

**KENYATTA UNIVERSITY**

**SCHOOL OF HUMANITIES AND SOCIAL SCIENCES**

**DEPARTMENT OF PSYCHOLOGY**

**THE RELATIONSHIP BETWEEN STIGMA AND SELF ESTEEM AMONG SINGLE  
MOTHERS IN KIAMBU COUNTY, KENYA**

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**A RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF HUMANITIES AND  
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## DECLARATION

I declare that this research is my original work and has not been presented for a degree in any other university or for any other award.

Signature.....

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Supervisor

I confirm that this proposal writing was carried out by the student under my supervision.

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## **DEDICATION**

This project is dedicated to my loving family for their immeasurable support throughout the study process and all the single mothers who tirelessly raise their children single handedly without giving up.

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I wish to thank the most High God for his sufficient grace and provision over the time that I have been pursuing this life changing program.

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## ABSTRACT

Single parent family structure is on a high global increase, with statistics showing high prevalence of single mothers than single fathers. Recent studies focusing on family structures, have paid attention to single mother family type, its strengths and challenges. Stigma has been ranked as a key challenge facing single mothers. Studies on stigmatized populations for example people with Mental illness and those with physical disabilities show that stigma has a correlation with the individual's self esteem. However there is a general absence of literature showing the relationship between stigma and the self esteem levels among single mothers. The purpose of this study was to establish the relationship between stigma and self esteem levels among single mothers in Kiambu County and their ways of coping with the challenge of stigma. Social Identity Theory was utilized. The study adopted Correlational research design to test the hypothesis that stigma is significantly related to self esteem among single mothers. The target population was single mothers who have separated from their spouses and those who have never been married. Purposive, stratified, snowball and simple random sampling techniques were used to obtain a sample of 132 single mothers in Kiambu County, Kenya. Stigma level was assessed using a Stigma Scale adapted from William's (1997) Everyday Discrimination Scale (EDS) while self esteem levels were assessed using a Self Esteem Scale adapted from Rosenberg Self Esteem Scale (RSES). A researcher-generated coping strategies scale was utilized to measure the way of coping adopted by respondents. Qualitative data was gathered through Focus group Discussions (FGDs). The Statistical Package for Social Sciences (SPSS) Version 23 was utilized in the analysis of quantitative data; Data was subjected to descriptive analysis using percentages, frequencies and mean scores. Inferential statistical analysis using Pearson's Correlation Coefficient ( $r$ ) test was utilized to determine strength and direction of the relationship existing between these two variables. Textual thematic analysis was done for qualitative data from FGDs. The study established high levels of stigma against single mothers (Mean=46.12) and low levels of self esteem (Mean 24.27) among them. The study revealed a low negative correlation between stigma levels and self esteem levels  $r(129) = -0.389, p < 0.05$ . The study established that majority of the respondents utilized positive strategies of coping. Study findings showed a significant low negative correlation between stigma and self esteem levels among single mothers in Kiambu County. Moreover this study established that single mothers in Kiambu county adopt positive coping strategies as they parent. Based on study findings the study recommended that since there is an established significant negative correlation between stigma and self esteem among single mothers, for functional parenting, counselors need to come up with increased psycho educational programs which will engage single mothers in order to boost their self esteem levels.

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## **ABBREVIATIONS AND ACRONYMS**

EDS:	Everyday Discrimination Scale
FGDs:	Focus Group Discussions
KDHS:	Kenya Demographic and Health Survey
KNBS:	Kenya National Bureau of Statistics
KPHC:	Kenya Population and Housing Census
NACOSTI:	National Commission for Science Technology and Innovation
RSES:	Rosenberg Self Esteem Scale
SES:	Self Esteem Scale
SIT:	Social Identity Theory
SPSS:	Statistical Package for Social Science
SS:	Stigma Scale

## **OPERATIONAL DEFINITION OF TERMS**

Operational definition of terms are presented as used in this study.

**Coping:** This is adaptive functioning in the face of challenges and hardships. In this study coping means the ability of the respondents to acquire high levels or low levels of self acceptance and self esteem amidst stigma experiences.

**Coping strategies:** This refers to the course of action utilized to get along with a task amidst challenges and hardships. In the study this refers to the course of action adopted by the respondents to get along with their parenting task amidst stigma experiences.

**Relationship:** This refers to the association that one variable has with another variable. In the current study this refers to the association that levels of stigma experienced by single mothers have with their self esteem levels.

**Self esteem:** It refers to a self report, by the respondents on how they perceive their own characteristics, ideas, feelings and ability with regard to their parental status.

**Single mother:** This refers to the female biological parent who has divorced/separated from her spouse or has never been married hence bringing up their own dependent child/children alone.

**Stigma:** This refers to a negative behavior/ reaction shown or words used against the respondents by the society.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the Study

Single parent family is one in which one of the two individuals, involved in the conception of the child becomes solely responsible for the upbringing (Uchenna, 2013). This family type is on a high global prevalence with United States (U.S) recent statistics recording 12.2 million families being headed by a single parent. Further these statistics indicated that 10 million of these households were single mother families (United States Census, 2012). Nkyi (2013) observes that the phenomenon is not different in Africa . In Sub-Saharan Africa region a recent study by Clark and Hamplova (2013) documented that the probability of becoming a single mother by age of 45 as a result of pre marital childbearing or spousal separation ranged between 30% in Ethiopia and 60% plus in countries like Kenya, Malawi and Zimbabwe.

The Kenya Demographic and Health Survey (KDHS) report on children's care and living arrangement showed that one in every four children live with their biological mother only. This translates to 26% with only 3% of these children living with their biological father only as reported by the Kenya National Bureau of Statistics (KNBS), (2014).

Inspite of the high prevalence, single mothers in the world over are among individuals who face high stigma from the society (Broussard, Joseph and Thompson, 2012; Mainthia, Reppart L., Reppart J., Pearce, Cohen and Netterville, 2013; Noh, Yang and Han, 2015). Stigma is a negative reaction towards an individual who does not hold certain attributes termed desirable by the society (Rudowicz, 2001). In regard to single mothers stigmatization may be attributed to the

historical view held by many communities on parenting as a responsibility for two parents with the father taking up the task to provide for the family needs (Cheeseman, Ferguson and Cohen, 2011). The idea of a family without a father has remained new and still undesirable in many communities (Bwire, Huang, Masingila and Ayot 2011; Noh et al. 2015).

Studies on single mothers document persistent experience of stigma among them. Broussard et al. (2012) focused on stressors and coping strategies used by single mothers living in poverty in U.S. The study established high stigma levels among the respondents. Welch and Hong (2013) conducted a study that sought to establish the lived experiences of Taiwanese single mothers, in Asia. This study showed that single mothers in most Asian countries were viewed with social disapproval and suspicion. Noh et al. (2015) who sought to explore the societal and social service experiences of unwed Korean mothers found that single mothers faced social condemnation and discrimination from the society. This study further indicated that single motherhood was viewed as pathological and irresponsible behavior

With regard to stigma experience among single mothers in Kenya few studies have been conducted with findings indicating stigmatization among single mothers . A study by Bwire et al. (2011) explored changing times for working single mothers. The study established that single mothers have been negatively labeled. Negative adjectives have been used to describe them. Mainthia et al. (2013) focused on young single mothers in the coastal region of Kenya, seeking to demonstrate a program model that can improve health and quality of life among single mothers and their children. Findings indicated that single mothers were treated with little respect and that they were viewed as a disgrace to the larger family. Meda (2013) established stigma experiences among single mothers in a study on rural urban migration and the transformation of gender roles. The study focused on single mothers in Nairobi.

Despite the established stigma experiences very little attention has been given to stigma as a persistent challenge among these mothers. There is need for more focus on stigma and exploring how it relates with other aspects of life among single mothers.

Stigmatized individuals are exposed to social devaluation, degradation, victimization, negative labels and stereotypes for particular negative outcomes. In Noh et al. (2015) single mothers reported social rejection, social condemnation, discrimination and marginalization. Studies show that individuals subjected to persistent negative experiences wrestle with feelings of shame, overwhelming sense of failure and their social interaction gets strained. Such negative feelings may reflect much on their self esteem levels (Mbanefo, 2013; Noh et al. 2015).

Recent studies have documented low levels of self esteem among single mothers. However, majority of these studies have focused on self esteem among single mothers in connection with particular demographics. For example Broussard et al. (2012) established low self esteem levels among single mothers living in poverty. Rasi (2013) also focused on Iranian single mothers with limited access to resources. Mainthia et al. 2013 focused on young single mothers. Little has been done to establish if general experiences of stigma may be relating with self esteem levels among single mothers cutting across the demographics of age and socioeconomic status.

Rasi (2013) observes that coping strategies help individuals to deal more effectively with persistent negative experiences which include stigma. Positive coping with stigma would help individuals to maintain high self esteem with outcomes substantially varying depending on the coping strategy engaged (Isaksson, Corker, Cotney, Hamilton, Pinfold, Rose, Rüsche, Henderson, Thornicroft, and Evans-Lacko, 2017). Studies focusing on the single mother family have focused more on coping with regard to economic hardships hence establishing coping

strategies in connection with the same (Broussard et al., 2012; Hamilton, 2011). There is however little that has been done to establish how these mothers cope with stigma experiences connected to their parenting status.

## **1.2 Statement of the problem**

Single mothers across the world are on high prevalence (United States Census, 2012; Clark et al. 2013; KNBS, 2014). Despite this high prevalence recent studies show that single mothers face high social stigma (Cheeseman et al., 2011; Noh et al. 2014; Thwala, Ntinda and Mabuza, 2014). Persistent stigma may negatively relate with self esteem levels (Lipman, Kenny, Jack, Cameron, Secord and Berny, 2010; Cheeseman et al. 2011; Rai et al. 2014; Noh et al. 2014).

While self esteem is the individual's overall sense of self-worth, stigmatized single mothers may experience low self-worth, lack assertiveness and become pessimistic about life due to low self esteem levels (McLeod, 2008; Nkyi, 2013). Studies focusing on single mothers have paid considerable attention on self esteem among young single mothers and those experiencing economic strain with findings showing low levels of self esteem among them (Hamilton, 2011; Broussard et al. 2012; Rasi 2013; Mainthia et al. 2013). However, little has been done to explore self esteem levels among single mothers cutting across demographic variables. Moreover not much has been done to establish relationship between stigma and self esteem levels among single mothers regardless of particular demographic variables.

Stigmatized individuals engage in different ways of coping (Isaksson et al., 2017). Studies have focused much on ways of coping with economic hardships among single mothers (Broussard et al. 2012; Hamilton, 2011). There is therefore little that has been done to establish strategies that single mothers engage in to cope with stigma, yet stigma is a key challenge faced by single

mothers as they achieve their parenting goals (Cheeseman et al., 2011; Noh et al. 2014; Thwala et al. 2014).

