for cronbach alpha.

iii). Parent Well Being Tool

Three areas of parent well-being were measured: emotional stress, emotional feelings and financial stress. The Kessler Psychological Distress Scale (K6, K10; Kessler et al, 2002) are brief screening scales that measure non-specific psychological

distress. The K10 is a 10-item measure and the K6 is a 6-item short form embedded within the K10. Both scales were developed from the modern item response theory (IRT) methods that select questions with optimal sensitivity in the 90th to 99th percentile range of the general population distribution of psychological distress and across sociodemographic subsamples.

Emotional stress/feelings: was measured in two ways. The first, using the Kessler 6 item mental health index (Prochaska et al, 2012). Respondents were asked "how often did they feel..." Items include sad, restless, or fidgety, worthless, nervous, everything was an effort and hopeless. There are 5 response categories ranging from all to none. The second emotional stress measure asks for a series of yes/no to "Did worry or stress cause..." Items included trouble with sleep, poor appetite or overeating, headaches or stomachaches, alcohol or drug use, difficulty controlling temper, and worsening chronic condition.

Financial stress: was measured in two ways—both adapted from the Consumer Financial Protection Bureau Financial Wellbeing Scale. The first item asks whether they have money left over at the end of the month and the second asks whether they have concern that their money wouldn't last. Response categories were, often, sometimes, rarely, or never. Second Financial stress was measured using 6 yes or no response items from the Kaiser Family Foundation's (KFF) Health Tracking Poll (Kirzinger et al, 2020). Response items include whether they had: fallen behind on rent or mortgage, problems paying for food, problems paying for utilities, fallen behind on credit cards or bills, problems affording health insurance and problems affording prescription medications.

Data Collection and Analysis

Schools with PP1 and PP2 classes were contacted through the Head Teachers. These teachers were sent the surveys and requested to pass them to teenage parents in their classrooms. Teenage parents were asked to complete the surveys and return them to the classroom teachers. Both descriptive and inferential statistics were used for data analysis. Question 1 on what are parenting self-efficacy skills and parent involvement activities descriptive statistics were used for analysis. Total means for parenting self-efficacy and parent involvement were obtained. For parent involvement means were categorized into the three dimensions of parent involvement: the school-based involvement, Home-based involvement, and Home-school conferencing. For parenting self – efficacy skills this were categorized according to the self-efficacy skill and age groups to ascertain the range of how parents were comfortable with the ability to parent their children. Also means were analyzed for question 2 on emotional stress, and financial stress. Simple linear relationship analysis was used to identify the relationship between parenting self-efficacy and parent involvement and same to well-being and parent involvement and self-efficacy skills.

Results:

Demographics

Three quarters of the teenage parents (68%) were not married and over half of them (70%) had 1-2 children with 30% of them reporting to have 3+ children. A large percentage 80% of them were not employed and did not have a secondary education (55%). 28% had incomplete secondary 21% had primary education and 6% had incomplete primary education. A smaller percentage of the teenage mothers surveyed (21%) had completed secondary education and only 25% of them had education higher than secondary level.

Table 1: Demographics of Teenage Parents

Variables			Variable		
	N	%		N	%
Marital Status			Educational level		
Married	34	30	Greater than secondary	28	25
Single	68	61	Secondary	23	21
Separated/divorced/win	10	9	Incomplete Secondary	31	28
			Primary Education	23	21
			Incomplete Primary	7	6
Employment status			No. of Children		
Employed	20	18	1 – 2	78	70

Non-Employed 92 82 3-4 27 24

Research Question 1 (RQ1). What are the parenting self-efficacy skills of Kenyan teenage mothers and how do they impact their parent engagement in children’s learning?

