



## Welfare Challenges of School Returnee Teenage Mothers in the Post-COVID-19 Context: A Study of Peri-Urban Kakamega County, Kenya

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### ABSTRACT

This study examines the welfare challenges School Returnee Teenage Mothers experience in peri-urban Kakamega County, Kenya, following the COVID-19 pandemic. Despite recognition of the general impact of teenage pregnancy on education, little research has examined the welfare challenges of returnee teenage mothers in the post-COVID-19 peri-urban context, where rural and urban vulnerabilities intersect. The study aims to determine the socio-demographic characteristics of School Returnee Teenage Mothers' households in peri-urban areas of Kakamega County, Kenya, and to determine the welfare challenges of returnee teenage mothers to schools within the post-COVID-19 contexts in peri-urban areas of Kakamega County, Kenya. Using a cross-sectional survey design with a sample of 100 respondents, both quantitative and qualitative data were analyzed to capture the multidimensional nature of welfare challenges. Results revealed that School Returnee Teenage Mothers encounter several overlapping challenges, including childcare responsibilities (93%), gaps in syllabus coverage (81%), mental health stressors (75%), limited livelihood options (73%), and stigma and discrimination (67%). These issues are worsened by unstable household incomes and weak institutional support, undermining successful reintegration both socially and academically. The study concludes that targeted, multi-sectoral interventions including psychosocial support, flexible learning options, and economic empowerment are vital for keeping adolescent mothers in school and supporting their long-term well-being in peri-urban Kenya. The study insights will assist school-returning teenage mothers by identifying their primary welfare issues and guiding tailored interventions to enhance their education, health, and social support. Additionally, it will assist educational institutions, legislators, and NGOs in formulating inclusive policies and initiatives that cater to the needs of School Returnee Teenage Mothers.

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### 1. Introduction

Several studies have suggested that adolescent pregnancy and teenage motherhood are global issues and remain among the major challenges in both developed and developing countries (Kumar & Huang, 2021; Terefe, 2022; and Ajayi et al., 2023). About 21 million teenage girls aged 15-19 become pregnant each year, with an estimated 12 million of these in developing regions (Darroch et al., 2016). The World Health Organization (2013) states that multiple factors contribute to teenage pregnancy. In many developing countries, society pressures girls to marry and have children at a young age. Sub-Saharan Africa has the highest rate of child marriage worldwide, with roughly 35% of young women married before 18, followed by 30% in South Asia and 24% in Latin

America and the Caribbean (UNICEF, 2020). Kiani et al. (2019) indicate that globally, sixteen million girls aged 15-19 and one million girls aged 10-14 give birth each year. She further showed that teenage birth rates are quite low in developed countries, but significant differences exist among nations.

Teen pregnancies mainly contribute to many other public problems, both socio-economically and health-wise. Most studies on teenage pregnancy in sub-Saharan countries have identified socioeconomic status, educational attainment, cultural factors, and family structure as risk factors for teenage pregnancy. In the developing world, one-third to one-half of women become mothers before the age of 18, and pregnancy-

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related complications have been a significant cause of death.

The Star newspaper, dated 26th March 2023, revealed that the prevalence of teenage pregnancy and motherhood remains a menace in Kakamega County. It showed that the County recorded a number of teenage pregnancies of girls aged 14-15 years were 16,957 in 2019, 14,374 in 2020, 14,628 in 2021, 12,509 in 2022, and 2,150 cases between January and March 2023. Malava Sub-County is shown to be leading in the number of noted cases of teenage pregnancies with an average of 1,427 cases annually, followed by Lurambi Sub-County with 1,284 cases and Lugari Sub-County with 1,190 cases.

According to the World Health Organization (2020), the restrictions and stringent measures that were imposed to curb the swift spread of COVID-19 by several governments led to the emergence of critical issues, such as a threat to the well-being of teenage girls in societies (World Health Organization 2020). Studies on past epidemics such as Ebola have shown that women and girls are usually affected most (Bandiera et al., 2019). For instance, the study carried out in Sierra Leone and Liberia on learning among girls and boys during the Ebola outbreak, when schools were closed, indicated that due to greater caring and domestic responsibilities, a more significant percentage of girls, as compared to boys, were highly disadvantaged as far as home learning is concerned (Murray et al., 2021).