Empirical data on the relationship between stigma and self esteem among single mothers and the coping strategies utilized to cope with stigma is limited. This study therefore sought to establish the relationship between stigma and self esteem levels and the coping strategies adopted by single mothers in Kiambu County, Kenya.

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

The purpose of this study was to establish the relationship between stigma and self esteem levels among single mothers and their coping strategies.

### **1.4 Objectives of the Study**

The objectives of this study were as follows:

1. To establish levels of stigma among single mothers in Kiambu County, Kenya.
2. To establish levels of self esteem among single mothers in Kiambu County, Kenya.
3. To determine if there was any significant relationship between levels of stigma and self esteem levels among single mothers in Kiambu County, Kenya.
4. To find out the coping strategies utilized to cope with stigma by single mothers in Kiambu County, Kenya.

### **1.5 Research Questions/Hypotheses**

The following research questions guided the study:

1. What are the levels of stigma among single mothers in Kiambu County, Kenya?
2. What are the levels of self esteem among single mothers in Kiambu County, Kenya?
3. What is the relationship between levels of stigma and self esteem levels among single mothers in Kiambu County, Kenya?
4. What are the coping strategies utilized to cope with stigma by single mothers in Kiambu County, Kenya?

The study sought to test the following hypothesis:

H<sub>0</sub>: There is no significant relationship between stigma and self esteem levels among single mothers.

### **1.6 Justification and Significance**

While single mothers are on a global high prevalence, the importance of this study was informed by the need to understand how stigmatization among single mothers may be related with the level of their self esteem. While self esteem levels of single mothers may be explained in relation to different demographic variables such as age, socioeconomic status, number of children, among others, an understanding of self esteem levels among these mothers in relation to their experiences of stigma and how they cope is needed. This understanding may have implications on social and counseling psychology.

The current study findings may help counselors and family therapists as they interact with clients from single mother families. This is because low levels of self esteem may affect the attainment of parenting goals. This knowledge may also help family therapists in supporting clients with

such a background in deconstructing harmful negative labels and stereotypes replacing them with strong inherent personal values such as self acceptance, independence and setting realistic goals for their lives.

Findings may also add new knowledge to the already existing literature on stigma, self esteem and coping strategies among single mothers.

### **1.7 Scope and Limitations**

This study focused on the relationship between stigma and self esteem levels among single mothers. Utilizing a correlational research design this study sought to establish the relationship between stigma and self esteem levels among single mothers. Therefore this study could only make conclusions on the relationship between the two variables rather than cause-effect relationship.

This study was limited to single mothers who became single due to spousal separation/ divorce, and those who had never been married. Study findings could thus be generalised to single mothers outside these limits with caution due to specific population characteristics that may make the study participants different from other categories of single parents.

This study was limited to Kiambu County, Kenya and four subcounties in the county that were sampled. This means that study findings could only be generalised to single mothers within Kiambu county, since single mothers outside Kiambu county may have features unique to themselves that may make the relationship between stigma experiences and self esteem levels different.

The results of the focus group discussion could be limited by ‘researcher effect,’ where the respondents may tell the researcher what he/she wants to hear. This limitation was mitigated by avoiding leading questions. For the respondents who experienced difficulties in understanding the questionnaire items, a duly trained research assistant was used to help explain the items and questions in case of any difficulties.

### **1.8 Assumptions of the Study**

The following assumptions were made when carrying out the study:

1. There would be single mothers who faced stigma.
2. Single mothers would voluntarily participate in the study.
3. Participants would be honest in their responses.
4. The participants have specific ways of coping with stigma

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The purpose of this study was to establish the relationship between stigma and self esteem levels among single mothers in Kiambu County, Kenya; and to establish coping strategies utilized by these mothers to cope with stigma. In this chapter Social Identity Theory is discussed. The chapter also presents a review of related studies, according to the research objectives, a summary of literature review and the conceptual framework.

#### **2.2 Theoretical Framework**

This study adopted Social Identity Theory which helps to explain and predict individual and group relations. The theory also explains how individuals manage identity.

Henri Tajfel, a social psychologist developed Social Identity Theory (SIT). The SIT theory provides a theoretical frame work that focuses on how social groups influence people's social identity. Hinde &Tajfel (1979) explain social identity as a person's sense of who they are, based on their group membership. SIT puts emphasis on groups which people belong to as an important source of pride and self esteem.The theory focuses less on how individuals operate within social groups; and focuses more on how social groups operate within the minds of individuals (Martiny & Rubin, 2016).The theory posits that a person's self concept and social identity are based on individual's membership in a social group in conjunction with the worth and emotional importance linked to that membership.

SIT emphasize that people are motivated to maintain positive self concept, that people acquire self concept/esteem largely from group identification and that individuals establish positive social identities by appropriately comparing the groups they belong to against other groups. The theorist advocated that groups which people belong to are significant sources of fulfilment and self esteem. Hence, social groups give people a sense of belonging to the social world.

According to Tajfel social context plays a major role in constructing the self. Therefore individuals act, feel and think as members of collective groups, organizations and cultures. The theory emphasizes that a person's behavior reflects the person's larger unit of belonging and that the relative status of the social group to which individuals belong to, manifests either negatively or positively upon individual self. Belonging to a stigmatized social group then poses a threat to the individual's social self.

Tajfel proposes the following three ways of managing self identity. Cognitively people can redefine the situation by focusing on different dimensions of the in-group comparisons to achieve more positive view of their own group. At the instrumental level, individuals can compete with other groups in order to improve the status rank of their own group: Finally cognitively or physically, one may opt to dissociate the self from the stigmatized group and pursue inclusion in another group that reflects more positively upon the self.

In the view of SIT individuals have potential to group others and themselves. Mothers who bring up their children alone, without their husbands are socially grouped together. As a social group single mothers are considered deviant (Cheeseman et al., 2011), are degraded, devalued and labeled negatively because of their parenting status(Mainthia et al. 2013; Bwire et al. 2011). SIT

then explains why single mothers may not favorably compare with their counterparts, the married mothers. As a group they lack full social acceptance.

Membership in such a group may not be a source of pride and hence may not give them a sense of belonging to the larger society. Further stigmatized social status of single motherhood may manifest negatively on the single mothers social identity. Hence denying them significant fulfilment and self esteem. Individuals who belong to stigmatized groups face the possibility of acting, feeling and thinking negatively hence affecting their self esteem negatively. In addition maintaining high self esteem levels may call for favorable comparison with other groups. In this context single mothers face stigma because their parenting status compares with that of their counterparts, the married mothers who are viewed with acceptance by the wider society.

Stigma threatens individual's sense of belonging and robs them the pride of belonging to the society. Stigmatized single mothers may end up establishing negative social identities which may significantly relate with their self esteem levels.

According to the SIT stigmatized individuals have the potential to manage their social identity. While it may be difficult to change the external environment single mothers utilize different ways of coping with stigma experiences. Some may opt to redefine the situation by focusing on different dimensions of their group to achieve more positive view of their own group while others may opt to compete with other groups in order to improve the status rank. A number of them may opt to dissociate themselves from the stigmatized group and pursue inclusion in another group that reflects more positively upon the self. A positive cognitive change trickles down to positive actions, feelings and thoughts and consequently high levels of self esteem regardless of the external negative experience..

### **2.3.1 Stigma among Single Mothers**

Rudowicz (2001) defined stigma as a negative reaction toward an individual who holds less desirable attributes as dictated by the society. Stigmatized individuals are viewed as people who possess aspects that undervalue their identity in a particular social context; they are viewed as people who possess a potentially discrediting mark which represents a deviant condition (Major and O'Brien, 2005; Yardley, 2008).

Child bearing and parenting have for long been explained as a two parents' duty and responsibility. However, life events and circumstances have resulted to single parent families; a phenomenon that is on a global high rise. Despite the high rise, the society views single parenting especially with female headship as deviant, atypical and troubling. Parents from this family type are largely exposed to negative labels, stereotyping, rejection, undervalued status and unfavorable depictions (Meda, 2010; Cheeseman et al., 2011; Broussard, 2012; Noh et al., 2014; Thwala et al., 2014).

The issue of stigma experience among single mothers have lately been a concern for sociologists and psychologists. With findings showing persistent stigma experiences. Rusyada, Lukman, Subhi, Chong, Latiff, Hasrul and Amizah (2011) explored social inequality and stigmatization among single mothers with low income household in Malaysia and established that the status of single motherhood was highly stigmatized. Single mothers who had separated with their spouses were categorized as bad. They were blamed for their status and accused of being the cause of their marital status. The findings further indicated that single mothers were subjected to social inequality because of their status. These findings have been explained on the basis of Malaysian culture which devalues and degrades single mothers. Focus in this study was on single mothers

from low income households however, more attention may need to be given to single mothers from all socioeconomic status for generalization purpose.

Ghani and Azizi (2013) who utilized a random sampling technique to sample a hundred single mothers in a study on challenges faced by single mothers concurred with the above findings. Among the study participants 87% were 41 years old and above, 11% were 31-40 age group and 2% were from 21-30 years age group. The mean value pertaining to social stigma was 25.17, which was high according to the study conclusion. The age group representation shows that participants from age group 41 years and above were the majority at 87%, while age group 21-30 was poorly represented at 2%. This calls for more studies in order to establish if stigma is a challenge among single mothers cutting across all age groups.

Cheeseman et al. (2011) sought to establish the experiences of single mothers; exploring community and other external influences to resilience. A sample of ten Western Australian single mothers receiving financial support and aged 35 to 45 years participated. A phenomenological methodology was applied and in-depth interviews were conducted. The participants reported stigma attached to their single motherhood as a risk factor to resilience. As indicated in the study discussion, young mothers were not recruited. Findings in these studies concur in terms of stigma experience among single mothers. The sampling technique and sample size in both studies may however limit generalization of findings.

Noh et al. (2014) sought to establish societal and social service experiences of unwed Korean Mothers. The study purposively selected participants from different age groups who also had had experiences with social welfare. Among them were two unwed mothers in their teens, three were in their 20s, and two were in their 30s. The study findings showed that participants reported

experiences of stigma and were alike blamed for their status. There may be need for more focus to be given to single mothers cutting across all age groups to allow generalization.

Mbanefo (2013) studied the levels and correlates of single motherhood in Southern Africa. The study was conducted in Lesotho with 4063 respondents, Swaziland with 2541 respondents and Zimbabwe with 5586 respondents. The study observed that most single mothers altered their marital status due to stigma associated with single motherhood.

In Kenya single mothers have as well indicated stigma experiences. Mainthia et al. (2013) sought to establish a model for improving health and quality of life among single mothers in the developing world. This study recruited vulnerable young single mothers in the Coastal part of Kenya. The study findings established social stigma as a key challenge faced by the respondents. Participants reported experiences of stigma as indicated by rejection, insults and being ignored by family members as well as the community on the basis of their parental status. This study was based on reproductive health and it sampled single mothers who suffered from adverse health outcomes, incomplete schooling, social ostracism by their communities and economic hardships.

