

**KENYATTA UNIVERSITY**

**SCHOOL OF HUMANITIES AND SOCIAL  
SCIENCES**

**DEPARTMENT OF PSYCHOLOGY**

**RELATIONSHIP BETWEEN SOCIAL SUPPORT AND SELF-ESTEEM AMONG  
TEENAGE MOTHERS ATTENDING PUMWANI MATERNITY HOSPITAL IN  
NAIROBI COUNTY, KENYA.**

**BY FLORENCE GATURI NYAGA**

**A RESEARCH PROJECT REPORT SUBMITTED TO THE SCHOOL OF  
HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTERS OF  
ARTS (COUNSELING PSYCHOLOGY) OF KENYATTA UNIVERSITY**

**OCTOBER 2015**

## DECLARATION

This Research Project Report is my original work and has not been presented for a degree in any university

..... Date.....

Florence Gaturi Nyaga

C50/20492/2010

This research project has been submitted for examination with my approval as university supervisor.

SIGNATURE..... Date.....

Dr. Christine Wasanga

SIGNATURE..... Date.....

Dr. Wilfrida Olaly

Department of Psychology

Kenyatta University

## ABSTRACT

Adolescence (teenage) is the transitional period between childhood and adulthood, characterized by biological, psychological, and social changes. Self-esteem of adolescents is generally low and when an adolescent becomes pregnant, the psychological adjustment of pregnancy is added to the challenges in the transition of adolescence. Self-esteem is self-evaluation of an individual's worth and it is important for a smooth transition to adulthood. High self-esteem expresses the feeling that one is "good enough". The person respects herself, considers herself worthy. Low self-esteem, on the other hand implies that the individual lacks respect for the self. During adolescence, teenagers are able to make self-evaluation, and when they are trying to describe who they are, they take both their own and others' views into account. Teenage mothers therefore look at themselves as failures due to their inability to prevent pregnancy. This is especially worse if they lack social support. Social support is thus critical during and after the teenager's pregnancy to enable positive adjustment of adolescent mothers. There is paucity of studies that seek to relate perceived social support and self-esteem of teenage mothers in Kenya. This study sought to bridge the gap by finding levels of self-esteem and levels of perceived social support and correlating them to determine the type of relationship that exists. The main aim of this study was to determine the relationship between Perceived Social Support and Self-esteem among teenage mothers attending Pumwani Maternity Hospital, Nairobi County. The study was informed by Transactional Theory of Stress and Coping by Lazarus (1960). The study employed a correlational survey design and used purposive sampling to select the sample. Questionnaires were used to collect data which included Rosenberg's self-esteem test and Sorensen social support scale. Data was analysed using descriptive statistics and correlation analysis. Results showed that teenage mothers in Pumwani hospital had high levels of social support and high levels of self-esteem. 2% of the teenage mothers had low self-esteem, 10% had average self-esteem and 88% had high self-esteem. 2% had low social support, 22% average social support and 76% had high levels of social support. There was also a positive and moderately high relationship between social support and self-esteem. Interventions suggested by the girls involved in the study included desire for greater support to have regular income, the need to be understood rather than judged, and the need to be supported to complete their education.

## TABLE OF CONTENTS

Cover Page .....	i
Declaration .....	ii
Abstract .....	iii
Table of Contents .....	iv
List of Tables .....	vii
List of Figures .....	viii
Operational Definition of Terms.....	ix
<b>CHAPTER ONE</b> .....	1
<b>INTRODUCTION</b> .....	1
1.1 Background to the Study.....	1
1.2 Statement of the Problem.....	4
1.3 Purpose of the Study .....	5
1.3.1 Study Objectives.....	5
1.3.2 Research Question.....	6
1.4 Justification and Significance of the Study .....	6
1.5 Hypothesis.....	7
1.6 Scope and Delimitations .....	8
1.7 Assumptions.....	8
<b>CHAPTER TWO</b> .....	9
<b>LITERATURE REVIEW</b> .....	9
2.0 Introduction.....	9
2.1 Theoretical Framework.....	9
2.2 Review of Related Literature .....	10

2.3 Summary of Literature Reviewed.....	21
2.4 Conceptual Framework.....	21
<b>CHAPTER THREE</b> .....	<b>23</b>
<b>METHODOLOGY</b> .....	<b>23</b>
3.0 Introduction.....	23
3.1 Research Design.....	23
3.2 Variables under study .....	23
3.3 Study Location .....	244
3.4 Target Population.....	244
3.5 Sampling Procedures .....	244
3.6 Instrumentation .....	250
3.6.1 Social Support Questionnaire (SSQ) .....	255
3.6.2 Rosenberg Self-Esteem Scale (Rosenberg, 1965) .....	265
3.7 Validity and Reliability.....	266
3.7.1 Validity .....	266
3.7.2 Reliability.....	266
3.8 Pilot study .....	277
3.9 Data Collection Procedures.....	277
3.9.1 Scoring and Data Analysis.....	277
3.10 Data Management and Ethical considerations .....	288
<b>CHAPTER FOUR</b> .....	<b>30</b>
<b>PRESENTATION, DISCUSSION AND INTERPRETATION OF FINDINGS</b> .....	<b>30</b>
4.0.. Introduction.....	30

4.1 Demographic Information.....	30
4.2 Research Findings.....	32
4.2.1 Levels of Social Support.....	32
4.2.2 Levels of Self-esteem.....	34
4.2.3 Relationship between Social Support and Self-esteem.....	38
4.2.4 Interventions .....	39
<b>CHAPTER FIVE .....</b>	<b>40</b>
<b>SUMMARY, CONCLUSION AND RECOMMENDATIONS.....</b>	<b>40</b>
5.0 Introduction.....	40
5.1 Summary .....	40
5.2 Conclusion .....	41
5.3 Recommendations.....	41
<b>REFERENCES.....</b>	<b>43</b>
<b>APPENDICES .....</b>	<b>50</b>
CONSENT .....	50
DATA COLLECTION TOOLS .....	51
<b>a) DEMOGRAPHIC INFORMATION .....</b>	<b>51</b>
<b>b) SELF-ESTEEM QUESTIONNAIRE .....</b>	<b>52</b>
<b>c) SOCIAL SUPPORT QUESTIONNAIRE.....</b>	<b>52</b>
<b>d) INTERVENTION QUESTIONNAIRE.....</b>	<b>54</b>

## List of Tables

<b>Table</b>	<b>Page</b>
Age of Teenage Mothers .....	30
Marital Status of Teenage Mothers .....	31
Educational Levels of Teenage Mothers.....	31
Levels of Social Support of Teenage Mothers .....	32
Age of Participant and Support Levels Cross tabulation .....	33
Marital Status and Support Levels Cross tabulation.....	33
Educational Level and Support Levels Cross tabulation .....	34
Levels of Self-esteem of Teenage Mothers.....	34
Percentage Levels of Self-esteem of Teenage Mothers .....	35
Age of Participant and Self-esteem Levels Cross tabulation.....	36
Marital Status and Self-esteem Levels Cross tabulation.....	36
Educational Level and Self-esteem Levels Cross tabulation .....	37
Relationship Between Social Support & Self-esteem of Teenage Mothers .....	38

## List of Figures

Figure	Page
Conceptual Framework.....	18

## **Operational Definition of terms**

**Teenage mother:** A person below the age of twenty years and has a biological child

**Self-esteem** an overall evaluation of one's worth or value

**Perceived Social Support** personal interpretation of the care and assistance given

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

Every society has its clearly defined age appropriate life transitions, which are milestones in the processes of adulthood. Adolescence is the transitional period between childhood and adulthood, characterized by biological, psychological, and social changes. Current studies indicate that teenagers (adolescents) become sexually active in early puberty. During this time, the teenager is faced with various challenges such as the onset of menstruation in girls and wet dreams in boys (Mlambo & Richter, 2005; Makiwane, 2010). These teenagers become sexually active at an early stage and without using any form of contraceptives, the girls end up with unexpected pregnancies. When an adolescent becomes pregnant, the psychological adjustment of pregnancy and subsequent parenthood is added to the challenges in the transition of adolescence (Littleton & Engebretson, 2005). This disruption of events may result in the affected teenage mothers having to bear with the task of bringing up their children under unfavorable conditions which may affect their self-esteem.