Teenage mothers face psychological and behavioral challenges during school reopening periods, necessitating comprehensive interventions, especially for those returning with added parental responsibilities (Wang et al., 2021). In Uganda and Zambia, SRTMs face numerous issues, including increased stigma, limited re-entry enforcement, and inadequate access to reproductive health treatments (UNICEF, 2022). In response, several countries have enhanced community-based education, expanded adolescent-friendly healthcare, and revised policy frameworks. Adolescent pregnancy and motherhood in contemporary society are often viewed negatively in many societies (Jones et al., 2019). The study further showed that the continual negative portrayal of parenting in adolescence prompts adolescent women to self-portray morality, maturity, and responsibility, while contrasting themselves with their contemporaries claimed irresponsible, immoral behavior.

Despite the benefits of parenthood, individuals experienced problems that had an impact on their lives. Teenage mothers who want to return to school after giving birth, both in developed and developing nations, confront major and diverse hurdles that might differ based on factors such as cultural background, support networks, and school and community regulations and attitudes. In view of the above, this study sought to understand the challenges faced by SRTMs, as well as the need for effective and tailored strategies to support their educational and socioeconomic reintegration in a post-pandemic context in Kakamega County's peri-urban

areas, which is emphasized, and particularly in light of the additional complexities brought about by the COVID-19 pandemic.

Teenage pregnancy continues to undermine girls' education in Kenya, with Kakamega County reporting some of the highest prevalence rates (Kenya Demographic and Health Survey, 2022). Although policies such as the School Re-entry Guidelines introduced in 1996 allow adolescent mothers to resume schooling, many face persistent barriers that restrict their educational progress. The COVID-19 pandemic intensified these challenges. School closures led to increased cases of teenage pregnancy, and upon reopening, returnee mothers in peri-urban settings faced the dual burden of childcare and academic demands in environments marked by poverty and social exclusion. Teenage mothers have a lower likelihood of returning to school the longer they remain out of it. Some teenage girls get pregnant and decide not to go back to school after giving birth. The mother's and the child's health, education, and socioeconomic standing may suffer during pregnancy or after childbirth. Although prior research has extensively explored the educational consequences of teenage pregnancy, there is a paucity of studies addressing the welfare aspects of school-returnee teenage mothers in post-COVID-19 peri-urban settings. Most existing work emphasizes rural or urban settings, overlooking the unique vulnerabilities of peri-urban environments where both rural poverty and urban marginalization intersect. As a result, the welfare requirements, adaptive methods, and institutional assistance frameworks for these returnee mothers remain underexplored.

This knowledge gap hampers the development of effective interventions. Without clear evidence on the welfare needs and coping strategies of returnee teenage mothers, policy responses risk being misaligned and unsustainable. A focused inquiry into their lived realities is therefore critical to inform inclusive educational policies and support mechanisms that promote both retention and empowerment. The objectives of this study were to establish socio-demographic characteristics of SRTMs' households in peri-urban areas of Kakamega County, Kenya, and to determine the welfare challenges of returnee teenage mothers to schools within the post-COVID-19 contexts in peri-urban areas of Kakamega County, Kenya.

## 2. Literature Review

### 2.1. Theoretical framework

The study was guided by a conceptual framework based on a combination of the Theory of Reasoned Action (TRA), developed by Martin Fishbein and Icek Ajzen in 1967, which posits that human behavior is influenced by both the desire to perform the behavior and attitudes toward it (LaCaille, 2020). Subjective norms also play a role in shaping this intention. Research based on the Theory of Reasoned Action indicated that youths' diverse health practices often change due to shifting attitudes

and subjective standards (Hagger, 2019). Bohle's Vulnerability Model is a framework that helps us understand how various components interact to produce vulnerability to specific problems or issues. This concept can be applied to a wide range of challenges, including adolescent pregnancy. The model suggests that the vulnerability level of an individual or society should be assessed based on exposure, potentiality, and capacity. It further proposes that responses should primarily focus on reducing exposure, enhancing coping capacity, strengthening recovery potential, and minimizing potentially damaging outcomes (Bohle & Watts, 1994).