Negative labels that devalue status and character of single mothers have been established among single mothers in Kenya. Bwire et al. (2011) studied the experience of working single mothers in relation to performance of the girl child from a historical perspective. Data was collected from Kitui, Kiambu and Uasin Gishu counties with a sample of 305 single and coupled parents. Findings established negative labels used to describe single mothers from all the three counties. The adjectives used varied across the study geographical regions. However no region recorded zero labels. Established labels included: husband snatchers, family breakers, loose, good for

nothing, betrayers, and cowards among others. These negative labels used imply a devalued and socially degraded status. Although such negative labels have been established little has been done to establish if this negative experience have any relationship with self esteem levels among single mothers .

More focus has been given to single mothers living under economic hardships (Broussard, 2012; Noh et al., 2014; Mainthia et al., 2013; Grendinning et al. 2015), this calls for more to be done in relation to single mothers experience of stigma cutting across socioeconomic status.

From the reviewed studies stigma experience among single mothers persists with the day. Not only in the developing nations but also in the developed nations. While available literature shows stigma as an experience for single mothers living in poverty, there is need for more attention to be given to stigma experience among single mothers regardless of demographic variables of economic background and age.

Persistent negative experience from significant others and the society at large may negatively influence individual's self esteem. According to Social Identity Theory the self is highly pertinent to the social context and it is constructed within the social context. The relative status of the social group to which one belongs is significant to individuals since this tends to manifest either negatively or positively upon the self. Single mothers' social self is under threat. They feel and think as members of a devalued social group and their self esteem may be consequently affected.

### **2.3.2 Self Esteem Among Single Mothers**

Self esteem is the extent to which individuals like, accept or approve themselves or how much they value themselves. It involves some evaluation. A parent with high self esteem has confidence of his/her own abilities, has self acceptance, does not worry about what others think about them and is optimistic. A parent with low self esteem in the contrary demonstrates a negative view of self, lacks confidence, may wish to be like someone else, worries a lot about what others think about them and is pessimistic (McLeod, 2008).

Self esteem is acquired primarily through interaction with significant others in our lives. As McLeod (2008) explains, there are four factors that influence self esteem: Reaction of others: If people avoid us neglect us and talk negatively about us, then our esteem may negatively be influenced. Comparison with others: If the people we compare ourselves with are more stable than we are in many aspects then our esteem may be negatively influenced. Social roles: some social roles carry with them more prestige than others. Identification: This is the extent to which we identify with others. Two among the above four factors may be key with regard to the single mother's self esteem. The society avoids them and uses negative labels to describe them. In addition, according to the society two parent families are the norm while single parent families are labeled deviant.

Jammu (2009) conducted a study among single mothers in India with a special focus on emotional problems with regard to their economic hardships. The study sampled 50 single mothers. Majority of the respondents reported experiences of loneliness, helplessness and hopelessness. The mothers also indicated that they experienced lack of identity and lack of confidence due to their social status. Nkyi (2013) sought to establish a psychoeducational group

model for single parents in Ayeldu community in Ghana, with ten parents participating. The number of females was however proportionally higher. The participants discussed their low self esteem status and how it prevented them from taking risks or making changes in their lives. Low self esteem levels were reported among these single mothers. The study however attributed the low levels of self esteem to the mothers' experiences with loss in their past life that included, broken relationships, rejection and divorce.

In Kenya studies focusing on single mothers have recorded low self esteem among them. As formerly noted Bwire et al. (2011) conducted a study on changing times for working single mothers in Kenya with findings showing that single mothers who were at risk of poverty reported fear to be victimized and fear to mix with other members of the community. The study concluded that these reports reflected low levels of self esteem levels and negative self image among participants.

Studies reviewed have shown low levels of self esteem among single mothers in relation to their social economic status. There is however need for studies to focus on self esteem levels among single mothers in relation to stigma experiences.

### **2.3.3 Relationship between Stigma and Self Esteem Among Single Mothers**

Studies that have been carried out among single mothers have established different ways in which stigma affects the life of single mothers. Hamilton (2012) highlights the paradoxical coping strategies employed by low-income families in UK. Through indepth interviews with 30 families among which 25 were single mothers, findings revealed that projections of negativity from others, whether real or perceived, impact on self image. Hence perceived social definition impacts self definition. This results to feelings of shame and inadequacy. Broussard et al. (2012)

established that single mothers withheld and altered information on the basis of how the society perceived them. They avoided shame by disclosing only some of their life details. These studies have focused on low income single mothers with findings reflecting a possible relationship between stigmatization and self image.

Lipman et al. (2010) conducted a study in Canada on understanding how education/ support groups help lone mothers. Eight single mothers who had gone through divorce participated. These respondents reported experiences of high social stigma. Responding to a question that required them to explain how their life was prior to their participation in the study majority of them reported that negative judgement from the society had had some negative effect on their self esteem. Other studies have established feelings of isolation, shame and lowered measures of psychological well being among single mothers (Cheeseman, 2011; Noh et al., 2014).

Recently a study by Bwire et al., (2011) found that the society viewed single mothers as women whose goal was to seduce other women's husbands hence they present a threat to the married women. This study concluded that fear to be victimized resulted to limited social interaction among single mothers. This study findings documented low self esteem and negative self image among the participants. The study however does not show whether stigmatization has any relationship with the low levels of self esteem among the respondents.

It is evident from the above review that stigma is a key challenge experienced by single mothers. Therefore more focus on stigmatization in relation to self esteem levels among single mothers is called for.

### **2.3.4 Strategies used by Single Mothers to Cope with Stigma**

Literature shows that single mothers achieve their parenting goals in the face of non-acceptance and discrimination (Welch et al., 2013). Despite this negative view, many single mothers have thrived in their parenting role. To achieve functional parenting in the midst of stigma and disapproval calls for ability to cope.

Hamilton (2012) explored strategies of coping among low income families with 30 families , 24 of them were single mothers. Majority of the respondents were unemployed. Findings revealed that coping strategies can have a positive impact on self worth and self esteem. The study established that single mothers living in poverty coped through conspicuous consumption, going for the latest design in clothing, the expensive car, newest technology to avoid stigmatization. However the study concluded that those who utilized this coping strategy would only mask their current status of poverty. Effects of stigmatization were difficult to avoid by a physical attempt.

Hong et al., (2012) established the following coping strategies; upholding individual inherent qualities, independence, positive self image, being clear about life goals and willingness to join activities leading to personal development. The above coping strategies focus on the individual's role in ensuring positive coping. Although a few studies have focused on coping strategies adopted by single mothers with regard to stigma other coping strategies that have been established include: upholding positive personal values which include self independence, self reliance, self motivation and perseverance, enjoying freedom from dysfunctional relationships, rejoicing in their children, strong parent-child communication and a net work of community support (Waldegrave, King, Maniapoto, Tamasese, Parsons and Sullivan, 2011; Barajas, 2013).

There is however little that has been done in Kenya on how single mothers cope with stigma. Hence counselors and family therapists may experience lack as they address the challenges experienced by these mothers in relation to their stigma experience.

#### **2.4 Summary of the Literature Review**

Findings from the studies reviewed show that stigma is a key challenge for single parent families. Studies have shown that single mothers experience stigma in terms of negative labels and negative stereotypes. Stigma has been shown to have detrimental consequences on self esteem levels among stigmatized populations. Studies reviewed have shown experiences of stigma among single mothers. Literature review also reveals low levels of self esteem among single mothers. However the relationship that may be existing between stigma and self esteem among single mothers has received little focus.

While single mothers face this complex challenge many have thrived in their parenting role. This result is moderated by the coping strategies which these mothers utilize with regard to stigma experiences. Not much has been done to establish these coping strategies.

In Kenya hardly any literature on the relationship between stigma and self esteem levels among the single mothers exist. Limited attention on coping strategies adopted by single mothers with regard to their stigma experiences is also evident. Therefore this study sought to establish the relationship between stigma and self esteem levels among single mothers and their coping strategies. The study focused on single mothers in Kiambu county, Kenya.

## 2.5 Conceptual Framework

In this study stigma was the independent variable with negative labels, stereotypes and rejection as indicators. The dependent variable was self esteem with positive self view, self acceptance, and high self worth as indicators for high self esteem. Negative self view, self rejection low self worth were indicators for low self esteem. The intervening variables in this study were the coping strategies. The interrelationship among the variables is presented diagrammatically in the conceptual framework as shown in figure 2.1 below.