We used averages to compare teenage parent engagement at school, home, and home school conferencing (Table 1). Home engagement of teenage mothers received the highest mean (2.5) and the school and home school conferencing tied second with a mean of 2.3. We ran t test to examine if their ways of involvement differed. When teenage mothers involvement activities were ranked for each category, in school-based involvement “inquiring from the teacher on progress of my child” had the highest mean (2.8) followed by “participating in fundraising activities in their child’s school and volunteering in their child’s classroom assignment” (M=2.5). For home based both “I maintain clear rules at my home that my child should obey (M=2.9) and I review my child’s schoolwork (M=2.9) ranked first followed with I spend time working with my child on reading/writing skills (M=2.7). For home school conferencing I talk with my child’s teacher about schoolwork to practice at home (M=2.6), and I talk with my child’s teacher on the telephone (M=2.6), were the most involved activities and second were I talk to my child’s teacher about his/her difficulties at school (M= 2.5), and I attend meetings with the teacher to talk about my child’s learning or behavior (M=2.5).

The activities with the lowest means were for school based participate in planning classroom activities with the teacher (M=2.0) and meeting with other parents from their child’s class outside of school (M=2.0). In home-based involvement I take my child to places in the community to learn special things (i.e., zoo, museum) (2.0), I talk about my child’s learning efforts in front of relatives (2.1), and I praise my child for schoolwork in front of the teacher (2.1) were ranked lowest. For home-conferencing “I write notes about my child or school activities (M=1.8), I talk with my child’s teacher about personal or family matters (M=1.8) and I schedule meetings with administration to talk about problems or to gain information about my child (M=1.9) were the lowest ranked.

ANOVA Results based on teenage parent’s engagement and their education, employment, and marital status

We found a significant difference in teenage parent’s engagement with their children and education level $F(4, 111)=3.553$, $p = .009$. This difference was seen between parents who had incomplete secondary education having lower means of engagement (2.3 + .28) and those with greater than secondary education (2.6 + .61) and those also having secondary level education (2.6 + .66). The marital status of parents was also significant in teenage parent engagement $F(4,111) = 7.554$, $p = .001$. This difference was seen between married (2.7 + .79) teenage parents having higher means of involvement than those of single (2.1 + .79) parents. The number of children teenage parents had was not significant to their parent involvement means. An independent t-test on parent engagement and employment status did not yield a significant result $t(110) = .328$, $p = .372$. The means showed teenage mothers with employment status having a higher mean (M=2.4) than the ones who reported having no employment (M= 2.3). (It looks like the challenge of teenage mothers is not employment that there are other factors that shape their involvement such as stress levels?).

We assessed the relationship between teenage parent engagement and their self-efficacy skills and obtained a significant positive correlation ($r = .480$, $p<.001$, 95%, $N = 112$). An analysis of mean differences of teenage parent’s self-efficacy skills with number of children they had was not significant $F(2, 111) = 1.414$, $p = .248$. This analysis with education level was significant $F(2,111) = 2.597$, $p = .040$. Marital status was significant $F(2, 111) = 4.768$, $p = .010$. This difference was seen between single (3.2 + .77) parents and the separated/divorced or widowed teenage parents (3.8 + .44) having higher means. Teenage parents who indicated they had an employment significantly $t((110) = 1.541$, $p = .016$) reported having high means of self-efficacy skills (M=3.6) than those not (M=3.3).