In this study, welfare is conceptualized as a multidimensional construct encompassing educational, psychosocial, economic, and health aspects of well-being that collectively determine the successful reintegration and quality of life of teenage mothers who return to school.

## 2.2. Empirical Review

Teenage motherhood is a societal phenomenon that occurs across the globe; thus, a rise in global research interest in the health and well-being of young women and their newborns has shifted the focus on adolescent pregnancy and motherhood. Much data indicates that teenage mothers are more likely to have negative pregnancy outcomes and are less able to pursue educational opportunities than young women who wait for childbirth (Menendez et al., 2015). According to reports, the majority of adolescent mothers claim that their pregnancies were unexpected, unwelcome, and/or mistimed (Pan et al., 2022). Furthermore, those who get a chance to go back to school experience numerous challenges, as shown in the study by Adangabe (2020), that the majority of teenage mothers in school are weary even before they arrive at school, and the majority of instructors believe teenage mothers to have low self-esteem, poor time management, and role conflict.

Pottinger et al. (2023) argued that teenage mothers are more likely than adult mothers to face pregnancy- or birth-related stigmatization, which in turn increases their risk of depression. The study also found that teenage mothers living in single-parent households are highly vulnerable to stigmatization compared with those in multigenerational households, who are less likely to suffer from depression. A study of past crises, including humanitarian emergencies, disease outbreaks, and conflicts such as war, indicates that women and girls become more susceptible to the ensuing chaos during such times (Martini et al., 2024). In March 2020 alone, 106 cases were reported through the Gender Ministry's toll-free sexual and gender-based violence helpline (1195). This is 56 more cases than were reported in January, before Kenyans got wind of the COVID-19 pandemic (Roy et al., 2022).

According to recent studies, teenage pregnancy and motherhood impede academic progress, leading to early dropout and limiting prospects for educational and economic success (Shamirah, 2022). Teenage parenthood has long-term effects for young mothers' job growth, and so it results in poverty being passed down from generation to generation (Kumar & Huang, 2021). As a result, it appears that programs aimed at reducing the long-term repercussions of young parenthood should focus on assisting teenage mothers in completing their secondary school education. Young mothers experience additional duties, social recognition, and a feeling of purpose as a result of motherhood. Teenage motherhood, which occurs at a key developmental moment in teenagers' lives, has been linked to negative social and health outcomes. Despite the benefits of parenthood, individuals experienced problems that had an impact on their lives. Teenage mothers who want to return to school after giving birth confront major and diverse hurdles that might differ based on factors such as cultural background, support networks, and school and community regulations and attitudes.

## 3. METHODOLOGY

### 3.1. Study Area

The study was conducted in peri-urban areas of Kakamega County, using Lurambi sub-county as the sampled study area. Kakamega County was purposefully chosen because the 2022 Kenya Demographic and Health Survey data showed that Kakamega has one of the highest rates of teenage pregnancy and new HIV infections among adolescents in Kenya, with at least 1 in every 4 teens having commenced childbearing (Kenya Demographic and Health Survey, 2022). Lurambi Sub-County was purposefully chosen because it is strategically situated adjacent to Kakamega Town, resulting in a peri-urban setting that merges rural susceptibility with metropolitan challenges, and it is the second leading sub-county after Malava in teenage pregnancy prevalence.

### 3.2. Research Design

This study employed a cross-sectional survey research design. The use of both qualitative and quantitative methodologies was of great importance in this study since it gave room for a more complete knowledge of the welfare challenges of the SRTMs in the post-COVID-19 context. Quantitative data offered an overview of the magnitude and prevalence of the challenges, but qualitative data went further into the varied experiences of teenage mothers and their contexts.

### 3.3. Study Population

The target population for the study comprised the teenage mothers aged 13-19 years who returned to school after the COVID-19 pandemic and reside or attend school in Lurambi sub-county. They were the primary

respondents to the questionnaires. Teenage mothers who are supported or sponsored were mainly targeted for focus group discussions, while key informants, such as guidance and counseling teachers and local leaders (Women Representative Office), who deal with youth issues, were contacted to triangulate their perspectives with the information gathered from the teenage mothers.