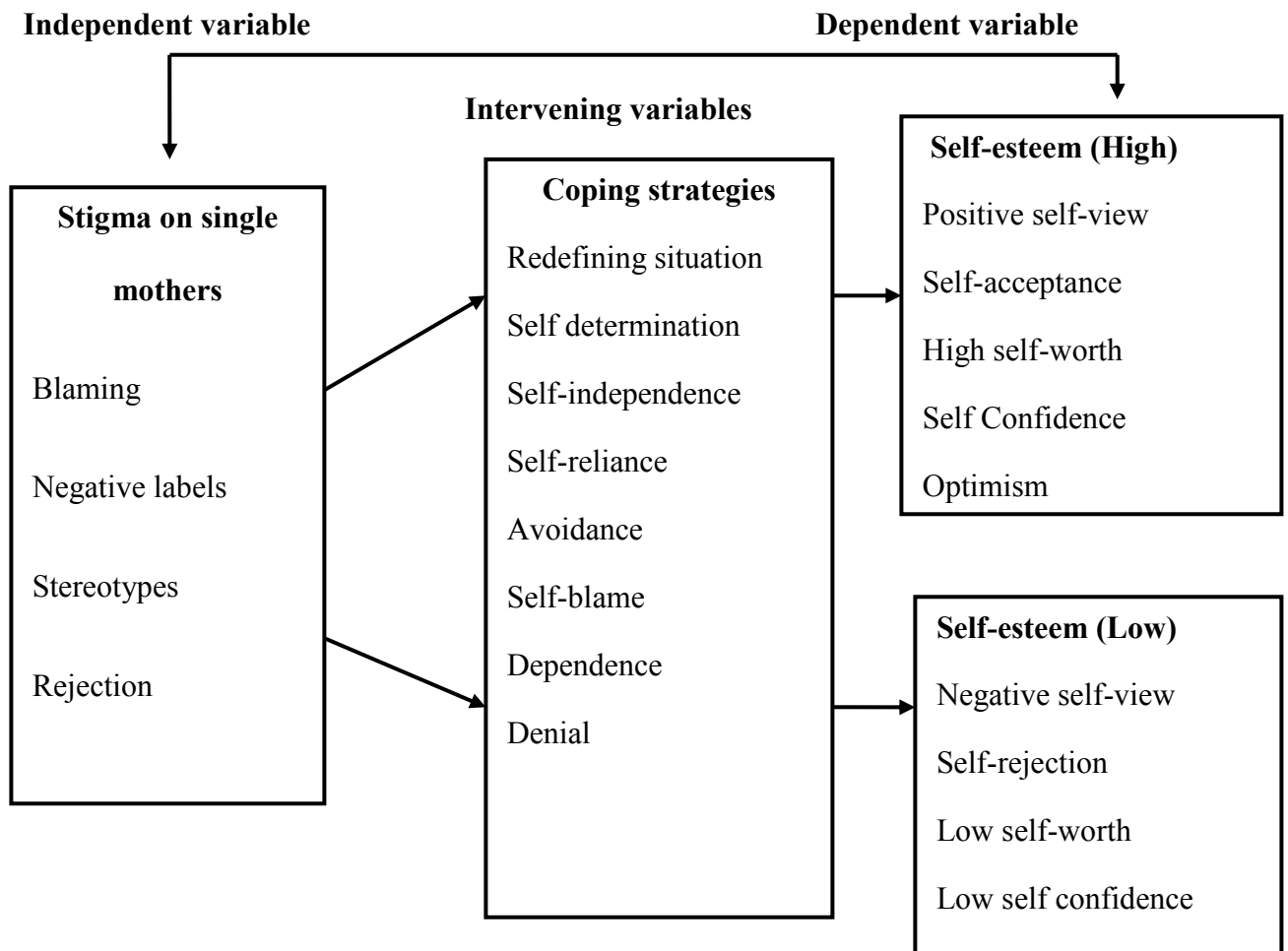


Figure 2.1: Relationship between Stigma and Self Esteem among Single Mothers

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

The purpose of this study was to determine the relationship between stigma and self esteem among single mothers in Kiambu County, Kenya. This chapter presents the research design, study variables, site of the study, target population, sampling procedures and sample size, validity and reliability, pilot study, procedures of data collection and data analysis utilized to achieve the objectives. The chapter also explains the procedures that were used to obtain authority for conducting the study, presents ethical issues that arose and how they were taken care of. Finally data management procedure to ensure high integrity and ethical conduct is given.

#### **3.2 Research Design**

This study utilized correlational research design. According to Creswell (2008), correlational research describes and measures the degree of relationship between study variables. Subject scores on two variables are measured without manipulation to assess whether there is a relationship between them. This study sought to establish the relationship between stigma and self esteem hence the design was appropriate. Data was collected on stigma and self esteem among the single mothers in order to determine the nature and extent of relationship between the two variables.

### **3.3 Study Variables**

The variables of this study were stigma and self esteem. Stigma was the independent variable while self esteem was the dependent variable.

### **3.4 Study Location**

The study was conducted in Kiambu County which is located in the Central region of Kenya. The county borders Murang'a County to the North and North East, Machakos County to the East, Nairobi and Kajiado Counties to the South, Nakuru County to the West and Nyandarua County to the North West. This County occupies an area of 2,543 KM(2), with a total population of 1,623,282. This population is composed of 49 per cent male and 52 per cent female (Food Security Research Findings and Recommendations: Kiambu County, 2014). The county consists of 12 sub counties.

Kiambu County in Kenya has been cited by recent studies to have a rising number of single mothers due to increased marital divorce and separation. The County's rural population is predominantly Kikuyu whose culture and traditions exult male headed nuclear families than female headed families (Kimani et al., 2010; Bwire et al., 2011). Single mothers in Kiambu County have reported stigma as a key challenge in their parenting (Bwire et al., 2011). The high numbers of single mothers therefore set the precedence for the current study on the relationship between stigma and self esteem among single mothers from this location.

### **3.5 Target Population**

The target population of the study was all single mothers who are bringing up their own dependent child/children all alone in Kiambu County. Single mothers who have

divorced/separated from spouses and those who have never been married were sampled. This category of single mothers in Kenya has reported high stigma experiences (Meda 2013; Mainthia et al. 2013). In Kiambu County there are about 38,361 single parents; where 9,999 are divorced and 28,362 are separated (Kenya population and Housing Census (KPHC), 2009).

### **3.6 Sampling Technique and Sample Size**

The study utilized purposive sampling to select Kiambu County as prior studies had indicated it to be having increased numbers of single mothers (Bwire et al. 2011). To allow diversity and representation two rural and two urban sub counties were randomly sampled. The four sub-counties were sampled due to the large population in the county and also to allow convenience in data management.

The KPHC (2009) report on marital status by County shows that divorced and separated parents in Kiambu County are about 38,361. The current study used this population to determine the sample size using the Slovin's formula:

$$n = \frac{N}{1 + Ne^2} \text{ where;}$$

n=number of samples

N= total population

e= Margin of error

Therefore,  $38,361 / (1 + 38,361 (0.05)^2) = 400$ , for the whole county. To determine the average sample size for four subcounties,  $400 / 4 = 100$  resulting to 132. Simple random sampling was utilized to ensure that a representative sample of 132 single mothers was obtained and that

variations existing in the target population were taken care of (Mugenda et al. 2003). The Focus group sample was guided by Creswell (2003) who proposed three to six FGDs to compliment the quantitative data. Creswell also indicates that FGDs comprising of 6-12 members have been found appropriate by most researchers. Such group membership has been found to ensure maximum participation for members. Each FGD comprised 10 participants.

### **3.7 Research Instruments**

Stigma was measured in terms of self-report of the respondents with regard to their experience of negative labels, stereotype attitudes and discriminative reactions from the society. Self-esteem was measured in terms of respondents' self reports with regard to self view, self-acceptance, self-worth, optimism and self-confidence.

The study used a structured questionnaire with four sections. Section A captured the respondents' demographic information. Section B was a Stigma Scale. The current study adapted The Wiliam's Everyday Discrimination Scale (EDS) to measure stigma levels. Section C was a Self Esteem Scale. The Rosenberg Self Esteem Scale (RSES) was adapted to measure levels of self esteem among the respondents. Section D of the questionnaire was a self developed Coping Strategies scale designed to capture the respondents' ways of coping with stigma. Below is a description of each instrument:

#### **3.7.1 Demographic Information Section**

Section A sought to collect respondents' demographic information; This included age, number of dependent children, number of years one has been parenting alone and the cause of parenting status.

### **3.7.2 The Stigma Scale (SS)**

Section B of the questionnaire was a Stigma Scale utilized to measure levels of stigma as rated by the respondents in relation to their marital status. This study adapted the EDS which was developed by Williams, Yu, Jackson & Anderson (1997). In the EDS items were based on qualitative data from interviews with African American (Kim, Sellbom and Ford, 2014) and was appropriately used to assess public stigma commonly expressed in form of discriminating experiences. (Example: treated with less respect than others). The participants were presented with the Stigma Scale which comprised 11 items that assessed various situations that they were likely to face stigma. A five point likert scale (Almost every day, At least once a week, A few times a month, A few times a year and Rarely) was utilized. Since there were 11 items, the highest possible score was 55 (11x5) and the lowest possible score was 11 (11x1). An individual's total score was derived from the addition of the total 11 items. The negatively worded items were reverse coded such that high scores represented high levels of stigma and low scores represented low levels of stigma. The scores were then categorized into 3 levels, where scores between 11 to 27 represented low levels of stigma, scores between 28 to 38 represented moderate levels of stigma and scores between 39 to 55 represented high levels of stigma. The validity of the tool was found to be 0.722,  $p < 0.01$  which was considered acceptable hence appropriate for the current research.

### **3.7.3 The Self Esteem Scale (SES)**

Part C of the questionnaire was a Self-Esteem Scale. The RSES was adapted to measure levels of self-esteem among the respondents. RSES was developed by Dr. Morris Rosenberg (1965) and was designed to measure global self-esteem by measuring both positive and negative

feelings. RSES has been documented to have high reliability levels and an appropriate scale to use with different populations in the society (Rosenberg, 1965).

To measure the levels of self esteem, respondents were presented with SES with 12 items that assessed their perception towards their self-esteem, on a four point likert scale (Strongly disagree, Disagree, Agree, Strongly agree). Since there were 12 items, the highest possible score was 48 (12x4) and the lowest possible score was 12 (12x1). An individual's total score was derived from the addition of the total 12 items. Negatively worded items were reverse coded such that high scores represented high levels of self-esteem and low scores represented low levels of self-esteem. The scores were then categorized into 2 levels, where scores between 12 to 30 represented low self-esteem and scores between 31 to 48 represented high self-esteem. The scale was found to have a validity of 0.851,  $p < 0.01$  which is acceptable and thus made it suitable to measure the self-esteem of single mothers in Kiambu county.

#### **3.7.4 Coping Strategies Scale**

The fourth part of the questionnaire was a Coping Strategies Scale which was developed by the researcher, seeking to establish strategies used by respondents to cope with stigma experiences. The respondents were presented with a 4 point likert scale (Sometimes, Most of the times, Always and Rarely) that required them to indicate how often they engaged in those responses as a way of coping with stigma. Since there were 10 items, the highest possible score was 40 (10x4) and the lowest possible score was 10 (10x1). An individual's total score was derived from the addition of the total 10 items. The negatively worded items were reverse coded such that high scores represented positive coping strategies and low scores represented negative coping strategies. The scores were then categorized into 2 levels, where scores between 10 to 25 represented negative coping and scores ranging from 26 to 40 represented positive coping.

### **3.8 Validity and Reliability**

Validity is the ability of a tool to measure what it purports to measure. Face validity was ensured by ensuring clarity of ideas which was established through keen inspection by peers and the supervisor. Content validity was established by ensuring that the items were in line with the study objectives. Construct validity was ensured through clear definition of the study's operationalized terms. The researcher closely worked with the supervisor to ensure that the adapting process did not change the concept of the variables intended to be measured. Furthermore, extensive literature review informed the process of adapting the tools which ensured the original meaning was maintained.

Reliability was established through a pilot study. Items that were found faulty in the instruments were revised and corrected. Internal consistency technique was used to determine reliability. Reliability was determined by correlating a score obtained in one item with scores obtained from other items in the instrument. For an instrument to be inferred as internally consistent, a reliability statistical score of 0.70 or higher is required (Mugenda & Mugenda, 1999). Cronbach's alpha, a measure of internal consistency was computed for both Stigma Scale and the Self Esteem Scale. The internal consistency alphas were 0.70 and 0.759 respectively. This implied that the instrument was internally consistent therefore reliable.

Inaccurate coding, ambiguous instructions and items and respondents' fatigue have been observed to present threat to reliability (Mugenda et al., 2003). Hence accurate coding was prioritized while ambiguous instructions and items were revised after the pilot study. To minimize interviewee's fatigue the study adopted simple and precise instruments.

### **3.9 Pilot Study**

The researcher carried out a pilot study. For the pilot study a sample of 1 to 10% has been documented appropriate (Mugenda et al., 2003). Therefore a sample of 15 participants was obtained from a subcounty which was exempted from the sampled subcounties to avoid data contamination and to reduce bias. Pilot study was conducted to check the appropriateness of the instruments. Deficiencies in the questionnaire were revealed hence the researcher was in a position to identify and modify unclear and ambiguous items. Pilot data was run through descriptive and inferential analytical procedures to help the researcher determine whether the tools would generate the results expected. The findings of the pilot study were utilized in improving the validity and reliability of the study instruments.