Table 2: Teenage Parent’s Engagement

Variable	M	SD
School Based Involvement	2.3	.78

I volunteer in my child's classroom assignment	2.5	1.1
I participate in parent and family social activities with the teacher for my child	2.4	1.1
I participate in planning classroom activities with the teacher	2.0	1.1
I inquire from the teacher on progress of my child	2.8	1.1
I talk with other parents about school meetings and events	2.1	1.1
I participate in planning school trips for my child	2.1	1.1
I meet with other parents from my child's class outside of school	2.0	1.1
I hear teachers tell my child how much they love learning	2.3	1.1
I participate in fundraising activities in my child's school	2.6	1.1
I feel that parents in my child's classroom support each other	2.4	1.1
Home Based Involvement	2.5	.80
I spend time working with my child on number skills	2.5	.97
I spend time working with my child on reading/writing skills	2.7	1.0
I talk to my child about how much I love learning new things	2.5	1.2
I bring home learning materials for my child (videos, etc.)	2.5	1.2
I spend time with my child working on creative activities	2.5	1.2
I share stories with my child about when I was in school	2.5	1.3
I see that my child has a place for books and school materials at home	2.6	1.3
I take my child to places in the community to learn special things (i.e., zoo, museum)	2.0	1.4
I maintain clear rules at my home that my child should obey	2.9	1.1
I talk about my child's learning efforts in front of relatives	2.1	1.2
I review my child's schoolwork	2.9	1.1
I keep a regular morning and bedtime schedule for my child	2.6	1.2
I praise my child for schoolwork in front of the teacher	2.1	1.1
Home-School Conferencing	2.3	.81
I talk to the teacher about how my child gets along with his/her classmates at school	2.2	1.1
I talk with my child's teacher about classroom rules	2.1	1.1
I talk to my child's teacher about his/her difficulties at school	2.5	1.1
I talk with my child's teacher about schoolwork to practice at home	2.6	1.1
I talk to my child's teacher about my child's accomplishments	2.4	1.1
I talk to my child's teacher about his/her daily routine	2.3	1.1
I attend meetings with the teacher to talk about my child's learning or behavior	2.5	1.0
The teacher and I write notes about my child or school activities	1.8	1.1
I schedule meetings with administration to talk about problems or to gain information about my child	1.9	1.0
I talk with my child's teacher on the telephone	2.6	1.2
I talk with my child's teacher about personal or family matters	1.8	1.1

N=112; Scale 1- 4

ANOVA Results on Teenage Parent's Emotional Feelings, Emotional Stress, Financial Stress and Self-Efficacy Skills based on Education Levels

Results showed that emotional feelings of teenage parents were significantly different according to their level of education $F(4, 107) = 6.3205, p=.001$. The Tukey post hoc revealed that teenage mothers with incomplete secondary education reported higher levels of emotional feelings ($M=3.0 + .39$) than those with greater than secondary education ($M=2.4 + .64$).

Also, teenage mothers with incomplete primary education reported higher emotional feelings ($M= 3.1 + .76$) than those with greater than secondary education ($M=2.4 + .64$).

We also looked at emotional stress and if there were differences according to education and found this to be significant $F(4, 107) = 3.490, p = .010$. This difference was found among greater than secondary and incomplete primary education levels. Teenage parents with incomplete primary education had higher emotional stress means ($M= 1.8 + .25$) than those with greater than secondary education ($M=1.3 + .26$)

Teenage parent's financial stress level and differences according to education was also significant $F(4/107) = 5.785, p=.001$. This differences was noted among teenage parents with greater than secondary education ($M = 1.5 + .42$) and those with incomplete secondary education ($M = 1.8 + .29$) and primary education ($M=1.8 + .26$).

We examined teenage parent's self-efficacy skills differences according to their education levels and found this was not significant $F(4, 107) = 5.787, p = .001$. ANOVA analysis on emotional feelings, ($F(4, 107) = 1.119, p = .330$) emotional stress, $F(4, 107) = 2.401, p = .095$, financial stress, $F(4, 107) = 1.295, p = .278$ and self-efficacy $F(4, 107) = 1.1414, p = .248$ and number of children teenage parents had did not yield significant differences. Parents scored averagely across the variables.

