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Stigma as a Primary Barrier to the Educational Transition of Adolescent Mothers in Machakos Sub-County, Kenya

By

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Abstract
The purpose of this study was to investigate the extent to which stigma associated with teen pregnancy affects the transition of female students from high school to tertiary education in Machakos Sub-County, Kenya. The contention of the study is that teen pregnancy remains a formidable obstacle to female educational attainment in Kenya, with low transition rates from secondary to tertiary education being a critical concern. While practical barriers are well-documented, the unique predictive power of social stigma as a primary deterrent is less empirically established. The study was guided by Howard Becker's Labeling Theory, the study employed a descriptive survey research design, integrating quantitative and qualitative data from 114 participants, including adolescent mothers, teachers, school administrators, and education officials. Quantitative data from structured questionnaires were analyzed using descriptive statistics and multiple regression, while qualitative data from semi-structured interviews underwent thematic analysis. The findings reveal that stigma is a pervasive and powerful force, with 70.7% of adolescent mothers reporting stigmatization by peers. A multiple regression model confirmed that stigma emerged as the strongest statistically significant predictor of the failure to transition to tertiary education ($\beta = .451$, $p < .001$), surpassing the impacts of academic disruption and health complications. Thematic analysis illuminated how this stigma manifests as social exclusion and teacher prejudice, creating a hostile school environment that systematically erodes students' self-esteem and ambition. The study concludes that stigma is not a secondary issue but a primary, quantifiable barrier that renders re-entry policies ineffective. It is recommended that the Ministry of Education mandate compulsory anti-stigma training for all education professionals and that schools establish formal psychosocial support systems to create an inclusive environment conducive to the academic success of adolescent mothers.

Keywords: Stigma, Teen Pregnancy, Educational Transition, Tertiary Education, Adolescent Mothers, Labeling Theory, Kenya

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1. Introduction

Globally, adolescent pregnancy constitutes one of the most significant barriers to female education, systematically derailing the academic trajectories of millions of young women. According to the World Health Organization (WHO, 2021), an estimated 12 million girls aged 15-19 give birth each year, with the vast majority residing in low- and middle-income countries. This early transition to motherhood is inextricably linked to higher rates of school dropout, diminished lifetime earnings, and the intergenerational transmission of poverty (UNFPA, 2021). While the practical challenges of childcare, financial hardship, and health complications are widely acknowledged as impediments to education, a more insidious and arguably more powerful barrier operates in the psychosocial realm: social stigma.

In Sub-Saharan Africa, where teen pregnancy rates are the highest in the world, the interplay between cultural norms and educational systems often creates an environment where young mothers are systematically excluded. Despite the existence of progressive policies in many nations designed to facilitate school re-entry, the on-the-ground reality is often one of social marginalization (APHRC, 2020). In Kenya, the government has instituted a National Re-Entry Policy (Ministry of Education, 2021) that theoretically protects a young mother's right to return to school. However, transition rates from secondary to tertiary education for this demographic remain alarmingly low (KDHS, 2022). This gap between policy and outcome suggests that legal frameworks alone are insufficient to overcome the deeply entrenched barriers that these students face.

While academic disruption and health complications are tangible and frequently studied, the social-psychological force of stigma manifesting as negative labeling, discrimination, and social exclusion often remains a secondary consideration in policy discourse. It is this pervasive yet under-quantified force that forms the central focus of this article. This study, therefore, moves beyond a general acknowledgment of stigma to empirically investigate its specific, predictive power in halting the educational progression of adolescent mothers from high school to tertiary institutions within Machakos Sub-County, Kenya.

2. Statement of the Problem

Despite the legal and policy framework provided by Kenya's National Re-Entry Policy, a significant disconnect persists between the policy's intent and the reality of educational attainment for adolescent mothers in Machakos Sub-County. The transition from secondary to tertiary education represents a critical juncture for social and economic mobility, yet this pathway is effectively closed to the majority of young women who become mothers during their teenage years. Local education reports confirm that while some girls may re-enter secondary school, their progression to universities, colleges, or vocational training centers is exceedingly rare (Machakos County Education Report, 2023).