### **3.10 Data Collection Procedures**

After obtaining the necessary permits and ethical approvals, the researcher proceeded to the data collection exercise. The researcher sought permission to carry out the research in the sampled four sub-counties. She presented the study permit together with the introduction letters from Kenyatta University. Once permission was granted, the researcher proceeded to recruit the study respondents. Since data was collected from groups, the researcher took time to explain to the participants the purpose of the study, the related harms and the benefits of providing information for the study and encouraged them to participate. The participants were notified before hand that participation in the study was voluntary. Those who agreed to be recruited were reminded that they were free to opt out if they felt the study interfered with their privacy. During the study, the researcher distributed the questionnaires to the respondents to complete within a period of thirty minutes. The duly filled questionnaires were then collected and kept in a safe box before being coded for data analysis.

Data from the FGDs was also collected by the researcher with the help of one research assistant. It was collected by writing down on sheets of papers and voice recording. Each group had a separate sheet of paper. The researcher guided the group participants through the FGD questions. The research assistant wrote down the responses according to the guidelines for the FGD.

### **3.11 Data Analysis and Presentation**

The study generated quantitative data from the questionnaire and qualitative data from the FGDs. The Statistical Package for Social Sciences (SPSS) version 23 was utilized to analyse quantitative data. Data coding was conducted. Descriptive data was generated in form of percentages and frequencies for each of the scales. Mean scores were also generated to determine the average scores for stigma and self esteem levels. Pearson Correlation Coefficient (r) was computed to establish if there was any relationship between stigma levels and self esteem levels among the respondents. Testing for significance of hypothesis was done at  $\alpha \leq 0.05$  alpha level. Qualitative data was analyzed thematically. It was transcribed by typing in the computer in summary form under three predetermined themes as were informed by study objectives. Themes captured included views on social stigma, negative feelings experienced in the face of stigma to help assess self esteem and ways of coping adopted to cope with stigma. Further some key quotes responding to the key themes were identified from the recorder and were transcribed verbatim. Transcribed data from the three focus groups was collated to determine points cutting across and points of disagreement and differences. Analysed data was presented textually together with quantitative data according to study objectives.

### **3.12 Data management and Ethical Considerations**

The researcher obtained approval for research from Kenyatta University and the University Ethical Review Committee. The researcher also obtained a research permit from National Commission for Science Technology and Innovation (NACOSTI). Research permit was then presented to Kiambu County Commissioner to grant permission to carry on the study. A cover letter was attached to each questionnaire in order to explain the purpose of study and provide information necessary for informed consent. The participants of the study provided their information voluntarily. The questionnaires did not bear any name of the respondents but a code assigned by the researcher to ensure anonymity. The questionnaires and the FGD data in both paper and tape recorder were kept under lock and key to ensure confidentiality in the research process.

## **CHAPTER FOUR**

### **DATA ANALYSIS, FINDINGS AND DISCUSSION**

#### **4.1 Introduction**

The purpose of this study was to establish the relationship between stigma and self-esteem among single mothers and their coping strategies in Kiambu County, Kenya. This chapter presents demographic data first. The findings of the study are then presented and discussed as guided by the study objectives. The study objectives were:

1. To establish levels of stigma among single mothers.
2. To establish levels of self esteem among single mothers.
3. To determine if there is any significant relationship between levels of stigma and self esteem levels among single mothers.
4. To find out the coping strategies adopted by single mothers to cope with stigma.

#### **4.2 Demographic Characteristics of Respondents**

The sample size comprised of 132 participants. However the response rate was 98% which consisted of 129 respondents. Data was collected on the following sociodemographic characteristics: age, period as a single parent, number of biological children and cause of parenting status. The results are presented in the table 4.1.

**Table 4.1: Demographic Characteristics of Respondents**

<b>Age Category</b>		
	<b>Frequency</b>	<b>Percent</b>
20-24 years	5	3.9
25-29 years	19	14.7
30-34 years	20	15.5
35-39 years	24	18.6
40-44 years	28	21.7
45-49 years	11	8.5
50-54 years	11	8.5
55-59 years	7	5.4
60 years and above	4	3.1
<b>Total</b>	<b>129</b>	<b>100.0</b>
<b>Period as Single Mother</b>		
	<b>Frequency</b>	<b>Percent</b>
1-5 years	42	32.6
6-10 years	48	37.2
11-15 years	17	13.2
16-20 years	13	10.1
21-25 years	2	1.6
26-30 years	2	1.6
Above 30 years	5	3.9
<b>Total</b>	<b>129</b>	<b>100.0</b>
<b>Number of Children</b>		
	<b>Frequency</b>	<b>Percent</b>
One child	34	26.4
Two children	45	34.9
Three children	24	18.6
More than three children	26	20.2
<b>Total</b>	<b>129</b>	<b>100.0</b>
<b>Cause of Parental Status</b>		
	<b>Frequency</b>	<b>Percent</b>
Separation	103	80.6
Legal divorce	2	1.6
Never Married	22	17.1
Others	2	0.8
<b>Total</b>	<b>129</b>	<b>100.0</b>

From the results in table 4.1, most respondents were in the age categories between 25 to 44 years. Respondents between 40 to 44 years were the majority at 21.7% while those aged between 35 to 39 years were slightly below at 18.6%. Only 3.1% were aged 60 years and above.

More than a third (37.2%) of the respondents indicated that they have been single parents for a period of 6 to 10 years, less than a third (32.6%) had been single parents for a period ranging from 1 to 5 years, while 3.9% had been single parents for more than 30 years. Over a third (34.9%) of the participants had two children, Slightly over a quarter (26.4%) had one child, while 20.2% had more than three children. More than three quarters of the respondents (80.6%) were single parents because of marital separation, while 17.1% had never been married. The sample of this study was therefore representative of single mothers and the information provided by the respondents was deemed sufficient for the current study.

The above demographic data on the cause for parenting status concurs with data from Focus Group Discussions (FGDs) which revealed spousal separation as the main cause of the respondents parenting status. In addition respondents indicated underlying issues that led to separation which included alcoholic husbands, extra marital affairs, rejection by in-law parents among others. In response to a question that required respondents to share the cause of their parental status two respondents shared their experiences:

‘I separated from my husband due to his drinking problem. He once threatened to kill me and my children...I had no option, I left him...’ [38-year-old single mother of four, 8 years after separation]

‘My husband would not provide for the family...He spent all his earnings in drinking and with other women; our home was all strife therefore I left...’ [52- year-old single mother of two, 10 years after separation]

Other respondents had experienced spousal separation as a result of rejection by spouses and relatives. Sharing on her experience a respondent with a mentally challenged child said:

‘I was happily married until the birth of our third child who is mentally challenged. My husband with his family rejected me and chased me and my children from their family. They said I have brought bad omen to their family...’ [36-year-old single mother of three, 4 years after separation]

### **4.3 Findings on the Study Objectives**

The study generated both quantitative data from the questionnaire and qualitative data from FGDs. Hence quantitative and qualitative findings are concurrently presented and discussed according to the study objectives in the subsections 4.3.1 to 4.3.4 that follow.

#### **4.3.1 Levels of Stigma among Single Mothers**

Objective one sought to establish the levels of stigma among single mothers. To meet this objective respondents were presented with a Stigma Scale with 11 items that assessed the various situations that they were likely to face stigma as single mothers, on a five point likert scale (Almost every day, at least once a week, a few times a month, a few times a year and rarely). Since there were 11 items, the highest possible score was 55 (11x5) and the lowest possible score was 11 (11x1). An individual’s total score was derived from the addition of the total 11 items. The negatively worded items were reverse coded such that high scores represented high levels of stigma and low scores low levels of stigma. The scores were then categorized into 3 levels, where scores of between 11 to 27 represented low levels of stigma, scores between 28 to 38 represented moderate levels of stigma and scores between 39 to 55 represented high levels of stigma. The summary of findings is presented in table 4.2.

**Table 4.2: Levels of Stigma**

<b>Levels of Stigma</b>	<b>Frequency</b>	<b>Percent</b>
Low level of stigma	3	2.3
Moderate levels of stigma	20	15.5
High levels of stigma	106	82.2
<b>Total</b>	<b>129</b>	<b>100.0</b>

From table 4.2, majority of respondents (82.2%) indicated experiencing high levels of stigma, 15.5% had moderate levels of stigma and 2.3% had experienced low levels of stigma.

Data on levels of stigma was further analyzed descriptively in terms of means and standard deviation. The findings are presented in table 4.3.

**Table 4.3: Descriptive Statistics for Levels of Stigma**

	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
Stigma	129	0	53	46.12	7.930
Valid N	129				

As shown in table 4.3, the lowest level of stigma score attained by the respondents was 0, while the highest score was 53. The stigma levels mean score was 46.12 (SD=7.93), signifying that on average the respondents had experienced a high level of stigmatization.

Qualitative findings from the FGDs echo the results established by descriptive findings. The qualitative findings ranked social stigma among the leading challenges experienced by single mothers. Respondents reported experiencing stigma from their own family members, from neighbors and even friends. They reported being negatively labeled, being viewed as dependent, and as mothers not able to bring up their children by their own. Findings also revealed lack of

full acceptance by the society. Responding to a question that required respondents to tell how the society views single mothers, one respondent had this to say:

‘People think I cannot provide for my children and educate them...but my children go to good schools so they say I have a “sponsor” somewhere...they think I can only depend on a man for survival.’(The word “sponsor” is used here to describe a male partner who supports in secret). [46-year-old single mother of three, 12 years after separation].

Respondents also reported that the society is quick to judge them as irresponsible parents who are not able to raise responsible children. In that regard their children are as well stigmatized by the society. They are labeled as children with negative behavior, who engage in drug use and abuse and as school dropouts. In response to the question, “How does the society view your ability to raise and mentor your children?” One of the respondents said:

‘If a child of a single mother misbehaves, people are quick to conclude that it is because they are raised by a single mother...but so many children brought up by both parents also misbehave...they are only quick to judge because they do not like us.’ [31-year- single mother of two, 5 years after separation]

Respondents reported facing threats and harassment from their own family members due to property ownership and land inheritance. They cited their own brothers as a leading source of threat and harassment. Other people who were cited highly in this category were married mothers, the land lords and land ladies. In response to a question that required respondents to share sources and types of threats and harassment, a respondent shared the following experience:

‘I separated from my husband due to his drinking problem. He once threatened to kill me and my two children. I had no option. I now stay in my parents’ home but my brother keeps threatening us and swearing that I will not inherit “his land”...I work very hard to provide for my children...but I have no much say... I feel like an intruder in this family, but I just take it easy...’ [32-year-old, single mother of two, 4 years after separation)

Further the respondents reported facing stigma from their small merry go round groups (chamas). Respondents reported that in these groups their counterparts, the married mothers take their

opinions for granted and they rarely accord them key leadership roles. Sharing her experience in the group a respondent who has been formally cited had this to say:

‘These other women...look at us and see poor planners...people who are extravagant not able to save for tomorrow. They cannot trust us with money...and usually our opinions are ignored...’