### 3.4. Sample Size

The study utilized a sample size of 100 respondents, which was determined using Yamane's (1967) formula for sample size calculation. This formula is widely applied in survey research to determine an appropriate sample size from a finite population when the desired level of precision is known. The formula in Eq. 1, where  $n$  is the required sample size,  $N$  is the total population under study, and  $e$  refers to the level of precision or the sampling error. For this study,  $N=1000$ , and  $e = 0.10$ .

$$n = \frac{N}{1 + N(e)^2} \quad (1)$$

Accordingly, the computed sample size was 100 participants. This sample size was considered sufficient to represent the study population effectively while maintaining an acceptable margin of error and ensuring the reliability of the findings.

The 100 participants for the study were selected through purposive and snowballing sampling strategies with the aid of guidance and counselling teachers who are already working closely with these SRTMs. Purposive sampling was employed to intentionally choose individuals who satisfied certain inclusion criteria related to the study aims, specifically their status as teenage mothers who return to school. Given the sensitive and possibly stigmatized nature of adolescent parenthood, which frequently makes this demographic difficult to reach via traditional sampling methods, snowball sampling was used to contact more participants via referrals.

### 3.5. Data Collection and Analysis

The study used various methods to gather data and meet its objectives. Desktop reviews covered both historical and recent data on adolescent pregnancies, teenage motherhood, and issues related to adolescent parenting and behaviors. The secondary data was obtained through an extensive literature review to identify welfare challenges and the factors influencing adolescent parenting and motherhood. Additionally, semi-structured questionnaires with both closed and open questions were given to the SRTMs.

Closed questions aimed to collect specific information about the welfare challenges faced by SRTMs after COVID-19, while open questions captured their opinions on these challenges. Interviews were conducted with principals, guidance and counseling

teachers, and local officials from the Kakamega women's representative office. Focus group discussions involved both sponsored and unsponsored SRTMs. Throughout the data collection, ethical considerations were carefully observed to ensure adherence to research standards and participant safety.

The confidentiality of all respondents was protected, with their identities and responses kept anonymous and used only for academic purposes. Informed consent was obtained from school principals before involving minors to safeguard their rights and welfare. Moreover, necessary approvals were secured from Masinde Muliro University of Science and Technology (MMUST), the National Commission for Science, Technology and Innovation (NACOSTI), the County Director of Education, and the County Commissioner.

These steps ensured that the study followed institutional, national, and local ethical guidelines. Descriptive statistical methods, including cross-tabulations and frequency distributions, were used to systematically summarize and interpret the quantitative data and the closed-ended questions. Qualitative findings were shared through direct quotations to maintain the authenticity of participants' stories and highlight the voices of key informants, focus group members, and SRTMs.

## 4. Results and Discussions

### 4.1. Socio-Demographic Characteristics of the School Returnee Teenage Mothers' Households

The questionnaire was administered to 100 SRTMs within the peri-urban areas of Lurambi Sub-County. The study sought to establish the following socio-demographic features of SRTMs: Marital status of SRTMs, age of husband/fiancée or boyfriend, and main source of income of parents /guardians of SRTMs. When asked about their marital status, 81(81%) SRTMs were single, 15 (15%) were separated, and only 4(4%) were married. The study also showed that none of the SRTMs was a widow as presented in Table 1. This implied that most of the SRTMs carried the hefty burden of taking care of their children alone because the support of their partners wasn't guaranteed.

The age of the husband/fiancée /boyfriend of the SRTMs was determined, and the findings are summarized in Table 1. The findings also showed that the highest number of SRTMs husbands/ fiancées/ boyfriends, 88 (88%), were aged 18-25 years, and only 12(12%) were aged 26-35 years. The study also found that none of the SRTM's husbands/ fiancées/ boyfriends were aged under 18 years or 36 years and above.

The study findings revealed that the majority of the husbands/fiancée /boyfriends of the SRTMs were aged

18-25 years, suggesting that they are either still in school or have just completed campus. At that age bracket, the majority of youths normally have no stable income to support themselves without the additional responsibility of a child. The primary source of income for parents/guardians of the SRTM in peri-urban areas of Lurambi Sub-County, as shown in Table 1, was informal employment and jua kali, accounting for 31 (31%). Other

income sources included business, 29 (29%); farming, 17(17%); formal employment at 8 (8%), farming and business, at 8 (8%); and relatives and Inua Jamii, at 7 (7%). The study found that the majority of the SRTMs in Lurambi Sub-County were coming from households whose main sources of income were relatively unstable, thus affecting the households' economic muscle.