UNICEF (2008) defines teen pregnancy as a situation where a teenage girl usually between 13 years and 19 years becomes pregnant. Statistics in the same study further show that 10% - 40% of unmarried girls have had unintended pregnancies and 14 million children are born every year to unmarried and married

teenagers. Teenage pregnancy and motherhood is a worldwide issue and that needs to be addressed carefully to help in prevention and proper management of cases that occur in terms of offering social support to the parenting teenage mothers. According to Guttmacher Institute (2004) teenagers are having more sex at earlier ages and without use of contraceptives. The study revealed that 60 percent of girls have their first intercourse before their 13<sup>th</sup> birthday. Banerjee et al (2009) also asserted that early dating of boys and girls from age 12 is a contributing factor to teenage pregnancy since they indulge in sexual activities without proper knowledge of the possible outcome.

According to a report by Save the Children (2010) as cited by Woodside & Mc Clam (2011), the rate of teen pregnancy in Sub-Saharan Africa is estimated at 143 per 1,000 girls of ages 15-19 years. In Niger for instance, where child marriage is common, the report indicates that 87% of women surveyed were married and 53% had given birth to a child before the age of 18 (WHO, 2012). In a Survey by the Centre for the Study of Adolescence (2008), an estimated 13,000 Kenyan girl's drop out of school annually as a result of pregnancy, and about 17 per cent of girls have had sex before the age of 15. Adolescent mothers experience more difficulty than adult mothers during the early-parenting period.

Self-esteem is not only important for a smooth transition to adulthood, but is also known to play a vital role in raising levels of coping with challenges associated with teenage pregnancy and parenting. Self-esteem as defined by Rosenberg (1965) is a personal judgment of worthiness that is expressed in the

attitudes an individual holds toward her/himself. High self-esteem expresses the feeling that one is “good enough”. The person respects herself, considers herself worthy, but not necessarily better than others and definitely not worse than others. Low self-esteem, on the other hand implies that the individual lacks respect for the self. During adolescence, teenagers are able to make self-evaluation, and when they are trying to describe who they are, they take both their own and others’ views into account (Karpov, 2005)). Adolescence idealism coincides with their enhanced sense of uniqueness, self-consciousness and critical thinking. Teenage mothers therefore look at themselves as failures due to their inability to prevent pregnancy. The self-picture is disagreeable and the person wishes it were otherwise (Rosenberg, 1965 p. 31). Self-esteem is a factor that can affect the way a teenage mother interacts with her social network. It has been reported in one study by Drummond & Hansford (1990) that four out of five teen mothers who become pregnant while in school have low level self-esteem which makes them drop out of school. The above statistics clearly indicate that low self-esteem associated with teenage pregnancy affects social development in the teenage mothers’ transitional process to adulthood.

Social support is critical during and after the teenager’s pregnancy to enable positive adjustment of adolescent mothers (Clemmens, 2001) Social support is defined by Gottlieb (2000) as the process of interaction in relationships which improves coping, esteem, belonging and competence through actual or perceived exchanges of physical or psychosocial resources. It serves a variety of

functions, such as guidance, social reinforcement, and tangible assistance. When teen mothers receive encouragement from their social support systems to try new things, they will likely acquire a higher level of self-esteem and self-assurance (Bowman, 2012).

Teenage mothers need social support to overcome the stress associated with motherhood and developmental tasks of adolescence and if such support is not given, they are likely to have low self-esteem. The current study seeks to find out the relationship between perceived social support and self-esteem in teenage mothers in Pumwani Maternity hospital, Nairobi County.

## **1.2 Statement of the Problem**

Teenage mothers are less likely to receive social support from friends, family or their childrens' fathers, and more likely might have mental health problems (Collins, 2010). The society, not being sensitive to the mental challenges that teen mothers go through may end up condemning them instead of offering necessary social support. This is likely to end up in affecting levels of self-esteem among the affected teenage mothers. Many studies have been done on teenage pregnancy, causes and challenges.

In Kenya, a large number of studies have been done on teenage pregnancies. Njau, (1993) studied the factors associated with pre-marital teenage pregnancies and child-bearing in Kiambu and Narok Districts. Liku (1987), studied the social-economic factors associated with teenage pregnancy in Makueni

District. Another study by Mairura (2003), studied the factors and coping mechanisms associated with teenage motherhood in Kisumu and Homa Bay Districts, Kenya. Omari (2008) studied the administrative challenges arising from peer sex education in teenagers in girls' public boarding secondary schools in Nairobi Province in Kenya while Ndayala (2004) examined the factors associated with adolescent sexual behavior of high school girls in Vihiga District. There is need to determine how perceived social support influences the self-esteem of teenage mothers since their self-esteem to a large extent determine how they move on with life and how they take care of the baby. This study sought to bridge the gap by finding levels of self-esteem and levels of perceived social support and correlating them to determine the type of relationship that exists.

### **1.3 Purpose of the Study**

The main aim of this study was to determine the relationship between Social Support and Self-esteem among teenage mothers attending Pumwani Maternity Hospital, Nairobi County.

#### **1.3.1 Study Objectives**

1. To establish levels of Social Support among teenage mothers attending Pumwani Maternity Hospital.
2. To establish levels of self-esteem among teenage mothers attending Pumwani Maternity Hospital

3. To determine the relationship between social support and self-esteem of teenage mothers attending Pumwani Maternity Hospital
4. To find out interventions that can be used to address levels of self-esteem on teenage mothers attending Pumwani Maternity hospital.

### **1.3.2 Research Questions**

1. What are the levels of Social Support among teenage mothers attending Pumwani Maternity Hospital
2. What are the levels of Self-esteem among teenage mothers attending Pumwani Maternity Hospital
3. Is there a relationship between levels of social support and levels of self-esteem among teenage mothers attending Pumwani Maternity hospital?
4. What are the interventions that can be used to address levels of self-esteem on teenage mothers attending Pumwani Maternity hospital?

### **1.4 Justification and Significance of the Study**

For a teenage mother to successfully adjust to the role of motherhood, social support is necessary to enable her to take care of herself and her new born child. Social support is also necessary to enable her feel loved and therefore increase her levels of self-esteem. This study is therefore important in helping us to find out what type of relationship exists between self-esteem and perceived social support among teenage mothers. The study also sought to find out from the teenage mothers the interventions necessary to help them feel better about

themselves. This is important in helping those close to them determine the type of support to give or avoid.

The findings of this study are of great importance to parents, teachers, health care givers, counselors and future researchers, as it will offer tentative picture of the relationship between levels of self-esteem and levels of perceived social support. This provides guidance on the approach necessary to help the teenage mothers cope with the stress associated with their new roles as mothers.

The findings of this study adds value to the existing body of knowledge on the relationship between self-esteem and perceived social support among teenage mothers.

The findings of the study are helpful to institutions dealing with adolescents to enlighten them on the social support needs of adolescents and how the needs affect their self-esteem. This would help to increase chances of a smooth transition of the teenage mothers under their care to adulthood and motherhood.

## **1.5 Hypothesis**

Ho: There is no relationship between Social Support and Self-esteem among teenage mothers in Pumwani Hospital Nairobi County.

HA: There is a positive relationship between Social Support and Self-esteem among teenage mothers in Pumwani Hospital Nairobi County.

## **1.6 Scope and Limitations of the Study.**

The study focused on teenage mothers attending Pumwani Maternity Hospital only and this shows teenage mothers attending other health establishments were not considered. Those attending Pumwani Hospital may belong to a given social economic class and this leaves the rest and the results may not be generalized to all teenage mothers in Kenya.

The study focused on social support and self-esteem issues leaving out a lot of other factors like resilience and personal characteristics that affect their self-esteem.

Correlational design used in the study merely shows whether there is a relationship between variables or not thus lacks evidence regarding causal mechanisms.

## **1.7 Assumptions**

The study assumed that the teenage mothers attending Pumwani Hospital are receiving some kind of social support.

The study assumed that a relationship existed between perceived social support and self-esteem.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

In this chapter literature related to the relationship between self-esteem and social support in teenage mothers is reviewed. Theoretical framework is discussed as well as the conceptual framework. The topics discussed include social support in teenage mothers, self-esteem in teenage mothers, the relationship between self-esteem and social support in teenage mothers and the interventions that can be used to address levels of self-esteem on teenage mothers.