Previous research in Kenya has extensively documented the practical barriers to education, such as financial constraints (Nyambura & Kamau, 2023) and academic disruption

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(Mwangi & Njuguna, 2022). These studies provide an invaluable understanding of the logistical hurdles faced by young mothers. However, they often treat social stigma as a correlated or contextual factor rather than a primary causal variable in its own right. This leaves a critical gap in the literature: there is a lack of empirical research that isolates and quantifies the unique predictive power of stigma on the failure to transition to tertiary education, especially when controlled for other known barriers.

Without a clear, data-driven understanding of stigma's potent role, interventions are likely to remain focused on practical solutions (e.g., financial aid) while neglecting the profound psychological and social obstacles that render these solutions ineffective. If a student is too demoralized by social exclusion to even apply to college, financial aid becomes irrelevant. This study addresses this gap by using a mixed-methods approach to not only describe the experience of stigma but also to statistically measure its impact relative to other factors, thereby providing policymakers with compelling evidence that addressing the psychosocial environment of schools is not a peripheral concern but is central to achieving educational equity for adolescent mothers.

3. Literature Review

The detrimental effect of stigma on the educational trajectories of adolescent mothers is a globally recognized phenomenon. In developed nations, where legal protections for student-parents are often robust, stigma operates in more subtle but equally damaging ways. Research in the United States by SmithBattle (2018) documents how teen mothers experience profound social marginalization within school environments, leading to diminished academic aspirations and a fractured sense of belonging. This is compounded by what Aparicio, Pecukonis, and Zhou (2018) identify as a severe impact on mental health, where the stress of social judgment contributes to anxiety and depression, further impairing academic performance. This institutional dimension of stigma, described by Wiggins et al. (2015) in the United Kingdom, manifests when schools, concerned about their reputation, adopt unsupportive or implicitly punitive policies that create barriers to re-entry and successful integration. This body of research establishes that stigma is not merely hurtful social interaction but a force that actively erodes a student's psychological resources and is often reinforced by institutional culture.

In many African contexts, the impact of stigma is amplified by deeply entrenched cultural and religious norms that attach significant dishonor to pregnancy outside of marriage. A seminal study in South Africa by Mushwana et al. (2015) found that social rejection from peers and educators was a direct precursor to psychological distress and academic failure. This research powerfully demonstrates that stigma is an active agent of discrimination, often leading to the denial of academic support or resources, thereby systematically obstructing a student's path forward. Similarly, research in Nigeria by Odu and Ayodele (2018) highlighted how shame and fear of judgment, rooted in strong cultural beliefs, create a climate of silence and withdrawal, discouraging young mothers from seeking the very support they need to continue their education.

This social condemnation often extends beyond the school, permeating family and community structures. A study in Zambia by Mwaba (2017) revealed that stigma experienced from parents and relatives was a key driver in the withdrawal of familial support, a lifeline without which continued education becomes nearly impossible. Conversely, research in Kisumu, Kenya, by Odhiambo et al. (2021) provides a crucial counterpoint, showing that adolescent mothers who experienced less judgment from their families and communities were

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significantly more inclined to pursue further education. This underscores the critical role of the immediate social environment in either reinforcing or mitigating the destructive effects of societal stigma.

Kenya's National Re-Entry Policy (MoE, 2021) represents a progressive step towards ensuring educational continuity for adolescent mothers. However, its effectiveness is fundamentally undermined by the psychosocial realities on the ground. Research within Kenya consistently reveals a deep chasm between the policy's legal provisions and the lived experiences of young mothers. In Machakos County, Ndunge and Ngugi (2022) reported that severe societal stigma remains the primary reason young mothers do not return to school, even when they are aware of their right to do so. Their study critically discovered that many schools in the region lack clear, consistently enforced policies for re-admitting and supporting young mothers, creating an institutional vacuum where stigma is allowed to thrive.