Table 1: Socio-Demographic Characteristics of the School Returnee Teenage Mothers' Households.

Characteristics	Categories	Frequency (N=100)	Percentage (%)
Marital status of SRTMS	Married	4	4%
	Single parent	81	81%
	Widowed	0	0%
	Separated	15	15%
Age of the Husband/Fiancée or Boyfriend	18 - 25 years	88	88%
	26-35years	12	12%
	36-49years	0	0%
	50-60years	0	0%
	Over 60years	0	0%
Source of income of the parent/guardian to SRTMs	Formal employment	8	8%
	Farming	17	17%
	Business	29	29%
	Relatives and Inua Jamii	7	7%
	Informal employment and jua kali	31	31%
	Farming and business	8	8%

This, in turn, makes the teenage girls more vulnerable to early sexual engagements to meet their needs, which they cannot satisfactorily get from parental/guardian support. These findings corroborate those of the study by Shibeshi et al. (2024), which suggests that teenage girls from low-income households may be exposed to

early marriage and sexual initiation, and they may be unable to afford reproductive health services and contraception. These put them at a higher risk of early and unintended pregnancies, owing to poverty and lower expectations of future economic success.

Table 2: Welfare Challenges faced by teenage mothers in Lurambi Sub-County when returning to school after the COVID-19 Pandemic.

Welfare Challenges faced by teenage mothers in Lurambi Sub-County when returning to school after the COVID-19 Pandemic.		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Rank any top 6	
Childcare Responsibilities	Freq. (N)	29	64	93%	0	0	7	1
	Percent	29%	64%		0	0	7%	
School Syllabus Content Coverage Gaps	Freq. (N)	58	23	81%	0	19	0	2
	Percent	58%	23%		0	19%	0	
Stress and Related Mental Health Issues	Freq. (N)	33	42	75%	3	11	11	3
	Percent	33%	42%		3%	11%	11%	
Limited Livelihood options	Freq. (N)	7	66	73%	12	15	0	4
	Percent	7%	66%		12%	15%	0	
Social stigma and discrimination	Fr eq. (N)	23	44	67%	11	18	4	5
	Percent	23%	44%		11%	18%	4%	
Drop in social welfare packages.	Freq. (N)	4	59	63%	24	13	0	6
	Percent	4%	59%		24%	13%	0	

#### 4.2. The welfare challenges of returnee teenage mothers to schools within the post-COVID-19

The study sought to establish the welfare challenges faced by teenage mothers who returned to school after the COVID-19 pandemic. This was done through a five-point Likert scale: Strongly Agree, Agree, Undecided, Disagree, and Strongly Disagree.

Parenting involves raising children and providing them with protection and care to support their healthy development by encouraging and supporting a child's physical, emotional, social, spiritual, and cognitive

growth from infancy to adulthood. Good parenting requires efforts from both the mother and the father, which is often not the case for many SRTMs. Most of these young mothers are unmarried; therefore, the heavy childcare responsibilities often fall on them, sometimes with help from their parents or guardians. This frequently creates a significant challenge for these SRTMs, especially when they try to balance going to school, completing academic assignments, and caring for their babies. This aligns with the finding that 93% of SRTM respondents, shown in Table 2, believe that childcare responsibilities are a serious welfare challenge, especially when trying to balance school and

caring for their babies. Additionally, the study findings were supported by two interviews with key informants who indicated that:

*Balancing between going to school and taking care of their children is a challenge for them since there are times, they need to be absent to take the babies to clinics or for treatments when they are not well. (Interview-2, an interview with one of the guidance and counseling teachers on 29<sup>th</sup> July 2024).*

The findings were supported by another interview, which indicated that:

*Despite SRTM getting help in taking care of their babies during the day when they are at school, balancing school work and child responsibilities is still a challenge. When these young mothers return home in the evening, they barely concentrate on their school homework or revision, especially when their babies are not asleep. She narrated that the only thing the SRTM normally hears when their child is crying is "Shika mtoto wako" (take your baby), regardless of what they might be doing. (Interview-3, an interview with a guidance and counseling teacher on 31<sup>st</sup> July 2024).*