#### **2.1 Theoretical Framework**

The study is guided by Transactional Theory of Stress and Coping.

##### **2.1.1 Transactional Theory of Stress and Coping.**

Transactional Theory of Stress and Coping is a framework for evaluating the processes of coping with stressful events. The theory was proposed by Lazarus in 1960s. Lazarus and Folkman (1984) defined stress as a personal experience that reflects a disturbance in the relationship between the person and the situation or the environment. The situation is perceived as stressful when the perceived demands exceed an individual's perceived resources. The concept of stress in this study represents both the physiological and psychological stress that can occur during

pregnancy. For the teenage mother, pregnancy and motherhood are a source of stress since they occur before marriage as is culturally acceptable. The process through which the individual manages these emotions is defined as coping. Lazarus and Folkman (1984) support that skilful “copers” are effective in appraising the possible threats and dangers associated with the situation. The perception of social support is useful for appraisal and subsequent coping with stress. The adolescent may experience a decrease in stress with the utilization of appropriate support systems. The availability and use of social support may serve as protection from the potential deleterious effects of teenage parenting. A supportive person may act as a buffer, lessening the psychological or economic impact of negative events upon the family; be a source of socioemotional support (for the mother) increasing levels of self-esteem; and act as an indirect source of support for the child (Stewart, 2000.) Transitional theory of stress and coping links teenage parenting with the stressful event and social support with positive mechanisms of coping, which are a determinants of ones self-esteem. Teenage pregnancy is a stressor due to unpreparedness and social stigma associated and stress affects self evaluation with lowers self-esteem. Availability of social support helps the teenage mother to cope with stress of motherhood and also increases positive self evaluation and self-esteem.

## **2.2 Review of Related Literature**

The study sought to determine the relationship between social support and self-esteem among teenage mothers attending Pumwani Maternity Hospital, Nairobi,

Kenya. Literature reviewed in this section is done as per study objectives and includes: Social support levels, Self-esteem levels, Social support and Self-esteem in teenage mothers and interventions that can be used to address levels of self-esteem on teenage mothers, theoretical and conceptual frameworks.

### **2.2.1 Social Support in Teenage Mothers**

Lin (1986) defined social support as “perceived or actual instrumental and/or expressive provisions supplied by the community, social networks, and confiding partners.” From this definition, it is evident that social support is a complex construct that can be partitioned and measured in a variety of ways. Along these lines, an important distinction to make is whether social support should be considered subjectively or objectively. Social support can include social resources that individuals perceive to be available, or those that are actually offered to them by others (Cronkite & Moos, 1995). Support networks can provide advice, encouragement, and practical help to make a wider range of coping strategies available to deal with demanding situations (Cheng, 2003; DeLongis & Holtzman, 2005; Rozanski & Kubzansky, 2005).

Smith (2008) found that social support and coping adaptability were positively related to adjustment and to each other in a study of students transitioning to university in the united states of america. Cheng, Hui, and Lam (2004) found that emotional social support was positively related to coping adaptability, and that both were related to fewer symptoms of functional dyspepsia.

Social support improves coping, moderates the impact of stressors, and promotes health. Teenage mothers belong to the adolescent stage of development. Adolescence is a transitional period between childhood and adulthood, characterized by biological, psychological, and social changes. When an adolescent becomes pregnant, the psychological adjustment of pregnancy is added to the challenges in the transition of adolescence (Littleton & Engebretson, 2005). Learning about normal body functions, including sensual and sexual responses, is an important developmental task of adolescence. The development of gender identity and comfort with one's sexual orientation can also be influenced by cultural stereotypes about behaviors (Littleton & Engebretson, 2005).

According to a study by Martell (2001), adolescent mothers experience more difficulty than adult mothers during the early-parenting period. For example, it is reported that adolescent mothers show less responsive and sensitive behaviors, use fewer vocalizations, and provide a less stimulating environment for their infants than adult mothers and do not typically exhibit the same variety or frequency of interactions as adult mothers. A meta-synthesis of qualitative studies (Clemmens, 2001) with a combined sample of participants across studies of 257 adolescent mothers from twenty five studies in the United States of America, Canada, China, and England found that social support is a critical element and strong factor in the positive adjustment of adolescent mothers and serves a variety of functions, such as guidance, social reinforcement, and tangible assistance. The

study did not cover continents like Africa, Asia and Australia and the cultures in these areas may differ from those in the sample .

The main function of social support is to promote psychosocial development and help negotiate developmental tasks (Logsdon & Davis, 2003; Mercer, 2004) and is most effective when tailored to meet an adolescent's specific needs. Research studies shows that adolescent motherhood is associated with problems such as low self-efficacy, poor knowledge of child development, increased stress, depression, insecurity and disorganized attachment patterns (Schmidt, 2009)and hence the need for social support to help them cope with motherhood. The current study aims at determining the levels of social support of teenage mothers in Pumwani Maternity Hospital.

### **2.2.2 Self-esteem of Teenage Mothers**

Self-esteem is generally regarded as the evaluation that persons make about themselves that express a self-judgment of approval, disapproval and personal worth (Rosenberg, 1965). Self-esteem changes through life under the influences of acquired experiences. Recurrent positive information received from the environment commonly increases a person's self-esteem, while negative information decreases self-esteem. This is especially true if the information comes from significant others. Self-esteem is most decisive factor in the trend of individual mental growth and has outstanding effects on intellectual process, feelings, tendencies, values and purposes, whatever every one becomes defeated to

achieve self-esteem, he or she exposes to anxiety, mental shaking and inkling of him or herself, reality escape and the sense of insufficiency of life. A person who has high sense of being value, he or she can confront threats, stressful events of life without negative experiences and mental rupture (Ghafari et al, 2007). Teenage mothers who have high self-esteem are therefore likely to overcome the challenges of the developmental stage as well as motherhood.

In an analysis of six studies conducted in the USA with a total of 480 participants that examined the social motivations of people with high self-esteem (HSE) and low self-esteem (LSE) following a threat to a domain of contingent self-worth, Maner & Park (2009) found that people with high self-esteem feel more accepted by others and worry less about rejection than those with low self-esteem. Sanaktekin & Sunar (2008) explained that the relational perspective of self-esteem reflects how individuals perceive that others evaluate them. Believing an individual possesses certain positive qualities only predicts self-esteem when the individual perceives that other people find value in those qualities.

In a study of 1000 youths in Nigeria, (Maliki, 2012) found that low self-esteem is a negative effect of teenage pregnancy and this is supported by the report of Robin (2011). This shows that teen mothers are generally likely to have low self-esteem unless of course they have some buffer from the negative effects of teenage pregnancy. A cross-sectional study (Macola, Vale & Carmona ,2010) was conducted to evaluate the self-esteem of 127 pregnant women seen in a prenatal care program conducted in a public school hospital. Results showed that pregnant

women who reported having an *unplanned pregnancy* presented higher prevalence of low self-esteem than those who reported having planned their pregnancy. Teen mothers hardly ever intend to get pregnant because they are still to achieve their career goals and get married and so they are likely to have low self-esteem and evaluate themselves as failures for getting unplanned pregnancy.

From the findings of the studies in the literature review, provision of social support is positively linked with high self-esteem. Teenage mothers receiving social support are more likely to have a higher self-esteem as compared to their counterparts who are not receiving social support.

### **2.2.3 Social Support and Self-esteem of Teenage Mothers**

Much research has been conducted to discover how social support affects health issues. In a study by Cruza-Guet et al (2008) it was found that satisfaction with received social support was associated with lower levels of psychological distress. The amount of social support a person receives was found to be associated with higher levels of psychological distress, signaling that the perceived effects rather than the quantity or quality of social support is more important in deterring psychological distress. About social support and its relation with self-esteem, so many studies have been performed and it is concluded that there is a meaningful relation between, social support and self-esteem (Akbari, 1982). According to Quizanski, Brakeman & Simi, 2002 as quoted by Tajbakhsh & Roustaf, 2012, social support makes counter undertakings in which everyone feels to be loved,

self-esteem and being valuable. Zaki (2008) in a study in Iran found that the higher the level of emotional support, the higher the adolescent mothers' assessments of their self-perceptions of parenting.