Furthermore, Muthama (2023) found that community and family pressure in Machakos often compels young mothers to prioritize childcare over education, a cultural expectation that directly subverts their chances of ever reaching the tertiary level. While a significant body of research documents the existence of stigma, a clear research gap persists. There is limited empirical evidence that moves beyond correlation to determine the unique, predictive power of stigma on the failure to transition to tertiary education, particularly when controlling for other factors. While the problem is well-defined qualitatively, its statistical weight remains under-researched. This study aims to fill this gap by providing a quantitative measure of stigma's impact, thereby elevating it from a contextual issue to a primary target for intervention.

This study is theoretically anchored in Howard Becker's (1963) Labeling Theory. This powerful sociological framework posits that deviance is not an inherent quality of an act but rather a consequence of the application by others of rules and sanctions to an "offender." When an individual is successfully labeled as deviant—in this case, a "teen mother," often with connotations of being a "failure" or "immoral"—they may come to internalize this label. This process of internalization, as described by Goffman (1963) in his work on "spoiled identity," reshapes an individual's self-concept and can lead to a self-fulfilling prophecy.

The labeled individual begins to act in accordance with the expectations of the label, withdrawing from conventional society and aligning with the deviant role. In the context of this study, Labeling Theory predicts that the stigma faced by adolescent mothers will lead to diminished self-esteem, reduced academic motivation, and an ultimate disengagement from the educational system, thus directly impeding their transition to tertiary education. The study uses this framework to interpret how social reactions actively construct the educational failure of this vulnerable group.

4. Methodology

This study employed a descriptive survey research design, integrating both quantitative and qualitative methods to provide a comprehensive analysis of the research problem. The study was conducted in Machakos Sub-County, a region characterized by a mix of semi-urban and rural settings and documented high rates of teen pregnancy. The target population included adolescent mothers, teachers, school administrators, and education officials.

A multi-stage sampling procedure was used to select 114 participants. Purposive sampling was used to select five secondary schools with a high prevalence of adolescent pregnancy. Within these schools, a sample of 58 adolescent mothers, 36 teachers, 5 school

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administrators, and 15 parents was selected using a combination of purposive and snowball sampling techniques. Additionally, 5 sub-county education officials were included via census sampling due to their small number and critical role.

Quantitative data were collected using structured questionnaires administered to adolescent mothers and teachers. The questionnaires utilized a 5-point Likert scale to measure perceptions and experiences related to stigma, academic disruption, and health complications. Qualitative data were gathered through semi-structured interviews with school administrators, parents, and education officials to explore their perspectives in-depth.

Quantitative data were analyzed using SPSS Version 26. Descriptive statistics (frequencies, percentages) were used to summarize the data. For inferential analysis, composite scores were created for the key variables, and a multiple linear regression was conducted to determine the predictive power of the independent variables (academic disruption, health complications, and stigma) on the dependent variable (the perceived barrier to tertiary education). Qualitative data from the interviews were transcribed and subjected to thematic analysis to identify recurring patterns and themes.

5. Findings

The quantitative data reveals that stigma is a widespread and deeply felt experience for adolescent mothers within the school system. Table 1 presents the responses of the 58 adolescent mothers regarding their experiences with stigma.

Table 1: Adolescent Mother's Response on Effects of Stigma on Transition (N=58)

Statement	1	2	3	4	5
I was stigmatized by peers because of my pregnancy.	3 (5.2%)	6 (10.3%)	8 (13.8%)	20 (34.5%)	21 (36.2%)
Teachers treated me differently after my pregnancy was known.	5 (8.6%)	7 (12.1%)	9 (15.5%)	18 (31.0%)	19 (32.8%)
I avoided school events to escape judgment and stigma.	4 (6.9%)	8 (13.8%)	7 (12.1%)	19 (32.8%)	20 (34.5%)
I lacked emotional support from school or community after pregnancy.	6 (10.3%)	5 (8.6%)	10 (17.2%)	17 (29.3%)	20 (34.5%)
Fear of stigma discouraged me from continuing to tertiary education.	7 (12.1%)	6 (10.3%)	8 (13.8%)	15 (25.9%)	22 (37.9%)