In addition respondents reported that their married counterparts viewed them as dangerous and a threat to their marriages. They judge them negatively whenever they find them interacting with men. A respondent had this to say:

‘People call us bad names; they call us hookers, hustlers, husband snatchers... the list is endless...’ [44 –year-old single mother of four, 9 years after separation]

Similar sentiments were expressed by another respondent who said:

‘People call us husband snatchers...if they see me walking along with a man, whether it’s my brother or a relative they are quick to judge...there is this one woman who called over the phone and called me bad names...because she found my call in her husband’s phone... it is very painful...’ [28-years –old mother of one, never married]

They also reported that the society in general, accords them less respect as compared to their married counterparts. Responding to a question on what they would wish the society to do differently, respondents reported that they would wish to be accorded due respect. One of the respondents expressed her wish in these words:

‘They call me Mary (not her real name) but I also have children...they cannot call me Mama Jacky (not her motherhood title)...I also deserve that title. It shows more respect.’[55-year-old mother of four, 15 years after separation]

From the results, both descriptive and qualitative findings indicate that generally single mothers experience high levels of stigma from the society. These findings concur with Ghani et al. (2013) who established a high mean of social stigma among single mothers in Malaysia. Noh et al. (2014) also established general social condemnation, discrimination and unfair treatment among

single mothers. The study findings also reveal that single mothers are called and labeled negatively which resonates with Bwire et al. (2011) who established that negative labels that devalue status and character are used by the society to describe single mothers in Kenya.

Further, the study found that single mothers experience harassments, threats and less respect. Single mothers under this study indicated facing negative treatment from their own close relatives and the society at large. These findings are consistent with Mainthia et al., (2013) who established that single mothers received negative treatment and less respect not only from the larger society but also from their own friends and family members.

#### **4.3.2 Levels of Self-Esteem among Single Mothers**

Objective two sought to establish the levels of self-esteem among single mothers. To measure the levels of self esteem, respondents were presented with a Self-Esteem Scale (SES) with 12 items that assessed their perception towards their self-esteem, on a four point likert scale (Strongly disagree, disagree, agree, strongly agree). Since there were 12 items, the highest possible score was 48 (12x4) and the lowest possible score was 12 (12x1). An individual's total score was derived from the addition of the total 12 items. The negatively worded items were reverse coded such that high scores represented high levels of self-esteem and low scores low levels of self-esteem. The scores were then categorized into 2 levels, where scores between 12 to 30 represented low self-esteem and scores between 31 and 48 represented high self-esteem. The summary of findings is presented in table 4.4.

**Table 4.4: Levels of Self-Esteem**

Levels of Self-esteem	Frequency	Percent
Low self-esteem	107	82.9
High self-esteem	22	17.1
Total	129	100.0

From table 4.4, majority of the participants (82.9%) had low levels of self-esteem, while 17.1% had high levels of self-esteem.

Data on levels of self-esteem was further analyzed descriptively in terms of means and standard deviation. The table below shows the findings.

**Table 4.5: Descriptive Statistics on Levels of Self-Esteem**

	N	Minimum	Maximum	Mean	Std. Deviation
Self-Esteem	129	0	38	24.27	5.857
Valid N (listwise)	129				

As shown in table 4.5, the lowest level of self-esteem score attained by the respondents was 0, while the highest score was 38. The self-esteem mean score was 24.27 (SD=5.857), signifying that on average the respondents had low self-esteem levels.

The FGDs revealed that respondents experienced persistent negative feelings. To a question that required the respondents to rate how they feel when people react negatively towards them or when they use negative names to describe them, they reported feeling emotionally wounded, feeling pain and feeling rejected. They also reported feeling lonely, misunderstood, and isolated. The respondents also reported being stressed by people's negative judgment. To this question one of the respondents had this to say:

‘It really hurts and pains when someone calls you a prostitute like you can only depend on men for life to be life...sometimes the pain is too much to bear. Why do they insult us?’[44 –year-old single mother of four, 9 years after separation]

Another respondent expressed her feelings in these words:

‘I feel totally isolated and rejected...Like in our church where there are groups of the youths, young married women and couples and I cannot fit anywhere...Sometimes I hate myself’ [26-year-old single mother of one, 2 years after separation]

While a few said that they were happy about their parenting status, majority of the respondents expressed feelings of dissatisfaction, less worth and failure. To the question on how free they are to introduce themselves as a single mother, respondents in the three groups reported that they do not feel free to let people know their parenting status. A respondent had the following to share:

‘I feel bad to be a single mother, I wanted to retain my marriage but it was not possible. I am not satisfied because of how people treat me...sometimes I cannot say I am a single mother because people will think I am bad...I wish if people would respect me more’ [26-year-old single mother of one,2 years after separation. ’]

The overall quantitative and qualitative findings presented above reveal that generally single mothers in Kiambu County recorded low levels of self esteem. This finding that the respondents recorded low levels of self esteem may be explained by the fact that majority of the respondents recorded feeling dissatisfied with their parenting status, self dislike as well as experiencing feelings of less self worth. These study findings hence agree with Lipman et al., (2010) who established overwhelming feelings of shame which compounded to an intensifying sense of failure and reduced self worth among single mothers in Canada.

Findings also revealed that majority of single mothers under the study would not freely disclose their parental status to the general society. This finding concurs with previous research on single mothers which revealed that single mothers tend to with-hold information on their personal identities (Broussard et al, 2012; Mbanefo, 2013). Research further indicates that this limited disclosure may be on the basis of their perceptions of their “place” in the society (Broussard et

al. 2012; Mbanefo, 2013). Findings also agree with previous study findings that found that the society viewed single mothers as an already spoilt homogeneous group who were a threat to their married counterparts. Single mothers had been identified as women whose goal was to seduce other women's husbands hence experiencing victimization and negative labels. There is therefore a possibility that this study respondents would opt not to disclose their parental identity to avoid negative labels and victimization by the society (Lipman et al., 2010; Cheeseman et al., 2011; Bwire et al., 2011; Noh et al., 2014)

Existing literature on self esteem show that individuals acquire self esteem primarily through interaction with significant others in life. One key factor that influences self esteem is reaction of others on self: If individuals are avoided, neglected and talked negatively about, then their self esteem may negatively be affected (McLeod, 2008). Majority of the single mothers under the study had recorded experiencing high levels of stigma from the society which may apparently explain the low levels of self esteem among them.

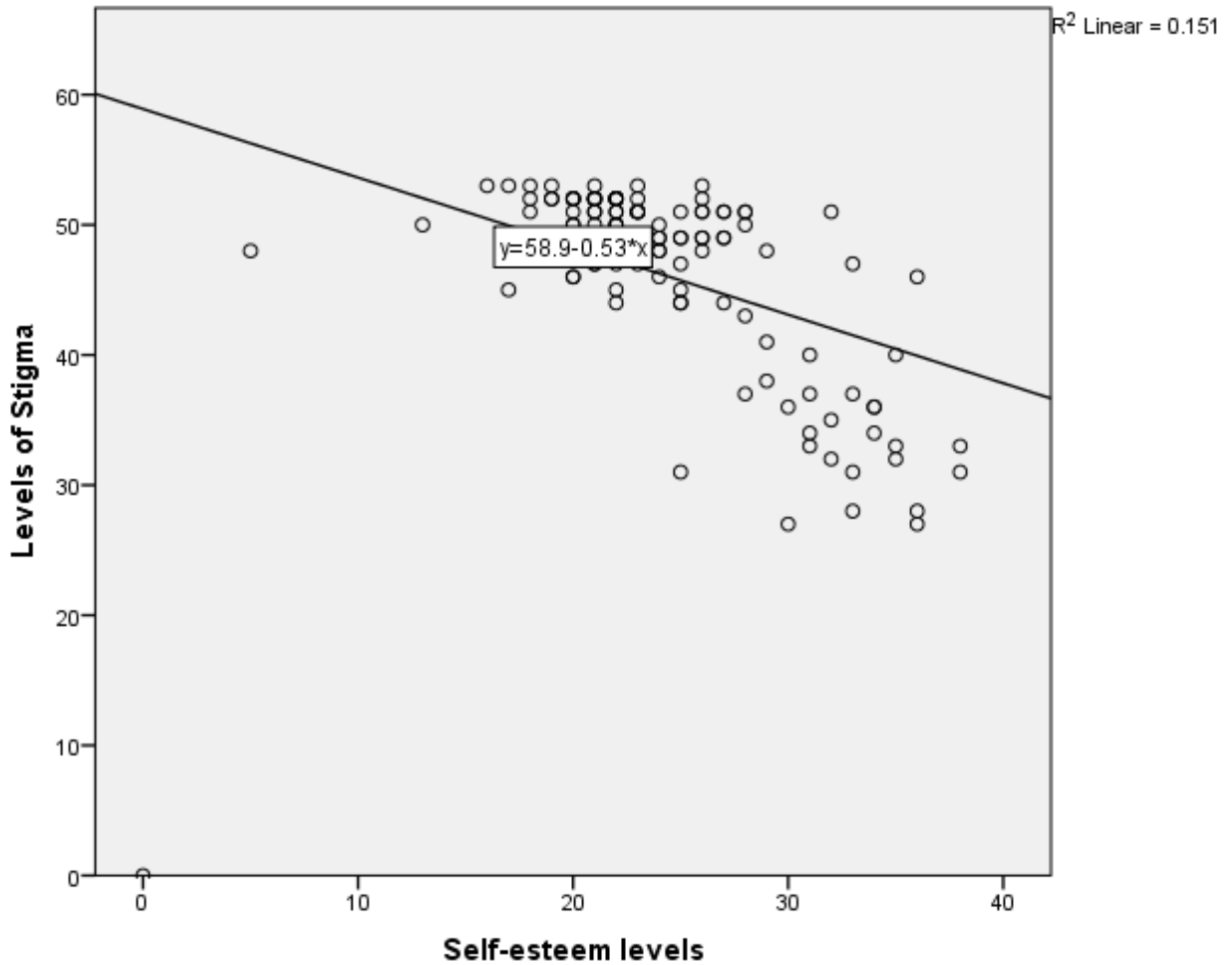
The study findings also agreed with Tajfel (1979). According to SIT people acquire self concept largely from group identification. When a person appropriately compares his/her in-group against an out-group there is a possibility to acquire a positive self concept. This is because social groups give people a sense of belonging to the social world. According to SIT individuals act, feel and think as members of collective groups. Established high levels of social stigma among single mothers under this study may apparently explain the low levels of self esteem revealed.

### **4.3.3 Relationship between Levels of Stigma and Self-esteem Levels among Single Mothers**

Objective three sought to establish the relationship between levels of stigma and self-esteem levels among single mothers. To achieve this relationship, the following null hypothesis was tested:

H<sub>0</sub>: There is no significant relationship between stigma and self-esteem levels among single mothers.