A survey of 499 students between 16 and 18 years of age was conducted to investigate associations between perceived social support, self-esteem, trait anger, and anger expression and it revealed a significant positive relationship between adolescents' self-esteem and perceived social support from family, peers, and teachers (Arslan,2008). The sample set of the research was taken from several high schools in Konya, Turkey. Other studies that support this finding include (Esenay, 2002; Kahrman, 2002; Unuvar, 2003). As was suggested by Gecas (1972) and Wong et al. (2002), students have higher self-esteem and competence in a socially supportive environment. Improving the level of social support for students would encourage an increase in self-esteem and foster increased competence, likely leading to higher achievement. Social support could also be used to aid those who suffer from low self-esteem by encouraging elevation and attachment with others as suggested by Aberson (1999).

In a study in Iran on the effects of social support on self-esteem ( Tajbakhsh & Rousta, 2012) ) a sample of 310 participants was obtained through multistage random cluster sampling. Obtained results show that according to multi-variable analysis and path analysis, family support has direct effect on self-esteem of students and friend and important others. Whatever a person is supported by his family including emotional and financial support, he will have higher potential for

attracting friends' and important others. A study by Chigona & Chetty (2007) in South Africa also researched the topic of teenage mothers; the duo endeavored to determine how teenage mothers coped with schooling and how much support was rendered to them. The target group in this study were teenage mothers aged between 14 and 18 that had babies before completing their secondary school and returned to school after the birth of their babies, that is, those who temporarily dropped out of school due to their pregnancy. School heads of these learners were also interviewed. The findings indicated that teenage mothers in Cape Town received insufficient support, both physically and emotionally and the consequences were that many teenage mothers quit school or did not succeed with schooling. This increases feelings of helplessness and lower self-esteem. When teen mothers receive encouragement from their social support systems to try new things, they will likely acquire a higher level of self-esteem and self-assurance (Bowman, 2012).

The current study seeks to go further and relate social support with self-esteem of teenage mothers in the setting of a maternity hospital. The setting increases diversity in terms of ethnicity and social economic status and also ensures the intended sample is achieved. Because self-esteem seems strongly related to social identity and the social context, it would seem logical to expect that self-esteem and social support would be correlated. Therefore, the present study examined the relationship between social support and self-esteem. It was

hypothesized that as self-esteem increases, perceived social support will also increase.

#### **2.2.4 Interventions to Improve Levels of Self-esteem in Teenage Mothers.**

Teenage motherhood has several consequences both to the mother and her child as well as her future children (Oyaro, 2008). First and foremost, for the teen mothers, there is research evidence that they are unlikely to continue with their schooling (UNESCO, 2012). If they were through with high school then they are unlikely to join college (Ibid, 2012). The demands of motherhood are just too much to think of something else. Other times the stigma associated with teenage motherhood inhibit many teenage mothers from attempting to continue with their education. This is from the teachers, parent and even their fellow classmates (Oyaro, 2008). Without good education there are fewer chances for socio-economic mobility. This explains the reason of high poverty levels and dependency ratio among teen mothers (Chevalier & Viltanen, 2003). To improve the socio-economic status of teen mothers we therefore must ensure that teen mothers continue with their education.

A major factor that hinders girls from continuing with their education is lack of support and/or stigma from their parents, teachers and the community (Olunike, 2012). According to Nelson & Norman (2009), the teen mother reconstructs her identity as that of a failure and a loser in life. In a nutshell, the society is solely to blame for the failures of teenage mothers. It fails to listen to the

teenage mothers' side of the story and condemns them wholeheartedly. Thus, teenage mothers feel unwanted and end up being worse than they were before they conceived. According to Wekesa (2010), there is needed to recast the discourse of teenage mothers from that of immorality to that of capability. There is need to sensitize those in position to provide support to enable them understand the importance of their support to the self-esteem of the teenage mother.

Kenya's return to school policy is part of a wider strategy to improve the education of the girl child the Ministry of Public Health and Sanitation(MOPH) and Ministry of Education (MOE), 2009).The policy was first formulated in 1994 and later revised in 2009 by the MOPHS together with MOE (Wekesa, 2010). The policy allows pregnant girls to stay in school as long as they possibly can and resume as soon as they are strong. It also requires schools to establish centers where the teenage mothers can breast feed their babies as they go to school (Ibid, 2010). However, the policy has a number of loopholes chief among them being its implementability. For example, the school administration is left to interpret how long the girl can be in school before she delivers. To empower teenage mothers and ensure they complete their education, there is need for proper follow up mechanisms from the government.

Parents do not make any effort to provide counselling for their mothering teenagers when they go back to school even though they know that they will come across alienation and stigmatization by both educators and fellow students, because they do not want to publicise their situation to the community, that is that they are

parents of a teenage mother (Chigona & Chetty, 2007). Parents are concerned about their image and wellbeing in the community at the expense of their daughter's (teenage mother) educational success. Counsellors should be involved in helping the growing numbers of teenage mothers and counsel them on their individual concerns, self-esteem and the need of going back to school. Their parents should equally be counseled not to abandon them but to support them. Peer education programmes should be organized in the community.

Grassroot Empowerment Initiative (GEMINI) is a project in Kenya that seeks to rehabilitate teen mothers. They endeavour to empower teen mothers by providing reproductive health information, life-skills and training on small-scale business to enable them to become economically self-sufficient. The project also seeks to build their communication, decision-making skills to ensure they are not vulnerable to sexual abuse and are capable of making smart decisions. The project hopes to rehabilitate and equip more than 200 teen mothers with educational, economic and life-skills to ensure they are able to increase their self-esteem, solidify their incomes and have the skills to make informed sexuality decisions. Many more support programmes for teen mothers can go a long way in addressing their problems and ensure that they are able to earn their own income to take care of themselves and their children and this boosts their general well being and self-esteem.

### **2.3 Summary of Literature Review**

This chapter gave the theoretical framework that guides the study and also focuses on literature reviewed that gives details on social support and self-esteem in teenage mothers. The reviewed literature brings out the importance of social support for people undergoing stressful situations and especially teenage mothers who undergo the stress associated with teenage developmental tasks as well as motherhood. Literature reviewed focused on the correlation between social support and self-esteem and reveals that those who receive social support are likely to develop high self-esteem and those who do not receive social support are likely to develop low self-esteem. Interventions to help improve teenage mother's self-esteem include counseling, increased social support, empowerment among others. The conceptual framework gives a graphical summary of self-esteem from childhood and social support during identity crisis and teenage motherhood and how they influence self-esteem of the teenage mothers.

### **2.4 Conceptual Framework**

Self-esteem is generally high in childhood but declines during adolescent. Identity crisis and teen motherhood threatens development of self-esteem in teenage mothers. The teenage mothers who receive social support from family, friends and significant others develop high self-esteem while those who do not receive social support from family, friends and significant others develop low self-esteem.

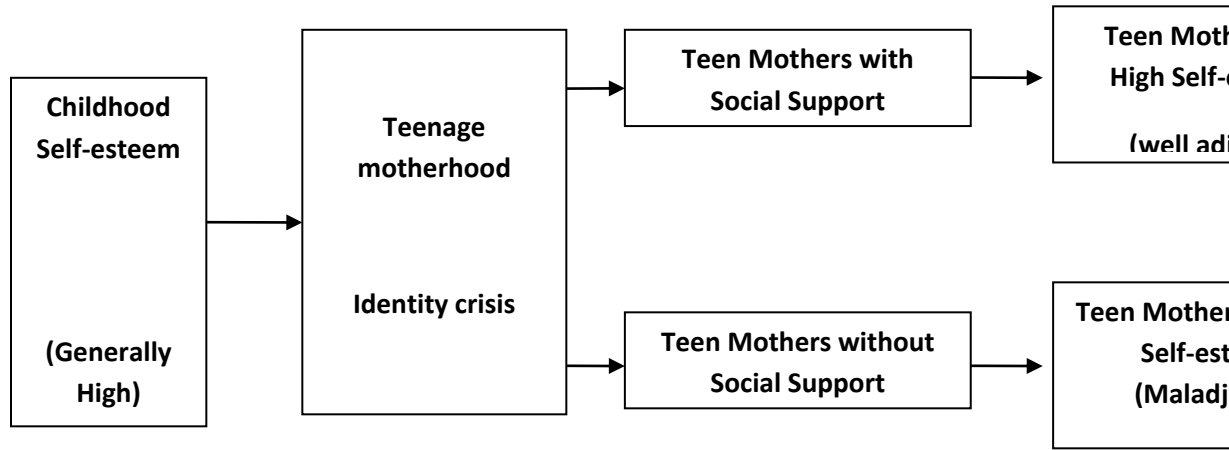


Figure 1: Conceptual Framework (Gaturi, 2015)

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

The purpose of this study was to determine the relationship between social support and self-esteem among teenage mothers attending Pumwani Maternity Hospital. In this chapter, the research methods that were used are discussed. This involves description of research design, location of the study, target population, sampling procedures and sample size as well as research instruments used. The procedure for data collection and methods are also discussed.