(Key: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)
Source: Field Data 2025

A striking majority of respondents (70.7%) reported experiencing direct stigmatization from their peers, while 63.8% felt that teachers treated them differently after their pregnancy was known. This hostile environment prompted behavioral changes, with 67.3% admitting to

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avoiding school events to escape judgment. Critically, 63.8% explicitly stated that the fear of stigma was a direct discouraging factor in their consideration of pursuing tertiary education. This experience of stigma exists within a vacuum of institutional support, as perceived by teachers. Table 2 presents teachers' views on stigma and the school's preparedness to handle it.

Table 2: Teachers' Responses on Stigma and Social Impact (N=36)

Statement	1	2	3	4	5
Teen mothers face stigma from teachers and classmates.	2 (5.6%)	4 (11.1%)	5 (13.9%)	14 (38.9%)	11 (30.6%)
Stigmatization discourages teen mothers from returning to school.	1 (2.8%)	3 (8.3%)	6 (16.7%)	13 (36.1%)	13 (36.1%)
Teachers are adequately trained to handle teen pregnancy cases.	7 (19.4%)	10 (27.8%)	8 (22.2%)	7 (19.4%)	4 (11.1%)
Schools provide support systems for pregnant students or young mothers.	6 (16.7%)	9 (25.0%)	7 (19.4%)	10 (27.8%)	4 (11.1%)

(Key: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)
Source: Field Data 2025

Teachers overwhelmingly acknowledged the problem, with 69.5% agreeing that teen mothers face stigma and 72.2% agreeing that this stigma discourages them from returning to school. This recognition of the problem, however, was starkly contrasted by their assessment of their own capacity. Nearly half of the teachers (47.2%) felt they were inadequately trained to handle such cases, and 41.7% disagreed that their schools provide adequate support systems. This highlights a critical disconnect between problem awareness and institutional preparedness.

To isolate the unique impact of stigma, a multiple linear regression was conducted. The model tested the ability of three independent variables (Health Impact, Academic Disruption, Stigma Impact) to predict the dependent variable (Tertiary Transition Barrier). The results were powerful and unequivocal.

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Table 3: Multiple Regression Coefficients

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
	B	**Std. Error**	**Beta (β)**	
(Constant)	.541	.211		2.564
Health Impact	.198	.085	.175	2.329
Academic Disruption	.285	.091	.299	3.132
Stigma Impact	**.412**	**.082**	**.451**	**5.024**

Source: Field Data 2025

The overall model was highly significant ($F(3, 90) = 73.911$, $p < .001$) and explained a substantial 71.2% of the variance in the perceived barrier to tertiary education ($R^2 = .712$). Crucially, the coefficients table reveals a clear hierarchy of influence. Stigma Impact emerged as the strongest and most significant predictor ($\beta = .451$, $p < .001$). Its unique contribution was substantially larger than that of Academic Disruption ($\beta = .299$, $p = .002$) and Health Impact ($\beta = .175$, $p = .022$). This finding empirically demonstrates that even when accounting for the practical challenges of poor health and missed schoolwork, the psychosocial burden of stigma has the largest unique impact on whether a young mother believes she can progress to tertiary education.

Thematic analysis of the interview data brought the quantitative findings to life, revealing how stigma operates on a daily basis. Three key themes emerged.

Theme 1: The Experience of Peer and Teacher Prejudice.

A hostile school environment was a dominant theme. School administrators confirmed that prejudice was common.

> One stated, "Girls often drop out not just because of the pregnancy itself, but due to the humiliation they face from both peers and teachers."

This was echoed by a parent who shared,

> "My daughter was called names like 'mama mtoto' and 'bad example' by both students and teachers, and this made her refuse to go back to school."

This illustrates how prejudice actively pushes students out of the educational system.

Theme 2: Stigma as a Driver of Disengagement.

The psychological impact of being labeled was profound.