An independent t test analysis was run to ascertain if there were any differences on the teenage parent's emotional feelings, emotional stress, financial stress and self-efficacy based on their marital status. Emotional feelings was significantly different across the marital status $t(100) = -2.172, p=.032$ with parents who reported being single having higher means than those married. Emotional stress $t(100) = .559, p= .577$ and financial stress $t(100) = -.352, p=.363$ were not significant based on marital status. Married and single parents' means were within a range of 1.3-1.4 for emotional stress and 1.7 for both groups for financial stress very close on their emotional stress scores and financial stress. Suggesting that it did not matter whether a teenage parent was married or single they both experienced high emotional feelings. The parenting self-efficacy skills scores were significantly different $t(100) = 2.172, p = .032$ across the married and single teenage parents. The single parent teenage reported less scores ($M=3.2$) on parenting self-efficacy skills than the married ($M=3.6$). Married teenage mothers however reported high financial stress levels. This may be that they have more financial obligations such as rent, food, etc. that teenage mothers may not deal with as they may be staying with their parents.

We analyzed teenage parents' self-efficacy skills on 13 parenting tasks (Table 4). Teenage parents scored above average ($M=3.4$) (on a scale of 1-5). Discipline received the highest mean ($M=3.8$), and eating habits, toilet training, setting limits all received a mean 3.5 and higher. Teenage parents with infant/toddler children scored lowest on setting limits ($M=3.0$), child dependence for those having preschool children. Other lower means were seen in parents with infants/toddlers who reported learning to be away mother ($M=3.2$), patterns of eating and sleeping ($M=3.2$) defining parent's role ($M=3.1$) lower compared to the other parenting tasks of those having preschool children (Table 4).

Table 3: Parenting Self Efficacy Skills

Parenting Task	M	SD
Weaning		3.4 1.0
Patterns of eating & sleeping		3.2 1.0
Defining each parent's role		3.1 1.0
Toilet training		3.4 1.0
Eating habits		3.4 1.1
Setting limits		3.0 1.1
Learning to be away mother		3.2 1.4
Helping child control emotions	3.4	1.2
Discipline		3.8 1.1
Eating habits		3.7 1.1
Toilet training		3.7 1.1
Setting limits		3.5 1.2
Child independence		3.0 1.2
Total Parenting Self Efficacy		3.4 .75

N=112; Scale 1-5

Research Question 2 RQ 2: What is the well-being of Kenyan teenage mothers and how does it affect their parent engagement and self-efficacy skills?

We asked teenage parents to check the response that best explained their emotional feelings in the past 30 days or above (1= none of the time, 2 = a little of the time, 3 = some of the time, 4 = most of the time) on the emotions feelings sad, restless, or fidgety, worthless, nervous, everything was an effort, and hopeless. The emotion everything was an effort had the highest mean (Table V) (M=3.1) with sad coming second (M=2.8). The means on all of the 6 emotional feelings were above 2.5. We assessed their emotional stress by asking them if they were experiencing trouble with sleep, poor appetite or oversleeping, headaches or stomachaches, alcohol or drug use, difficulty controlling temper, and worsening chronic condition. 70% teenage parents reported having trouble with sleep and headaches or stomachaches. Over 50 % expressed poor appetite or oversleeping (57%) and difficulty controlling temper (52%). But only 11% said they were having problems with alcohol or drug use and 26% reported having a worsening chronic condition.

We examined financial stress by asking teenage parents to report yes or no if they had fallen behind on rent, problems paying for food, problems paying for electricity, fallen behind on bills, problems affording health insurance, and problems buying medicine. Over 80% reported yes to all the financial problems except for falling behind on bills (78%).