#### **3.1 Research Design**

The research is a correlational study employing survey design. According to Orodho (2003), correlational research design seeks to establish the degree of relationship that exists between two or more variables. In this study the researcher sought to establish whether there is a relationship between social support and self-esteem in teenage mothers. Survey design has clear advantages over other designs, it enhances collection of data for a large population, and it is relatively cheap and fast and hence preferred for this study.

#### **3.2 Variables under study**

In this study the independent variable is social support and the dependent variable is self-esteem.

### **3.3 Study Location**

The study was conducted in Pumwani Maternity Hospital in Nairobi County. Pumwani Maternity Hospital is in the capital city of Kenya and it specializes in offering maternity services that are affordable and this enabled the researcher to access teenage mothers from different ethnic and socio-economic backgrounds.

### **3.4 Target Population**

The target population for the study were teenage mothers attending Pumwani Maternity Hospital.

### **3.5 Sampling Procedures**

This study used purposive sampling. Purposive sampling is the deliberate choice of an informant due to the qualities the informant possesses and the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Bernard 2002, Lewis & Sheppard 2006). Therefore this study used purposive sampling to single out teenage girls who have given birth attending Pumwani maternity hospital. This was done with the help of the hospital administration, health specialists and counselling units. The researcher then approached the identified teenage mothers and requested them to provide the relevant data for the study.

### **3.6 Instrumentation**

The study used two self-administered questionnaires to collect data. Each questionnaire consists of two sections. The first section includes items to help gather demographic information and the second section contains items that will help to gather data on social support and self-esteem.

#### **3.6.1 Social Support Questionnaire (SSQ)**

The short form of Social Support Questionnaire (SSQ) was used to quantify the availability and satisfaction with social support that an individual has. Sarason, et al (1987) prepared an abbreviated version of the 27-item Social Support Questionnaire (Sarason et al., 1983). Six items, each of which has two parts, are presented. The first part of each item assesses the number of people that the individual thinks can support him or her when a particular problem occurs. The individual can indicate up to nine persons who support him or her. In the second part of each item individual is asked to indicate how much satisfied he or she is with the help that he or she gets from those people on a 6-point Likert-type scale ranging from very dissatisfied (1) to very satisfied (6). Alpha coefficients for SSQ-6 have been reported to range from .90 to .93 for both number and satisfaction scores. The original short form of Sarason's Social Support Questionnaire measures two dimensions of social support, availability and satisfaction. The scores were then converted to percentage scores for each participant

### **3.6.2 Rosenberg Self-Esteem Scale (Rosenberg, 1965)**

The Rosenberg self-esteem scale was used for this study. It was developed by sociologist Dr. Morris Rosenberg. The scale is a ten item Likert scale with items answered on a four point scale (from strongly agrees to strongly disagree). The original sample for which the scale was developed consisted of 5,024 High School Juniors and seniors from 10 randomly selected schools in New York State. The scale was considered a reliable and valid quantitative tool for self-esteem assessment (Blascovich & Tomaka, 1993).

## **3.7 Validity and Reliability**

### **3.7.1 Validity**

The instruments to be used in this study have been used before in different populations and validity established as high.

### **3.7.2 Reliability**

The researcher conducted a pilot study on 10 teenage mothers from Pumwani Test Retest was done with a two week duration to measure consistency of the instruments and Social Support Scale yielded a coefficient of 0.73 while Self-esteem scale yielded a coefficient of 0.87. The coefficients were found to be acceptable by researcher.

### **3.8 Pilot study**

A pilot study was conducted prior to the main study. Teenage mothers selected in the pilot study were excluded from the main study. The aim of the pilot study was to determine clarity of instructions and questions and also to determine the length of the time for the test administration.

### **3.9 Data Collection Procedures**

The researcher acquired research permit from relevant authorities before undertaking any data collection. Arrangements with the hospital administrators were made on convenient time and venue. Selection of respondents was made at the same time data were collected. Instructions were given as per pilot study recommendations. When all data was collected, it was subjected to descriptive and correlational statistics. The techniques to be employed will include calculation of; means, frequencies, percentages and graphs. Pearson's product moment correlation was calculated to find the nature of relationship between social support and self-esteem. Data analysis was done using SPSS (Statistical Package for Social Scientist) and content analysis for the fourth objective. Content analysis involved reading all the responses and counting the responses that recur the most.

#### **3.9.1 Scoring and Data Analysis**

Scoring/Interpretation of Social Support Questionnaire (SSQ)

Satisfaction rating for each situational circumstance is the same regardless of the situation given. A six point rating scale (from "very satisfied" to "very

dissatisfied”) is used to rate the individual’s satisfaction with his or her support available. A support score for each item is calculated by the number of individuals the participant listed (number score). The overall support score (SSQSR) is calculated by the mean of this scores across the items. The overall satisfaction score is calculated by adding the means of the 6 satisfaction scores. To score, count the number of people for each of the odd-numbered items. Add the totals together (Max=54) Divide by 6 for per item SSQ Number Score. Then Add the total scores for the 6 even-numbered items (Max=36). Divide by 6 for per item SSQ. Then the final individual score was converted to percentage.

#### Scoring in **Rosenberg Self-Esteem Scale**

To score the items, a value is assigned to responses in each of the 10 items as follows:

For items 1, 2, 4, 6, 7: Strongly Agree=4, Agree=3, Disagree=2, and Strongly Disagree=1.

For items 3, 5, 8, 9, 10 (which are reversed in valence): Strongly Agree=1, Agree=2, Disagree=3, and Strongly Disagree=4. The scale ranges from 10-40, with 40 indicating the highest score possible. Individual scores were then converted to percentage.

### **3.10 Data Management and Ethical considerations**

To maintain high integrity and ethics on the data used for the study. The researcher sought permission from the relevant authorities beginning with graduate

school, Ministry of Health and the Pumwani hospital administration to conduct the study. A research permit was acquired from National Council for Science Technology and Innovations (NACOSTI) before data collection. The researcher gave research details to participants before they were asked to respond to questionnaires and any questions were addressed. Consent forms were signed by participants. Name codes were used instead of real names to ensure confidentiality was maintained.

## CHAPTER FOUR

### Presentation, Discussion and Interpretation of Findings

#### 4.0 Introduction

This chapter presents results of the study. It begins with demographic information of the participants and then presents results of the study according to objectives. Discussion and interpretation of findings is done after presentation in each objective.

#### 4.1 Demographic Information

Table 1: **4.1.1 Age of Participants**

	Frequency	Percent
Valid 15 - 17	14	28.0
18 - 20	36	72.0
Total	50	100.0

28% of the participants ranged between 15-17 years whereas 72% ranged between 18-20years.

Since most of the participants ranged between 18 to 20 years old, this indicates that most are in their late adolescent stage.

Table 2: **4.1.2 Marital Status of Participants**

	Frequency	Percent
Valid Single	22	44.0
Married	24	48.0
Separated	4	8.0
Total	50	100.0

44% of the participants were single, 48% were married and 8% were separated.

This shows that majority of the teenage mothers (52%) are bringing up their children without their spouses.

Table 3: **4.1.3 Educational Level of Participants**

	Frequency	Percent
Valid Primary	17	34.0
Secondary	18	36.0
College	15	30.0
Total	50	100.0

36% of the participants have primary school education only, 36% have secondary school education and 30% have college education. This shows that most of the teenage mothers have not attended college and may not have professional documents needed to find well-paying jobs.

#### 4.1 Findings from the study

The study collected data based on three objectives. They included finding the level of social support among teenage mothers attending Pumwani Hospital, Finding levels of self-esteem among the teenage mothers and establishing whether there is a relationship between social support and self-esteem among the participants.