To test this hypothesis, the researcher conducted a Pearson Product Moment Correlation Coefficient (r). Pearson Product Moment Correlation Coefficient (r) was chosen because the two variables met four critical assumptions. These are; the variables are measured either in the interval or ratio scale (continuous), outliers are either kept to a minimum or removed entirely and variables are approximately normally distributed as indicated by linear relationship between the two variables. The first critical assumption was met since the variables were measured using the interval scale. In assessing whether there was a linear relationship between the two variables, a scatter plot of the relationship between stigma and self-esteem levels was plotted before the Pearson Product Moment Correlation Coefficient (r) could be run. The scatter plot is shown in figure 4.1.



**Figure 4.1: Scatter Plot of the Relationship between Levels of Stigma and Self-Esteem**

As shown in the scatter plot in figure 4.1, there was evidence of a low negative relationship between levels of stigma and levels of self-esteem. Higher scores of stigma tended to go with lower scores of self-esteem. It was therefore concluded that a Pearson product Moment Coefficient Correlation ( $r$ ) could be run and its significance tested. Table 4.6 shows the result of the Pearson product Moment Correlation Coefficient between levels of stigma and levels of self-esteem and its significance tested at 0.05 level.

**Table 4.6: Correlation between Levels of Stigma and Levels of Self-Esteem**

		Levels of Self-esteem
Levels of Stigma	Pearson	-.389**
	Correlation	
	Sig. (2-tailed)	.000
	N	129

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

From table 4.6, there was a statistically significant low negative correlation between levels of stigma and levels of self-esteem,  $r(129) = -0.389$ ,  $p < 0.05$ . This implies that higher levels of stigma were correlated with lower levels of self-esteem, while lower levels of stigma were correlated with high levels of self-esteem. Based on these findings, the null hypothesis stating that there is no statistically significant relationship between levels of stigma and levels of self-esteem was thus rejected and the alternative accepted.

Findings on relationship between levels of stigma and levels of self esteem established a low negative relationship. These findings draw similarity with Cheeseman et al. (2011) who established that stigma experienced by single mothers was associated with measures of lowered psychological wellbeing. Also these study findings agree with Hamilton (2012) who established that negative social definition impacted negatively on self-image and self definition resulting to feelings of shame and inadequacy. This could explain why persistent stigma threatens individual's sense of belonging and robs them the pride of belonging to the society.

The study findings also agreed with SIT, that social context plays a major role in constructing the individual self. The theory emphasizes that group membership as well contributes positively or negatively to an individual's self concept. Hence individuals will act, feel and think as members of collective groups. In addition the relative status of the social group to which individuals

belong, manifests either negatively or positively upon the self. Belonging to a stigmatized social group therefore poses a threat to the individual's self esteem.

#### 4.3.4 Coping Strategies used by Single Mothers to Cope with Stigma

Objective four sought to establish the coping strategies used by single mothers to cope with stigma. To achieve this objective, respondents were presented with a 4 point likert scale (sometimes, most of the times, always and rarely) that required members to indicate how often they engaged in those responses as a way of coping with stigma. Since there were 10 items, the highest possible score was 40 (10x4) and the lowest possible score was 10 (10x1). An individual's total score was derived from the addition of the total 10 items. The negatively worded items were reverse coded such that high scores represented positive coping strategies and low scores represented negative coping strategies. The scores were then categorized into 2 levels, where scores between 10 to 25 represented negative coping strategies and scores ranging from 26 to 40 represented positive coping strategies. Table 4.7 presents a summary of the findings.

**Table 4.7: Frequency of Coping Strategies**

<b>Coping Strategies</b>	<b>Frequency</b>	<b>Percent</b>
Negative Coping Strategies	42	32.6
Positive Coping Strategies	87	67.4
<b>Total</b>	<b>129</b>	<b>100.0</b>

From table 4.8, majority of the respondents (67.4%) engaged in positive coping strategies. Below half of the respondents (32.6%) engaged in negative coping strategies.

Data on levels of coping skills was further analyzed descriptively in terms of means and standard deviation. The table below shows the findings.

**Table 4.8: Descriptive Statistics on Coping Strategies**

	N	Minimum	Maximum	Mean	Std. Deviation
Coping strategies	129	0	31	25.89	4.566
Valid N (listwise)	129				

From table 4.8, the lowest level of coping strategy score attained by the respondents was 0, while the highest score was 31. The coping strategy mean score was 25.89 (SD=4.566), signifying that on average the respondents engaged in positive coping.

Findings showed that majority of the single mothers who participated in the study generally scored high on positive coping strategies. The findings implied that participants responded to the society's stigma by standing up against bad names, seeking advice, accepting their status, working hard and seeking spiritual support. However the findings further revealed that 1/3 of the single mothers who participated in the study scored high in the negative coping strategies. The negative coping strategies were indicated by keeping the hurting feelings to themselves, blaming the father of their child/children, blaming the society for the negative treatment, disliking themselves and feeling insecure and doing nothing about it as revealed by the scores on the scale for coping strategies.

Findings from the current study are consistent with previous studies which have established that single mothers cope with stigma through, self independence, self reliance, self motivation, working hard, accepting current status, upholding individual inherent qualities (for example believing in one self), independence, positive self image, and establishing a net work of

community support (Hong et al., 2012; Barajas, 2013). Other studies have also shown that some single mothers cope by avoidance (Waldegrave et al., 2011; Broussard et al., 2012)

The FGDs established the following coping strategies among the respondents; Working hard, becoming independent, engaging in social groups, seeking advice, reporting to authority in case of threats and seeking spiritual support. Other ways of dealing with negative reaction that the respondents shared were crying out the pain and fighting back. Responding to a question on what they do to ensure stable families despite being single, respondents shared their experiences:

‘You cannot sleep! Your children will need food, clothes, shelter, education and all these depends on you alone...i work very hard and pray for my children...’[40-years-old single mother of two, 5years after separation]

‘I do not depend on anyone for help. I rise up early go to my job and I am able to clear all my bills...i mind my own business...I talk to my children and guide them...but at times I feel down and depressed I seek advice from others... once I visited a counselor who helped me much.’ [44 – year-old single mother of four, 9 years after separation]

The following respondent acknowledged the importance of social groups, which apart from providing financial support also provide psychosocial support for single mothers. She said:

‘My chama (women group) has been a source of financial and social support...we share our experiences and we cry all our tears...we learn from one another...and pray for one another...the older women have helped us to accept ourselves, become independent and to work very hard...and life continues’ [33-years-old single mother of three, 5 years after separation]

Responding to the question on what the society can do differently in order to help them cope positively, majority expressed a wish to be accepted and respected more and that the society may change negative views and reactions towards single mothers. Respondents had wishes ranging from being accorded due respect to being given special consideration in terms of social support:

‘We wish if people can respect and fully accept us like other mothers...the government should also consider single mothers as different from other married women and support us...no one would wish to deny her children their father’s love but circumstances have led to this...’[54-year-old single mother of three,20 years after separation]

This study finding also echo the ways of managing identity as proposed in SIT, that stigmatized people can adopt cognitive coping, instrumental coping or can cognitively and instrumentally dissociate from the group they belong and pursue interests of another more acceptable group. Majority of the single mothers who participated in the current study indicated that they coped by accepting their parental status and becoming independent which indicate cognitive coping. They also coped by standing up against the society's negative treatments and working hard to prove other people wrong which imply instrumental coping.

## **CHAPTER FIVE**

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

#### **5.1 Introduction**

The purpose of this study was to establish the relationship between stigma and self esteem levels among single mothers in Kiambu County, Kenya. The study utilized correlational research design. Data was collected from 129 respondents. Self administered questionnaires and three FGDs were used. Frequencies, percentages, mean scores, Pearson Product Moment Correlation Coefficient ( $r$ ) and thematic analysis were used to analyze quantitative and qualitative data. This chapter presents the summary of key findings based on the four objectives of the study, conclusions, recommendations and suggestions for further research.

#### **5.2 Summary of the Findings**

This section presents the summary of findings in line with the study objectives.

##### **5.2.1 Levels of Stigma among Single Mothers**

This objective sought to establish the levels of stigma among single mothers. Single mothers in Kiambu County (82.2%) experienced high levels of stigma. However a small percentage of 15.5% and 2.3% experienced moderate and low levels of stigma respectively. The stigma mean score was 46.12 (SD=7.93), signifying that on average the respondents had experienced high levels of stigmatization.

### **5.2.2 Levels of Self Esteem among Single Mothers**

The second objective sought to establish the levels of self esteem among single mothers. Majority of the participants (82.9%) had low levels of self-esteem; while 17.1% had high levels of self-esteem. The self-esteem mean score was 24.27 (SD=5.857), implying that on average the participants had low self-esteem levels.

### **5.2.3 Relationship between Stigma and Self Esteem among Single Mothers**

This study objective sought to establish the relationship between stigma and self esteem levels among single mothers. To achieve this objective the following null hypothesis was tested:

H<sub>0</sub>: There is no significant relationship between stigma and self-esteem levels among single mothers.

This hypothesis was tested by computing a Pearson Product Moment Correlation Coefficient ( $r$ ). According to findings there was a statistically significant low negative correlation between levels of stigma and levels of self-esteem,  $r(129) = -0.389, p < 0.05$ . This implies that higher levels of stigma were correlated with lower levels of self-esteem, while lower levels of stigma were correlated with high levels of self-esteem. This finding evidences that increased stigma by the society correlates with low self esteem levels among single mothers.

### **5.2.4 Coping Strategies among Single Mothers**

The fourth objective was to establish the coping strategies among single mothers. Majority of participants (67.4%) engaged in positive coping strategies while 32.6% engaged in negative coping strategies. Positive coping strategies included standing up against negative reaction, working hard, being independent, accepting status as a fact, seeking advice, and seeking spiritual support. Negative coping strategies included keeping the hurting feelings to themselves, self

dislike and blaming others and feeling hurt but doing nothing. However, nearly a third (32.6%) of the single mothers who participated coped negatively which becomes alarming.

### **5.3 Conclusion**

This study aimed at establishing the relationship between stigma and self esteem levels among single mothers in Kiambu, County. This section provides the conclusions of the study in line with the study objectives.

1. The study has established that single mothers from Kiambu County experience high levels of stigma. Stigma has been established among the key challenges faced by single mothers. This implies that a substantial number of single mothers in Kiambu County, Kenya experience the challenge of stigma as they put effort to achieve their parenting goals single handedly. Stigma may be an existing threat to single mothers self esteem.
2. The findings also have established low levels of self esteem among the participants. These findings imply a possibility of persistent negative feelings of dissatisfaction and failure which further influence the mothers' social interaction and their parenting strength in a negative way.
3. This study also found that there is a significant low negative relationship between stigma and self esteem levels among the participants. Hence it can be concluded that stigmatization relates negatively with levels of self esteem among single mothers.
4. The study findings established that participants coped positively with the challenge of stigma. These findings imply that despite the challenge of stigmatization and its negative relationship with their self esteem levels, they coped positively.