The study findings are in line with the findings of [Timothy & Juhudi \(2023\)](#), who revealed that teenage mothers undergo many difficulties in balancing their responsibilities as students and mothers, including adhering to school rules and regulations, attending classes on time, and at the same time fulfilling family and child responsibilities. They further showed that teenage mothers with multiple responsibilities struggle to attend school regularly, resulting in poor academic performance due to a lack of active and adequate participation in class. Poor performance discourages students from studying and leads them to prioritize other activities, such as business, over academic pursuits ([Timothy & Juhudi, 2023](#)).

Further study findings were supported by findings of [Ngafeeson \(2025\)](#), who showed that Childcare obligations frequently provide considerable hurdles for adolescent moms, limiting their capacity to finish their studies and grow personally. The study findings further showed that teenage mothers usually bear major caregiving responsibilities, which might impede their return to school and limit their engagement in other age-appropriate activities ([Ngafeeson, 2025](#)).

The study findings also corroborated the findings of [Hampton et al. \(2022\)](#), who showed that teenage mothers' childcare responsibility challenges often arise as a result of a number of them may not have had the chance to learn about child development, nutrition, health, and safety, which can influence the quality of

care they offer to their children ([Hampton et al., 2022](#)).

The study findings, as presented in [Table 2](#), also showed that 81% (58% strongly agreed and 23% agreed) of the respondents agreed that gaps in school syllabus content coverage are among the welfare challenges affecting teenage mothers when they return to school after delivery. This is evidenced by the majority's difficulty in resuming where they left off or a slight decline in their class concentration and overall performance compared to before they became pregnant and had their baby. The finding was further supported by an SRTM during a focused group discussion, who stated that;

*Catching up after returning to school with a newborn was challenging, even though I only stayed home for one month. Since then, my performance has not been as good as before; it is generally below what I used to score before pregnancy and staying home after delivery. The decline is mainly due to not having enough time to study at home. Additionally, I had to wake up very early to attend to the baby by washing his dirty clothes and preparing his belongings for the day while I was at school. This made it difficult to concentrate fully on classwork because I was already tired. (Focused Group Discussion by SRTMs on 24<sup>th</sup> July 2024).*

Returning to school as a teen mother poses significant challenges, particularly in catching up on syllabus content missed during their absence. Teenage mothers frequently miss critical learning periods due to pregnancy, childbirth, and recovery, resulting in significant gaps in fundamental knowledge. These gaps manifest as welfare challenges, influencing their holistic well-being, academic performance, and reintegration into the school system. The study findings concurred with the findings of [Okondo \(2022\)](#), who established that irregular school and class attendance is one of the major challenges affecting teenage mothers who return to school. She further showed that a good number of teenage mothers are frequently absent from school and classes because of commitments associated with teenage motherhood, suggesting that motherhood is one of the most difficult times in the lives of teenage mothers who become mothers and return to school. On the other hand, SRTMs are expected to carry out schoolwork like the rest of the students while also performing their motherly responsibilities at home ([Okondo, 2022](#)).

The study findings also showed that 75% (33% strongly agreed and 42% agreed) of the respondents, as shown in [Table 2](#), believed that SRTMs usually undergo stress and other mental issues when they return to school. This was highly supported by the guidance and counseling teachers upon interview, who majority

shared that the SRTMs usually exhibit certain characteristics that can be highly associated with stress or mental health-related issues;

*Most of the SRTMs are not behaving/ carrying out themselves in a similar manner within the school compound the way they used to before giving birth and returning. Some seem to be withdrawn from their classmates and even the school co-curriculum activities, even those who had been talkative and active in various activities. This has resulted in frequent absenteeism by some SRTMs, sometimes without apparent reason (Interview-1, an interview with guidance and counseling teacher on 23rd July 2024)*