**4.2.1 Objective 1:** To establish levels of Social Support among teenage mothers attending Pumwani Maternity Hospital

Levels of Social support was measured using Social Support questionnaire (Sarson et al. 1983). The following are findings of descriptive statistics

Table 4

Social Support Levels		
	Frequency	Percent
Valid Little Support	1	2.0
Average Support	11	22.0
High Support	38	76.0
Total	50	100.0

2% of the teenage mothers received little support, 22% received average support and 76% received high support levels. The minimum score was 40% and maximum score was 100%. This indicates that teenage mothers on average feel

they receive the support they need. From the responses in the scale, most received support from their parents and siblings and those married received support from their spouses. These findings contradict Chigona and Chetty (2007) which found that teenage mothers received inadequate support. Therefore teenage mothers in Pumwani hospital receive high social support. This may be due to campaigns from activists and government policies to re-integrate teenage mothers back to school, self-help organizations among others.

Table 5 **Age of Participant and Support Levels Cross tabulation**

	Support Levels			Total
	Little Support	Average Support	High Support	
Age of Participant 15 - 17	0	2	12	14
18 - 20	1	9	26	36
Total	1	11	38	50

Table 6: **Marital Status and Support Levels Cross tabulation**

	Support Levels			Total
	Little Support	Average Support	High Support	
Marital Status Single	0	7	15	22
Married	1	3	20	24
Separated	0	1	3	4
Total	1	11	38	50

Table 7: **Educational Level and Support Levels Cross tabulation**

		Support Levels			Total
		Little Support	Average Support	High Support	
Educational Level	Primary	0	6	11	17
	Secondary	1	2	15	18
	College	0	3	12	15
Total		1	11	38	50

When levels of support was compared for different demographic groups, new dimensions emerged. Majority of those who were younger (15-17 years) registered a higher support with none getting little support whereas majority those who were married registered higher support. Majority of those with secondary education registered high support with those in primary level registering the lowest support. The findings may be influenced by family and social-political dynamics in the teenage mothers environment.

**4.2.2 Objective 2:** To establish levels of Self-esteem among teenage mothers attending Pumwani Maternity Hospital

Table 8: **Self-esteem of Participants**

	N	Minimum	Maximum	Mean	Std. Deviation
Selfesteem Score	50	40.0	95.0	77.530	10.9937
Valid N (listwise)	50				

Table 9: **Esteem Levels**

	Frequency	Percent
Valid Below Average	1	2.0
Average	5	10.0
Above Average	44	88.0
Total	50	100.0

2% of the teenage mothers had low self-esteem, 10% had average self-esteem and 88% had high self-esteem levels. The minimum score was 40% and maximum score 95%. This is in contradiction with a study by Macola, Vale and Carmona (2010) which found teenage mothers to have low self-esteem because they did not intend to get pregnant. Other studies that indicate teenage mothers have low self-esteem are Maliki (2012) and Robin (2011). The results from teenage mothers in Pumwani indicate that they have high self-esteem but it is also important to note that they have high social support. Self-esteem results from self-evaluation and how others respond to the individual is incorporated. Therefore high levels of self-

esteem among teenage mothers in Pumwani is an indication that they are happy with themselves and the support they are getting.

**Table 10: Age of Participant and Self-esteem Levels Cross tabulation**

	Esteem Levels			Total
	Below Average	Average	Above Average	
Age of Participant 15 - 17	0	2	12	14
18 - 20	1	3	32	36
Total	1	5	44	50

**Table 11: Marital Status and Self-esteem Levels Cross tabulation**

	Esteem Levels			Total
	Below Average	Average	Above Average	
Marital Status Single	0	3	19	22
Married	1	1	22	24
Separated	0	1	3	4
Total	1	5	44	50

Table 12: **Educational Level and Self-esteem Levels Cross tabulation**

		Esteem Levels			Total
		Below Average	Average	Above Average	
Educational Level	Primary	0	0	17	17
	Secondary	1	3	14	18
	College	0	2	13	15
Total		1	5	44	50

Comparing self-esteem levels among teenage mothers of different ages, results indicate that 89% of teenage mothers aged between 18-20 years had high self-esteem and 85% of teenage mothers aged between 15-17 years had high self-esteem. It is also worth noting that there was no teenage mother aged 15-17 years who had self-esteem below average. Those who were married recorded the highest levels of self-esteem followed by those who were single and those who are separated registered the lowest levels of self-esteem. Majority of teenage mothers with primary level of education recorded high levels of self-esteem followed by those in college. Self-esteem is determined by many factors which include feedback given by family members and peers and the results may differ for individuals with different backgrounds.

**4.2.3 Objective 3:** To determine the relationship between social support and self-esteem of teenage mothers attending Pumwani Maternity Hospital

Self-esteem during adolescents is influenced by many factors which include evaluation of self in terms of academics, feedback from family members, feedback from peers among others. Teenage mothers require support to be able to cope with the stress of parenting at this age. If no support is given, the teenage mother is likely to accord herself little worth. This objective seeks to determine whether a relationship exists between self-esteem and social support.

Table 13: Relationship between Social Support and Self-Esteem Correlations

		Self esteem Score	Social Support Scale
Self esteem Score	Pearson Correlation	1	.665**
	Sig. (2-tailed)		.000
	N	50	50
Social Support Scale	Pearson Correlation	.665**	1
	Sig. (2-tailed)	.000	
	N	50	50

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results indicate that there is a positive moderately high correlation (0.665) between social support and self-esteem. This shows that when social support is high, self-esteem is also high. The correlation is significant at 0.001 level (2-tailed). This is in agreement with a studies by (Bowman, 2012) and Arslan (2009) which found significant positive relationship between adolescents' self-esteem and perceived social support from family, peers, and teachers. The results acquired therefore mean that when social support is high, the self-esteem is also high. Those teenage mothers who have more social support also have more self-esteem and those teenage mothers who have less social support have less self-esteem.

#### **4.2.4 Objective 4 Interventions to improve self-esteem**

The suggested interventions were evidently different depending on marital status. Those who were single suggested to be understood by society and most indicated that just because they were rejected does not mean they are worse. Another suggestion that came out strongly was desire to continue with studies and have regular income. Oyaro (2008) indicated that teenage mothers were unlikely to continue with school and in this study, desire to go to college is strong and from many respondents. Some respondents left the space for intervention blank and this was assumed to be due to feelings of contentment.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter deals with the summary conclusions and recommendations based on the findings of the study.

#### **5.1 Summary**

The study on teenage mothers in Pumwani Hospital was to find levels of social support, Levels of Self-esteem, find the relationship between social support and self-esteem as well as suggested interventions to improve self-esteem. After data analysis, it was found that levels of social support and self-esteem were high and a positive, moderately high relationship between social support and self-esteem was found. Mean Self-Esteem score was 77.53% which indicates high self-esteem. 2% of the teenage mothers had low self-esteem, 10% had average self-esteem and 88% had high self-esteem levels. Mean social support level was 86.14%. 2% of the teenage mothers received little support, 22% received average support and 76% received high support levels. The results also indicate that there is a positive moderately high correlation (0.665) between social support and self-esteem. This shows that when social support is high, self-esteem is also high. Interventions suggested by the teenage mothers included to be understood by society, to get opportunity to continue with studies and to have regular income.

## **5.2 Conclusion**

Research and basic assumptions may indicate that teenage mothers have low self-esteem and low social support. This study conducted in a public hospital in Kenya that serves individuals from different socio-economic status indicate that teenage mothers attending that hospital indeed receive social support and have high self-esteem. The study further shows a significant positive relationship between social support and self-esteem of the teenage mothers. It would be prudent to conclude that teenage mothers attending Pumwani maternity hospital have high social support and high self-esteem. The interventions they suggested to improve their self-esteem included to be understood by society, to continue with their studies and to have regular income.

## **5.3 Recommendations**

The results of the study indicate that teenage mothers attending Pumwani hospital have high social support and high self-esteem. This indicates that something is being done to help the teenage mothers that is working and enabling them cope with parenting at their age. However, data also indicated that teenage mothers who are separated from their spouses had lower self-esteem and there is need to provide psychological assistance to help them cope. The government can employ counsellors in schools to provide such guidance and counselling. The government policies to re-integrate teenage mothers back to school after delivery should also be followed up to ensure teenage mothers continue learning since majority of the teenage mothers had primary and secondary levels of education.