## **5.4 Recommendations of the Study**

The recommendations for policy and further studies were as follows:

### **5.4.1 Recommendations for Policy**

The study makes the following recommendations based on the findings:

1. According to the findings the level of stigma against single mothers is high; consequently there may be need for psycho education forums to address the issue of stigma among single mothers . Misconceptions relating to causes of single motherhood need to be put in place. With the high rise of this family type, if the society is not sensitized on the important role that the single mothers fulfill in terms of family, social and economic development then the society may face an apparent stagnation. Stigma against single mothers needs to be minimized.
2. The study also established low levels of self esteem among single mothers. The researcher recommends psycho education forums which will aim at empowering single mothers in order to ensure healthy psycho social adjustment for every mother who bears the task of parenting all alone. A specialized intervention program that will not only address physical and financial needs but also cater for social, emotional and psychological support is recommended.
3. The findings established a significant low negative relationship between stigma levels and self esteem among participants. The researcher recommends that the social policy creates services and programs to address the psycho social needs for single mothers in the society. Such programs will empower single mothers and help to boost their self esteem levels regardless of stigma experiences.

4. The researcher further recommends that family therapists emphasize positive coping strategies among single mothers in their practice.

#### **5.4.2 Recommendation for Further Research**

The following suggestions were made from the study for further study:

1. This study focused on single mothers who were either separated / divorced or the never married. Further studies may need to explore stigma experiences for all single mother family types including the widowed to establish self esteem levels in relation to the society's perception among them.
2. The researcher used a questionnaire in collecting data which some respondents may have found difficult to interpret. Further studies may need to use instruments that are translated to the local language to help in clarity of the items.
3. The study established negative perceptions as reported by single mothers. There may be need for studies to explore the societal perception on single mothers' strengths as reported by the society. This will help change the existing narrative of single mothers and create space for a positive view.
4. The study findings were limited to a sample of 132 single mothers from four sub counties in Kiambu County. This may hence limit generalization of the findings to single mothers outside Kiambu due to context specific characteristics. Similar studies may need to be conducted in other counties.

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## **APPENDICES**

### **A1: Informed Consent**

My name is Esther Nyandia Kimani. I am a masters student at Kenyatta University Psychology Department. I am conducting a study on the relationship between stigma and self esteem levels among single mothers in Kiambu County, Kenya. The information will be used for academic purpose as part of my course completion in Master of Arts in Counseling Psychology.

### **Procedures to be followed**

This study requires that you provide information with regard to how the society acts towards you and how you feel and react in response. You will fill in this information in a questionnaire that will be provided. You will also be required to voluntarily participate in a group with the same purpose. Your participation in this study is voluntary. If you choose to participate, you will be free to ask for clarification in case you do not understand. You may also opt out of this study in case you wish to.

### **Discomforts and risks**

This study may make you feel uncomfortable sharing your information with me because you do not know me and you may have doubts on how your information will be used. In addition, some of the questions may be touch your personal issues and thus may cause you to feel embarrassed. If you feel uncomfortable, you are free to answer or not to do so. You may also opt out of the research. This activity will take about thirty minutes. Despite the discomforts, I assure you that the information will not be shared or used against you.

### **Benefits**

Your participation in this study will help us understand how the society acts toward single mothers. It will also help us to understand how single mothers feel when the society treats them negatively and how they can positively cope.

**Reward**

Your agreement to participate in this study will not have any rewards such as cash or any related gifts.

**Confidentiality**

The information that you will provide here is private and will not be shared with any one. Your name will not appear anywhere in the questionnaire or in the final report. The questionnaire will also be kept under lock and key to prevent access by unauthorized persons. Every information that you provide will be treated with utmost confidentiality and for the purpose intended.

**Contact information**

If you have any question you may contact my supervisor, Dr. Christine Wasanga on 0721355108 or Kenyatta University Ethical Review Committee Secretariat on chairman.kuer@ku.ac.ke, secretarykuerc@ku.ac.ke and ercku2008@gmail.com .

**Participant’s statement**

The above information regarding the study participants in this study is clear to me. I have been granted an opportunity to read through and ask questions and the questions have been answered satisfactorily. My participation in this study is fully voluntary and I can leave at any time without being victimized.

Code of participation.....

Signature.....Date.....

**Investigator statement**

I, the undersigned, I have explained to the volunteer in a language that she/he understands, the procedures to be followed on the study and the risks and benefits involved.

Name of interviewer.....

Signature.....Date.....

## **A2: Research Instruments**

### **Questionnaire for Respondents**

#### **Introduction**

I am Esther Nyandia Kimani, a student at Kenyatta University. I am undertaking a Masters Degree in Counseling Psychology. As part of the course requirements, I am required to Undertake a research project in my area of study. My research topic is “Influence of stigma on self esteem among single mothers in Kiambu County, Kenya. You have been selected as one of my respondents in this project. Your honest answers will be important in achieving the study purpose. All information will be treated with utmost confidentiality. Please respond to each of the following items in all the four sections as per the directions given on top of every section.

#### **Section A: Demographic Data**

**Please answer the following questions. Fill your answer in the gaps provided**

1. Your age .....
2. For how long have you been single parenting? ..... Years.
3. How many biological children have you been taking care on your own?.....
4. What caused your parenting status (**Tick the answer that is most appropriate for you?**)  
Separation      (   )  
Legal divorce    (   )  
Never married    (   )  
Others: Specify .....

**Section B: Stigma Scale (SS)**

**INSTRUCTIONS:**

For each of the following items, read carefully and think how each statement applies to you in relation to how other people treat you during the time that you have been parenting alone. There is no right or wrong answer. Indicate how often any of the following things happen to you. Whether it is: Almost daily, At least once a week, A few times in a month, A few times a year or less than ones a year. Tick only one answer for each statement and be careful not to omit any statement.

	How often does the following happen to you?	Almost Everyday	At least once a week	A few times a month	A few times a year	Rarely
1	I am treated with less respect than married women are					
2	Other people resist my leadership services because I am a single mother					
3	People act as if they think I'm not honest with men					
4	I am treated with more respect than married women					
5	People act as if they think I can not guide my children					
6	People act as if they think I cannot provide for my family					
7	I am often called names or insulted					
8	People act as if they think I'm honest with men					
9	Married mothers act as if they are afraid of me as a single mother					
10	I do not experience insults because im a single mother					
11	I am often harassed because of my status					

**Section C: Self Esteem Scale (SES)**

**INSTRUCTIONS:**

Read each of the following statements. Please indicate whether you Strongly Agree, Agree, Disagree, or strongly Disagree with each of them. Tick only one for each statement.

		Strongly Disagree	Disagree	Agree	Strongly Agree
1	I at times feel dissatisfied with my parenting status				
2	At times I feel my opinions do not count				
3	I at times dislike my parenting status				
4	At times I feel I'm not able to bring up my children alone				
5	At times I feel I do not have much to be proud of as a single mother				
6	I at times feel less worth because I am a single mother				
7	I at times feel less accepted by other people				
8	I am always happy about my parenting status				
9	I at times feel that I am a failure as a single mother				
10	I at times shy away about being a single mother				
11	At times I cannot openly introduce myself as a single mother				
12	I at times wish if people could respect me more as a single mother				

## Section D: Coping Strategies

### INSTRUCTIONS:

Please read each of the following statements and indicate HOW OFTEN you engage in each of the stated responses as a result of how other people treat you in relation to your marital status. Indicate with a **Tick** the answer that most appropriately describes your answer.

	How often do you do the following	sometimes	Most of the time	Always	Rarely
1	I stand up against bad names that people call me				
2	I blame the father of my child/children when people treat me badly				
3	I accept my parenting status as a fact of life				
4	I work hard as a single mother to prove people wrong				
5	I dislike myself as a single mother				
6	I keep the hurting feelings to myself				
7	I seek advice on what to do about people's bad reactions				
8	I blame other people for the bad reactions that I face				
9	I seek prayer support to be able to move on as a single mother				
10	I feel insecure and do nothing about it.				

## **Focus Group Discussion Guide**

1. What challenges do you face as a single mother?
2. How do other people respond to your services; Leadership, Mentorship?
3. Tell me how other people react when they see you interacting with men?
4. How do people view your ability to bring up children?
5. Tell me some of the negative names that other people use to describe you.
6. Tell me some of the threats that you experience from other people
7. Name some of the people who threaten or harass you because you are a single mother
8. How do you feel about people's negative reactions towards you?
9. What you do when other people react negatively towards you?
10. What can be done differently by the society for single mothers to improve their self esteem?
11. What can the single mothers do to boost their own self-worth/esteem

## A3: Kenyatta University Ethics Review Permit



### KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE

Fax: 8711242/8711575  
Email: [kuerc.chairman@ku.ac.ke](mailto:kuerc.chairman@ku.ac.ke)  
[kuerc.secretary@ku.ac.ke](mailto:kuerc.secretary@ku.ac.ke)  
Website: [www.ku.ac.ke](http://www.ku.ac.ke)

P. O. Box 43844,  
Nairobi, 00100  
Tel: 8710901/12

Our Ref: **KU/ERC/ APPROVAL/VOL.1 (204)**

Date: 18<sup>th</sup> September, 2018

Kimani Esther Nyandia  
P.O Box 43844-00100  
NAIROBI

Dear Esther,

**APPLICATION NUMBER: PKU/846/I911 "THE INFLUENCE OF STIGMA ON SELF ESTEEM AMONG SINGLE MOTHERS IN KIAMBU COUNTY, KENYA"**

#### 1. IDENTIFICATION OF PROTOCOL

The Application before the committee is with research topic "**The Influence Of Stigma On Self Esteem Among Single Mothers In Kiambu County, Kenya**" received on 8<sup>th</sup> June, 2018 and discussed on 14<sup>th</sup> August, 2018

#### 2. APPLICANT

Kimani Esther Nyandia

#### 3. SITE

Kiambu County, Kenya


#### 4. DECISION


The committee has considered the research protocol in accordance with the Kenyatta University Research Policy (section 7.2.1.3) and the Kenyatta University Ethics Review Committee Guidelines and **APPROVED** that the research may proceed for a period of **ONE** year from 14<sup>th</sup> August, 2018.


**A4: Research Permit**

THIS IS TO CERTIFY THAT:  
**MS. ESTHER NYANDIA KIMANI**  
**of KENYATTA UNIVERSITY, 71-1000**  
**Thika, has been permitted to conduct**  
**research In Kiambu County**  
**on the topic: THE INFLUENCE OF**  
**STIGMA ON SELF ESTEEM AMONG**  
**SINGLE MOTHERS IN KIAMBU COUNTY,**  
**KENYA**  
**for the period ending:**  
**22nd June, 2019**

Permit No : **NACOSTI/P/18/31798/23042**  
Date Of Issue : **25th June, 2018**  
Fee Received : **Ksh 1000**



  
Applicant's  
Signature

  
Director General  
National Commission for Science,  
Technology & Innovation