*Some SRTMs exhibits tiredness and a sense of withdrawn attention in class, which was linked to lack of enough rest or sleep due to child disturbance all night. The interview further showed that some SRTM children were taken away, so the thinking of their children and their general well-being wherever they are is always stressful to them. For instance, one SRTM was told, "Kama unataka kurudi shule upeane mtoto kwenye alitoka" (If you want to go back to school, give the child where he came from); since then, she has not been at peace with herself because the child was taken to his father's home. (Interview-2, an interview with one of the guidance and counseling teachers on 29th July 2024).*

*Some of the SRTMs feel withdrawn and thus receive little or no attention in class. For instance, some neither concentrate nor participate in class, and some always even start gazing at things in the air they are the only ones who can see (Interview-4, an interview with one of the guidance and counseling teachers on 31st July 2024).*

*Because of everything happening around me, sometimes, it gives me different awkward thoughts, and on some occasions, I start regretting and blaming myself for whatever I am going through. If I hadn't gotten pregnant, I would not be suffering this much (SRTM 1 Focused Group Discussion by SRTMs on 24th July 2024).*

The study findings resonate with the findings of [Wainaina et al. \(2021\)](#), which suggest that teenage mothers are at high risk of mental health stress because their pregnancies are often unwanted, and compounded by risk factors such as lack of social support, stigma, intimate partner abuse, and economic hardship ([Wainaina et al., 2021](#)). They further showed that insufficient preparation and lack of essential information about infant feeding, caregiving practices, and prevention of childhood illnesses form the basis for increased mental stress in parenting teenage mothers. Research findings were further supported by the findings

of [Kerobo \(2022\)](#), who established that teenage mothers who lack emotional support are more likely to experience depressive symptoms, which are linked to the stress of motherhood.

Several studies have pointed out that teenage girls from low-income households are usually at a higher risk of becoming pregnant ([Shibeshi et al. 2024](#); [Chung, Kim, & Lee, 2018](#); [Kassa et al., 2018](#)). Some of the SRTMs do not have parents or don't stay with their parents for one reason or another. These young mothers, most of the time, don't get their parents' support for their babies. This usually forces them to take care of their children alone or maybe with a little support from their boyfriends, which is never guaranteed. The study findings presented that 73% of the respondents believed that it is one of the critical welfare challenges affecting the SRTMs, mainly because a good number of these young mothers face financial instability due to their inability to access sustainable income-generating opportunities and thus solely depend on their parents or guardians, or at times on their spouse/boyfriend.

The findings were further supported by the key interviews presented below.

*Giving birth as a schoolgirl comes with responsibilities that affect their regular school attendance and schoolwork, since much of their time and energy is directed toward caring for their babies (Interview-2, an interview with one of the guidance and counseling teachers on 29th July 2024).*

*Some parents or guardians take time to accept their daughters' fate and start supporting them and their babies. A number of parents normally start having hope once they see their daughters performing again at school after being supported to return. (Interview-5, an interview with one of the officers in the office of Kakamega County Women Representative office on 31st July 2024).*

Teenage mothers face a variety of financial and social disadvantages as a result of becoming parents while still in school ([Anima & Tampah-Naah, 2023](#)). The study findings concur with the findings of [Kumar et al. \(2017\)](#), who established that adolescent mothers are the primary source of social support for pregnant and parenting teenagers, while external family and male partners play a minor role in the child's upbringing. They further suggest that sometimes the mothers' reactions to their daughters' pregnancy are sympathetic; unfortunately, the lack of food and resources made the mothers distant and limited in their abilities to lend support. On the other hand, those teenage mothers who lived with partners had to negotiate additional challenges in their new mother role and childcare responsibilities ([Kumar et al., 2017](#)).

The study findings, as presented in [Table 2](#), showed that 67% of the respondents agreed that stigmatization/discrimination is one of the challenges the SRTMs face in schools and even at home from their colleagues, teachers, and sometimes even parents. SRTMs sometimes get stigmatized and discriminated against by their classmates through name-calling, mocking, and disassociating with them. The findings were further supported by the interviews of key informants, as shown below:

*Some teachers keep on reminding the SRTM of their condition, which makes them feel labeled and undermined; I quote “Hivyo tu ndio ulifanya mchezo na ukazaa” (That’s the way you were joking until you gave birth). (Interview-1, an interview with a guidance and counseling teacher on 23<sup>rd</sup> July 2024)*