The study also recommends further studies to be conducted on teenage mothers in rural parts of the country since these findings are limited to teenage mothers attending Pumwani hospital

Studies using qualitative method of inquiry can be carried out to get an indepth understanding of how the teenage mothers feel.

## REFERENCES

- Aberson, C. (1999). Low self-esteem and ingroup bias. *Social Behavior and Personality*, 27(1),
- Akbari, A, (1982), study of relation of social support in charity organization (Aid Committee)
- and self-esteem among children under support, B.A.Thesis, University of Alame Tabatabaiei.
- Arslan C (2009). Anger, self-esteem and perceived social support *in* adolescence. *Social Behavior and Personality: Int. J.* 37(4):555-564.
- Arslan, E. (2008). An investigation of Erikson's psychosocial development stages and ego identity processes of adolescents with respect to their attachment styles. Unpublished doctoral dissertation, Selcuk University, Konya, Turkey.
- Banerjee B., Pandey G., Dutt D. Sengupta B., Mondal M. & Deb S. (2009) "Teenage Pregnancy: A Socially Inflicted Health Hazard" *Indian Journal of Community Medicine* 34 (3): 227-231
- Bernard HR (2002). *Research Methods in Anthropology: Qualitative and quantitative methods.*
- (3rd edition). AltaMira Press ,Walnut Creek, California
- Blascovich, J., & Tomaka J. (1991). Measures of self-esteem. In J. P. Robinson & P. R. Shaver (Eds.), *Measures of personality and social psychological attitudes* (pp. 115–160). San Diego, CA: Academic Press.
- Bunting, L. and C. McAuley (2004). "Research Review: Teenage Pregnancy and Motherhood: The Contribution of Support." *Child and Family Social Work* 9: 207-215.
- Center for the Study of Adolescents (CSA). (2008). *Down the drain; counting the cost of teenage pregnancy.* CSA. Nairobi.

Cheng, C. (2003). Cognitive and motivational processes underlying coping flexibility:

A dual-process model. *Journal of Personality & Social Psychology*, 84(2), 425–438.

Cheng, C., Hui, W., & Lam, S. (2004). Psychosocial Factors and Perceived Severity of

Functional Dyspeptic Symptoms: A Psychosocial Interactionist Model. *Psychosomatic Medicine*, 66(1), 85–91.

Chevalier, A and T.K. Viltanen (2003). The long run labor market: Consequences of teenage

motherhood in Britain. *Journal for Population Economics*. 16(2) 323-343

Chigona A & Chetty R (2007). Girls' Education in South Africa: Special Consideration To Teen

Mothers As Learners. *Journal of Education for International Development*, 3(1): 1-16.

Clemmens D. (2001) The relationship between social support and adolescent mothers'

interactions with their infants: A meta-analysis. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*. 2001;30(4):410–420.

Collins, B. (2010) Teen Parents and Benefit Receipt

Cronkite, R.C., & Moos, R.H. (1995). Life context, coping processes and depression.

In E.E. Beckham & W.R. Leber (Eds.): *Handbook of depression* (pp. 569-590). New York: Guilford Press

Cruza-Guet, M. C., Spokane, A. R., Caskie, G. I., Brown, S. C., & Szapocznik, J. (2008).

The relationship between social support and psychological distress among Hispanic elders in Miami, Florida. *Journal of Counseling Psychology*, 55(4), 427-441.

- DeLongis, A., & Holtzman, S. (2005). Coping in context: The role of stress, social support, and personality in coping. *Journal of Personality*, 73(6), 1633–1656
- Dennis, C. (2005). “Postsocial and Psychological Interventions for Prevention of Postnatal Depression: Systematic Review.” *BMJ* 331(7507): 15.
- Drummond, R., Hansford, S., (1990). Dimensions of Self-Concept of pregnant unwed teens. *Journal of Psychology*, 125 (1), 65-69.
- Esenay, F. I. (2002). The investigation of the relationship between the health behavior of university students and social support and self-esteem. Unpublished master’s thesis, Dokuz Eylul University, Izmir, Turkey.
- Gecas, V. (1972). Parental behavior and contextual variations in adolescent self-esteem. *Sociometry*, 35(2), 332-345.
- Guttmacher Institute. (2004). Sex and America’s teenagers. [Online] Available: [www.guttmacher.org](http://www.guttmacher.org) (March 7,2014)
- Hockaday, C., Crase, S.J., Mack, S. & Stockdale, D. (2000). A Prospective Study of Adolescent Pregnancy. *Journal of Adolescence*, 23, 423-438.
- Kahriman, İ. (2002). The relationship between perceived social support from family and friends and self-esteem in adolescents. Unpublished master’s thesis, Atatürk University, Erzurum, Turkey.
- Karpov Y.V (2005) *The Neo-Vygotskian Approach to Child Development*. Cambridge University Press.
- Lazarus R, Folkman S.(1984) (19 *Stress, Appraisal, and Coping*. New York, NY: Springer,

Lewis JL, Sheppard SRJ (2006). Culture and Communication: Can Landscape Visualization

Improve Forest Management Consultation With Indigenous Communities?  
*Landsc. Urban Plan.* 77:291-313

Liku, J., K., K., (1987). *The social-economic factors associated with teenage pregnancy in Makueni District.* Unpublished MA project. University of Nairobi, Kenya

Littleton L, Engebretson J. *Maternity Nursing Care.* 2005. New York: Delmar Learning.

Logsdon M, Davis D. (2003) Social and professional support for pregnant and parenting women.

*MCN: The American Journal of Maternal Child Nursing.* ;28(6):371–376.

Macola, L; Vale, L & Carmona, E. V. (2010) Assessment of self-esteem in pregnant women

using Rosenberg's self-esteem scale. *Rev. esc. enferm. USP* [online]. 2010, vol.44, n.3

Mairura, E (2003), *Factors and coping mechanisms associated with teenage motherhood : a case study of teenage mothers in Kisumu and Homa Bay Districts, Kenya.* Unpublished PhD Thesis. Jomo Kenyatta University of Agriculture and Technology, Kenya

Makiwane, M. 2010. The Child Support Grant and teenage childbearing in South Africa in

*Development Southern Africa.* 27 (2): 193-204.

Maliki A. E. (2012) The Effect of Teenage Pregnancy on Adolescents in Amassoma Community

of Southern Ijaw Local Government Area of Bayelsa State. *Asian Social Science* Vol. 8, No. 1

Maner, J. K., & Park, L. E. (2009). Does self-threat promote social connection? The role of

self-esteem and contingencies of self-worth. *Journal of Personality and Social Psychology*, 96(1), 203-217.

Martell L. K. (2003) Heading toward the new normal: A contemporary postpartum experience.

*Journal of Obstetric, Gynecologic, and Neonatal Nursing*.;30:496–506.

Mercer R. T. (2004) Becoming a mother versus maternal role attainment. *Journal of Nursing scholarship*.;36(3):226–232.

Ministry of Education (MOE), Government of Kenya (2009) \_National School Health Policy‘

Mlambo, G.T., & Richter, M.S. (2005). *Perceptions of Rural Teenagers On Teenage Pregnancy*.

*Health SA Gesondheid*. Page 1-3. Retrieved on 19 May 2014, from [http://findarticles.com/p/articles/mi\\_6820/is\\_2\\_10/ai\\_n28321185/](http://findarticles.com/p/articles/mi_6820/is_2_10/ai_n28321185/)

Ndayala, P.,D.(2004) *Factors Associated With Adolescent Sexual Behaviour Of High School Girls In Vihiga District*. Unpublished MSc project. Kenyatta University, Kenya

Nelson, C. & Norman N. (2009) *Ways in which Teen Mothers are Stigmatized*. In <http://www.care2.com/causes/our-reality-gives-teenmoms-a-voice.html>

Njau, P. W.(1993), *Factors associated with pre-marital teenage pregnancies and child-bearing in Kiambu and Narok Districts*. Unpublished PhD thesis. University of Nairobi, Kenya

Olunike, A (2012). Teenage pregnancy: No hindrance to accessing education.

Omari, A., K.(2008). *Administrative challenges arising from peer sex education in teenagers in girls' public boarding secondary schools in Nairobi Province in Kenya*. Unpublished MEd project. University of Nairobi, Kenya.

Orodho, A. J. (2003). *Essentials of Educational and Social Sciences Research Method*.