Table 4: Teenage Parent’s Well Being

Stress Type	M	SD		
Emotional Feelings (scale 1-4)				
Sad	2.8	.83		
Restless or fidgety	2.7	.84		
Worthless	2.4	1.1		
Nervous	2.7	.91		
Everything was an effort	3.1	.79		
Hopeless	2.4	1.0		
Emotional Stress (Yes= 1; No = 2)	M	SD	Y (F/%)	N(F/%)
Trouble with sleep	1.6	.53	70/63	41/37
Poor Appetite or oversleeping	1.5	.50	57/51	55/49
Headaches or stomachaches	1.6	.48	70/63	42/38
Alcohol or drug use	1.1	.29	11/10	101/90
Difficulty controlling temper	1.5	.50	52/46	60/54
Worsening chronic condition	1.2	.42	26/23	86/77
Financial Stress				
Fallen behind on rent	1.7	.45	80/71	32/29
Problems paying for food	1.7	.45	82/73	30/27
Problems paying for electricity	1.7	.45	82/73	30/27
Fallen behind on bills	1.7	.45	78/70	34/30
Problems affording health insurance	1.7	.45	80/71	32/29
Problems buying medicine	1.7	.45	81/72	31/28

N=112, Scale 1-4

Correlations on teenage parent engagement and well-being (emotional stress, feelings, financial stress) & parenting self-efficacy skills & Demographics

Variable

Teenage Parent Engagement (r)

	Teenage Parent Engagement (r)
1. Self-efficacy skills	.480**
2. Emotional feelings	-.309**
3. Emotional Stress	-.063
4. Financial Stress	-.179
5. Education	-.199**
6. Employment	-.154
7. Marital Status	-.031
8. No. of children	.112

Significant negative correlations were obtained for parent engagement and emotional feelings ($r = -.309$). Results also reveal a positive correlation for parent engagement and self-efficacy skills ($r = .480$). There was no correlation between teenage parent engagement and financial stress ($r = -.158$) and emotional stress ($r = -.063$). When demographics were factored in, a negative correlation between educational level attained ($r = -.199$) and parent engagement was identified. Marital status ($r = -.154$), and employment status were not correlated ($r = -.031$), to parent engagement. The number of children teenagers had was also not significantly correlated ($r = .112$) to engagement.

Discussions and Implications

The research study established that the level of education of the teenage mother significantly impacted how they were involved with their children and also how stressful they were. Many Kenyan girls after pregnancy do not continue with their studies, thus continuing to perpetuate the downfall of these girls. Many African countries should examine how their schooling system can provide support to these girls. Perhaps creating community schools different from the regular secondary school programs may provide a favorable avenue for completing their schooling. A community school provides a safe place because it eliminates the peer pressure and stigma associated with teenage pregnancy and allows students with similar backgrounds to work together. Education policy in Kenyan government should focus on getting teenage parents back to school.

Teenage parents who reported higher levels of negative emotional feelings also had less engagement with their children. However, a positive correlation between teenage parents' self-efficacy skills and engagement showed that parents who reported higher means in parenting task ability also reported more engagement in their children. Suggesting that training parents in the task of parenting will help prepare parents in their roles of which the most important is producing citizens that can contribute to country's economy. Financial stress and emotional stress was not significant to parent engagement. This finding was interesting. Most teenage mothers often stay with their parents. When we analyzed differences in parent engagement between teenage parents who were single and those who were married/separated/windowed results showed that teenage mothers who were either married/separated/windowed engaged more in their children's education. Suggesting that it is possible that the social supports that would be provided by these status could be playing a positive role. Since it is often the African culture for a married woman to always stay with the family despite being separated or windowed. For the unmarried teens, it may be necessary for the government to provide this supports. Programs such as mentoring, training, counseling may be helpful to help teenage mother get back on their feet.

We also found that the level of education did not matter in the level of parenting self-efficacy skills teenage mothers had. Indicating that parenting programs are a necessity for parents with young children in African countries. It was also found that the number of children teenage mothers had did not significantly impact their self-efficacy skills, but stress did. Being a teenage mother itself was cutting across in emotional feelings, emotional stress, self-efficacy and financial stress and the number of children did not matter in this.

The finding that married teenage mothers reported higher financial stress levels suggest that this group of mothers need financial help. Governments should create programs that help teenage mothers with these burdens. This study highlights that teenage mother's education is important, most have high emotional stress feelings and financial stress burdens. Programs targeting these group of mothers should seriously examine how to provide supports in these areas.

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