*Several SRTMs are frequently reminded that they gave birth, “Huyu alizaa” (she gave birth), and some even suggest that they create separate sitting rows for the mothers (SRTM) away from girls. It also showed that some classmates end up stalking the SRTMs to have proof that they have babies at home. According to one SRTM, “My classmate took the initiative to visit our home without my knowledge to find out if truly I had a baby, she carried my baby and even took some pictures with her and now she is sharing with everybody in our class, this has affected my confidence and self-esteem (najichukia tu meaning I hate myself) (Interview-2, an interview with one of guidance and counseling teachers on 29<sup>th</sup> July, 2024).*

*A number of these young mothers, whether at home or school, are constantly reminded that they gave birth, especially when they make mistakes. This is usually pointed out. Some have even been labeled by their teachers or classmates “Wamama” (Women) (Interview-3, an interview with a guidance and counseling teacher on 31<sup>st</sup> July 2024).*

*SRTM is being labeled by some of the teachers as “wewe after kuzunguka unakuja kunisumbua” (you after roaming around you are back to disturb me) (Interview-4, an interview with one of the guidance and counseling teachers on 31<sup>st</sup> July 2024).*

*Other classmates distanced themselves from me saying that whoever associated with me, I would influence and teach her how to have a boyfriend and even start engaging in active sexual relationships, which can even lead to pregnancies. Though I didn’t give up, I felt I had learnt my lessons, and now I am just focusing on my studies. Those who talked ill about me, I distance myself from them for the sake of my peace much (Focused Group Discussion by SRTMs on 24<sup>th</sup> July 2024).*

*Some of the community members where these teenage mothers come from always see them as bad and spoilt children and discourage their children from associating in any way with them. This is because a number of them feel that these adolescent mothers will influence children, especially the daughters with their “perceived bad behaviors” (Interview-5, an interview with one of the officers in the office of Kakamega County Women Representative office on 31<sup>st</sup> July, 2024).*

The study findings portray that social stigma and discrimination are indeed a challenge affecting the SRTMs. Furthermore, the findings of [Morgan et al. \(2025\)](#) showed that teenage mothers may face rejection and discrimination from their classmates, peers, and teachers, which can have profound negative effects on their personal development, educational aspirations, and psychosocial development, as well as exacerbate feelings of loneliness and low self-esteem ([Morgan et al. 2025](#)). Further, the study by [Bermea et al. \(2019\)](#) elaborates that teenage mothers, upon returning to school, were described as feeling isolated and stigmatized by their non-parenting peers and school staff, both teaching and non-teaching.

Further, the study findings were supported by the findings of [Pottinger et al. \(2023\)](#), who argue that teenage mothers are more likely than adult mothers to face pregnancy or birth-related stigmatization, which in turn increases their risk of depression. It further shows that those teenage mothers staying in single-parent households are highly vulnerable to stigmatization as compared to those in multigenerational households, who are less likely to suffer depression ([Pottinger et al. 2023](#)). This was further supported by [Leese \(2016\)](#), who showed that a good number of teenage mothers experience various forms of discrimination, but negative stereotypes dominate the stigmatization of teenage pregnancy and teenage parenting.

## 5. Conclusion

This study concludes that SRTMs in peri-urban areas of Lurambi Sub-County experience a multifaceted set of interrelated challenges that hinder their successful reintegration into formal education following the COVID-19 pandemic. These challenges, spanning financial hardship, academic readjustment, psychological distress, and social exclusion, collectively undermine their educational attainment and overall well-being. The dual burden of childcare and limited institutional support systems exacerbates their vulnerability, while pervasive stigma and discrimination further impede their social and academic reintegration. Despite the presence of partial support from some schools and family networks, such interventions remain fragmented and insufficient to address the complex realities of SRTMs. In light of the findings, the study recommends the formulation and implementation of integrated, multi-

sectoral strategies aimed at enhancing the welfare and educational outcomes of SRTMs. The targeted and multi-sectoral interventions, such as psychosocial support, flexible learning structures, and economic assistance programs targeting both the SRTMs and their children, enable teenage mothers to return to school after giving birth and also to balance academic demands with childcare responsibilities without compromising educational quality, focusing on completing their education successfully.

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