Nairobi: Masola Publishers.

Oyaro, K. (2008). *Teenage Mother Denied Education*. IPS. Newsletter. In [www.worldmapper.org](http://www.worldmapper.org)

Robin, E. W. (2011). *Teen pregnancy*. [Online] Available: [www.about.com](http://www.about.com) (March 7, 2014)

Rosenberg, M. (1965). *Society And The Adolescent Self-Image*. Princeton, NJ: Princeton University Press.

Rozanski, A., & Kubzansky, L. D. (2005). Psychological functioning and physical health:

A paradigm of flexibility. *Psychosomatic Medicine*, 67(Supplement 1), S47–S53

Sanaktekin, O. H. & Sunar, D. (2008). Persuasion and relational vs . personal bases of

Self-esteem: Does the message need to be one or two-sided? *Social Behavior and Personality: An International Journal*, 36(10), 1315-1332

Sarason, I.G., Levine, H.M., Basham, R.B., Sarason, B.R. (1983). Assessing social support :

the social support questionnaire. *Journal of Personality and Social Psychology*, 44, 1, 127-139

Stewart M. (2000). *Chronic Conditions and Care giving in Canada: Social Support Strategies*.

Toronto: University of Toronto Press.

UNICEF Malaysia Communications (2008) Young people and Family planning:

Teenage Pregnancy. [www.unicef/malaysia/Teenage Pregnancy - Overview.pdf](http://www.unicef/malaysia/Teenage_Pregnancy_-_Overview.pdf). Accessed on 12<sup>th</sup> November 2013.

UNESCO. (2012). *Sexuality Education: A ten-country review of school curricula in East and Southern Africa*. Paris: UNESCO.

Unuvar, A. (2003). *The Effect Of Formal Various Perceived Social Support On The Self-Esteem*

And Problem Solving Abilities Of High School Students At The Age Of Fifteen To Eighteen. Unpublished master's thesis, Selcuk University, Konya, Turkey.

Wekesa, A.N (2010). *Bending The Private-Public Gender Norms; Negotiating Schooling For*

Young Mothers From Low Income Households In Kenya. MA thesis

Wong, E., Wiest, D., & Cusick, L. (2002). Perceptions of autonomy support, parent attachment,

competence and self-worth as predictors of motivational orientation and academic achievement: An examination of sixth-and-ninth grade regular education students. *Adolescence*, 37(146), 255-266.

Woodside M. & Mc Clam t. (2011) *An Introduction to Human Services*. Cengage Learning.

World Health Organization (2009). Teenage pregnancies. The statistics. WHO report.

Zaki, M. A. ,( 2008), Validity and Reliability of Social Support Scale Among Students of

Esfahan University, Psychiatry And Clinical Psychology 14th edition, no.4, ppresearch6-439.

## **CONSENT**

### **Research on Teenage mothers Self-esteem**

#### **CONSENT FORM**

#### **Greetings,**

My name is Florence Gaturi a student from Kenyatta University pursuing a masters degree in Counseling Psychology. This study on teenage mothers is intended to provide research data about social support and how it affects self-esteem in teenage mothers. The results of the research will help those close to the teenage mothers to see the impact of their supporting behavior on the self-esteem of the teenage mothers. Your participation will be helpful in providing useful results.

Participation is voluntary and one is free to withdraw from the research at any time. Information given by those willing to participate will be kept confidential and used only for the purpose of this research. Name codes will be given to ensure confidentiality.

Any questions and concerns are welcomed.

Thank you.

## Participant's Consent to Participate in this Research

Having understood there is no risk in participating in this study and the importance of the study, I consent to participate in the research study. I understand that I can discontinue my participation at any time, without any penalty to me.

\_\_\_\_\_

\_\_\_\_\_

Participant's Signature

Date

## DATA COLLECTION TOOLS

### A) DEMOGRAPHIC INFORMATION

Participant's Number \_\_\_\_\_ Date \_\_\_\_\_

You are kindly requested to give honest and accurate information about yourself.

Tick inside the circle that represents your response

1. How old are you?            12 - 14     15 - 17             18 - 20

2. Marital Status            Single     Married             Separated

3. Education Level            Primary     Secondary             College

4. What is your current living condition

Live with both parents

- Live with mother
- Live with father
- Live with friends
- Live with boyfriend
- Live alone
- Live with well wishers

5. Are you currently in school Yes  No
6. Are you employed Yes  No
7. How many children do you have 1  2  3

Attached are two questionnaires you are invited to complete for the study on social support and self-esteem. You are requested to answer all questions honestly. In each questionnaire, there is no right or wrong answer and all you are required to do is to select the response that accurately represent how you feel about the statement in question.

**B) QUESTIONNAIRE FOR TEENAGE MOTHER SELF-ESTEEM**

**Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA; if you agree with the statement, circle A; if you disagree, circle D; and, if you strongly disagree, circle SD.**

		<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1.	On the whole, I am satisfied with myself.				
2.*	At times, I think I am no good at all.				
3.	I feel that I have a number of good qualities.				
4.	I am able to do things as well as most other people				

5.*	I feel I do not have much to be proud of				
6.*	I certainly feel useless at times				
7.	I feel that I'm a person of worth, at least equal to others				
8.*	I wish I could have more respect for myself				
9.*	All in all, I am inclined to feel that I'm a failure				
10.	I take a positive attitude toward myself				

**C) Social Support Questionnaire 6 (SSQ6)**

Instructions:

The following questions ask about people in your life who provide you with help or support. Each question has two parts. For the first part, list all the people you know, excluding yourself, whom you can count on for help or support in the manner described. Give the person's initials and their relationship to you (see example). Do not list more than one person next to each of the numbers beneath the question.

For the second part, circle how satisfied you are with the overall support you have. If you have no support for a question, check the words "No one," but still rate your level of satisfaction even with no support. Do not list more than nine persons per question.

Please answer all questions as best you can. All your answers will be kept confidential.

Example:

1. Who do you know whom you can trust with information that could get you in trouble?

- a) No one b) 1) T.N. (brother) 4) T.N. (father) 7)  
2) L.M. (friend) 5) L.M. (employer) 8)

3) R.S. (friend)

6)

9)

How Satisfied?

6 – very satisfied

5 – fairly satisfied

4 – a little satisfied

3 – a little dissatisfied

2 – fairly dissatisfied

1 – very dissatisfied

**1. Whom can you really count on to be dependable when you need help?**

No one

The following 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

**2. How Satisfied?**

6 – very satisfied

5 – fairly satisfied

4 – a little satisfied

3 – a little dissatisfied

2 – fairly dissatisfied

1 – very dissatisfied

**3. Whom could you really count on to help you feel more relaxed when you are under pressure or tense ?**

No one

The following 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

**4. How Satisfied?**

6 – very satisfied                      5 – fairly satisfied      4 – a little satisfied  
3 – a little dissatisfied      2 – fairly satisfied      1 – very dissatisfied

**5 Who accepts you totally, including both your worst and your best points ?**

No one

The following 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_  
9. \_\_\_\_\_

**6. How Satisfied ?**

3 – very satisfied                      5 – fairly satisfied      4 – a little satisfied  
3 – a little dissatisfied      2 – fairly satisfied      1 – very dissatisfied

**7. Whom can you really count on to care about you, regardless of what is happening to you?**

No one

The following 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_  
9. \_\_\_\_\_

**8. How Satisfied?**

6 – very satisfied      5 – fairly satisfied      4 – a little satisfied  
3 – a little dissatisfied      2 – fairly satisfied      1 – very dissatisfied

**9. Whom could you really count on to help you feel better when you are feeling generally depressed?**

No one

The following 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_  
9. \_\_\_\_\_

**10. How Satisfied?**

6 – very satisfied      5 – fairly satisfied      4 – a little satisfied  
3 – a little dissatisfied      2 – fairly satisfied      1 – very dissatisfied

**11. Whom can you count on to console you when you are upset?**

No one

The following 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_  
9. \_\_\_\_\_

**12. How Satisfied?**

6 – very satisfied      5 – fairly satisfied      4 – a little satisfied  
3 – a little dissatisfied      2 – fairly satisfied      1 – very dissatisfied

**D) Intervention Questionnaire**

List at least three things that can be done to help you feel better about yourself.  
Against each suggestion, indicate by whom.

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....