> An education official explained, "We've seen cases where these girls come back, but they never fully participate because they fear being judged."

This internalized stigma leads to a withdrawal from learning, poor performance, and the abandonment of long-term goals. The social shame becomes a self-fulfilling prophecy, as predicted by Labeling Theory.

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Theme 3: The Vacuum of Institutional Support.

The qualitative data confirmed the institutional failure identified in the teacher surveys.

> An administrator lamented, "We don't have trained counselors or dedicated programs for such students. Most of the time, they just disappear."

This lack of formal support structures means that the school, as an institution, is complicit in allowing stigma to fester.

> Education officials admitted that while re-entry policies exist on paper, their implementation is weak, stating, "There's no accountability. Schools just let these girls vanish without follow-up."

6. Discussion

The findings of this study converge to form a powerful and coherent argument: social stigma is not a secondary consequence of adolescent pregnancy but a primary, predictive barrier to the educational transition of young mothers. The multiple regression analysis provides the most compelling evidence, isolating stigma ($\beta = .451$) as the most potent factor in explaining the perceived failure to progress to tertiary education. This elevates stigma from a qualitative concern to a quantifiable, primary driver of educational inequality.

This empirical result provides a stark, real-world validation of Becker's (1963) Labeling Theory. The qualitative data vividly illustrates the process of labeling, where students are branded a bad example and subjected to prejudice. As the theory predicts, this leads to the internalization of a spoiled identity (Goffman, 1963), manifesting as the withdrawal, disengagement, and fear of future judgment reported by participants. The strong predictive power of stigma in the regression model is the empirical culmination of this social process, demonstrating that the label itself becomes a more powerful determinant of a student's future than even her academic or health status.

Furthermore, the study exposes a critical policy paradox. Kenya's National Re-Entry Policy is a progressive framework, yet its impact is fundamentally neutralized by the institutional vacuum in which it operates. The data from teachers and administrators reveals a systemic failure: schools lack the training, resources, and formalized support systems necessary to create an inclusive environment. This corroborates a broader body of research (APHRC, 2020) which finds that re-entry policies across Africa often fail due to a lack of attention to the psychosocial realities of the school climate. This study contributes by demonstrating that without a direct and aggressive strategy to combat stigma, re-entry policies will remain hollow promises, legally permitting a return to a hostile environment where academic success is nearly impossible. The findings argue that an effective policy must be two-pronged: it must guarantee the right to re-enter and simultaneously mandate the creation of a supportive, stigma-free environment.

7. Conclusion

This study concludes that social stigma is the most significant and predictive barrier preventing adolescent mothers in Machakos Sub-County from transitioning from high school to tertiary education. This psychosocial force, manifested through peer exclusion and teacher prejudice, operates within a context of institutional unpreparedness, systematically eroding the self-esteem, motivation, and aspirations of young mothers. While practical challenges like academic disruption and health complications are significant, it is the social cage of stigma that proves to be the most formidable obstacle.

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8. Recommendations

Based on these conclusions, the following recommendations are proposed:

First, for the Ministry of Education and Teachers Service Commission (TSC): It is recommended that mandatory, practical anti-stigma and inclusive pedagogy training be integrated into all pre-service teacher education curricula and in-service professional development programs. Furthermore, the TSC should incorporate metrics related to the successful re-integration and support of adolescent mothers into the performance appraisal frameworks for school principals.

Second, for School Administrators: It is recommended that schools move beyond passive policies and establish formal, proactive psychosocial support systems. This should include the establishment of confidential peer support groups for adolescent mothers, the provision of dedicated access to professional counseling services, and the enforcement of strict, zero-tolerance anti-bullying and anti-stigmatization policies that apply to both students and staff.

Third, for Future Research: This study has quantified the problem. Future research should focus on solutions. It is recommended that intervention-based studies be conducted to evaluate the effectiveness of specific anti-stigma programs within Kenyan schools. A longitudinal study tracking the outcomes of students who participate in such programs would be invaluable in developing an evidence-based model for what truly works to support the educational transition of adolescent mothers.

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