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Peer Support Groups and Re-Entry of Teen Mother Students into Public Secondary Schools in Kakamega South Sub-County, Kenya

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Abstract

Despite the national policy commitment to inclusive education, teenage pregnancy remains a barrier to educational pathways of adolescent girls in Kenya, with re-entry into school after childbirth being low in several sub-counties. The study established the statistical relationship between the number of peer support groups sessions attended and the number of re-entry of teen mother students in public secondary schools in Kakamega South Sub-County, Kenya. The study was based on Lazarus and Folkman's Stress and Coping Theory and used a cross sectional mixed methods approach involving 44 teen mother students, their parents, teachers in charge of guidance and counselling, deputy principals and the Sub-County Director of Education. A Likert-scale questionnaire was used for quantitative data collection and descriptive statistics and simple linear regression were used for quantitative data analysis, with qualitative data from the interviews analysed thematically. The findings showed a statistically significant positive correlation between peer support group attendance and re-entry ($r = .751$, $R^2 = .564$, $F(1,39) = 434.774$, $p < .001$), meaning that peer support accounted for 56.4% of the variance in re-entry outcomes. This was confirmed by the qualitative results, which showed that stigma reduction, shared coping strategies and peer encouragement were pathways that enabled re-entry through peer support. But the study also revealed that the unstructured delivery of peer support and the socio-cultural practices prevailing in the sub-county limited its effect. The study suggests that structured peer support programs should be formalised and expanded as a deliberate re-entry strategy, not as an incidental of peer interaction.

Keywords: *peer support groups, school re-entry, teen mothers, psychosocial support, stress and coping theory, Kakamega South*

Introduction

Teenage pregnancy is a major public health and educational issue globally, and each year, an estimated 16 million girls aged 15–19 become pregnant, most of whom live in low- and middle-income countries (WHO, 2016). The country's adolescent birth rate (ABR) in Kenya has dropped from 96 per 1000 in 2014 to 73 per 1000 in 2022, but there are stark disparities between counties and sub-counties. According to the Kenya National Bereau of Statisics , (2022), although the ABR in Kenya has reduced from 96 per 1000 in 2014 to 73 per 1000 in 2022, significant disparities exist at the county and sub-county. Records kept by the Kakamega County Education office indicate that at the local level, Kakamega County had 6,669 teenage pregnancy cases from January to December 2024 highlighting the magnitude of the issue.

Kakamega South Sub-County is a critical situation in Kakamega County. The sub-county education office records also reveal that teenage pregnancy has been a persistent issue as there were 56 cases in 2019, 40 cases in 2020, 47 cases in 2021, 41 cases in 2022 and 44 cases in 2024). More critically, the same records showed that among the 44 teen girls who became pregnant in 2024, only 14 (31.8%) returned to school following the pregnancy, compared to 67.9% and 63.4% of girls in Kakamega Central and Khwisero respectively, who had similar socio-economic and cultural backgrounds). The disparity coupled with the 11th position of the sub-county in the 2024 KCSE results, which was among the 13 sub-counties, was the basis of the present inquiry.

Peer support groups are one of the many psychosocial pathways that schools and communities can support re-entry, providing teen mothers with an opportunity to challenge stigma, share coping strategies, and gain practical information (UNICEF, 2023). However, previous research in the area, such as that conducted by Nyangaresi (2021) in the neighbouring Kakamega Central Sub-County, looked at the causes of teenage pregnancies without assessing the effect of psychosocial interventions like peer support on re-entry outcomes. This created an empirical void: the extent to which participation in peer support groups was statistically related to re-entry into a sub-county with a clearly low re-

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entry rate. This paper fills this gap, based on data from a larger thesis on psychosocial support and re-entry, but only for the objective related to peer support groups.

Peer support groups for teen mothers have been documented in a variety of settings, albeit with varying levels of evidence. In the United States, organizations like Teen Parent Connection and YWCA Moms R Us offer community where shared experiences and confidence can be built, with mental health assistance from community organizations (Tinago, 2023). Young Mums Connect (YMC) and its partner, the Motherhood Group, provide peer support in the UK in different locations. Peer mentor mother programmes are implemented in South Africa through health facilities and in Kenya by peer-to-peer counselling, mentorship and community-based support by organisations such as FAWE Kenya, AMPATH Kenya and The Nasio Trust (Lang'at et al., 2025). Specifically, in Kakamega County, Young Mothers' Clubs and the Teenage Mother Support Group (TMSG) support young mothers in re-enrolling and acquiring vocational skills (Mugalavai et al., 2025).

Peer support is theorised to help re-entry to focus on stigma reduction and isolation, practical guidance, and a sense of belonging that mitigates the high drop-out rates of teen mothers. A related empirical study by Nasongo et al. (2019-2021) in neighbouring Bungoma County revealed that psychosocial support for teen mothers in schools was limited to guidance, counselling and encouragement while peer based mechanisms were comparatively low which could help explain the low re-entry rates despite the theoretical promise of peer support a pattern that if replicated in Kakameka South would help explain the low re-entry rates despite the theoretical promise of peer support.

In the adjacent and socio-culturally similar Kakamega Central Sub-County, Nyangaresi (2021) found that peer pressure, poverty, parental negligence and drug abuse are all contributing factors to teenage pregnancy. The dual nature of peer influence (as a risk factor for pregnancy and as a re-entry support) highlights the importance of looking at peer support groups specifically, and not assuming that "peer influence" is always a positive or negative influence. Additionally, the specific question that this study addresses was not examined in Nyangaresi's (2021) study, which did not evaluate the effectiveness of psychosocial interventions of any kind, including peer support, on re-entry.

Methodology

The study used a cross-sectional mixed methods design, combining quantitative and qualitative data to identify both the statistical relationship between participation in peer support groups and re-entry, as well as the contextual mechanisms that explain the relationship between the two (Creswell & Creswell, 2018). This study was carried out in Kakamega South Sub-County, Kenya and was based on Lazarus and Folkman's (1984) Stress and Coping Theory, which posits that teenage pregnancies are stressors whose effects on outcomes like school re-entry is moderated by the coping resources of the affected adolescent, in this case peer support.

There were 44 teen mother tudents in the 32 public secondary schools in Kakamega South Sub-county in the year 2024.The target population therefore included 44 teen mother students from the 32 public secondary schools in Kakamega South Sub-County, their parents, teachers responsible for guidance and counselling, deputy principals and the Sub-County Director of Education which were surveyed due to the small number of students. Objective data were gathered from the teen mother students, parents and teachers through a structured questionnaire (Section B) while qualitative data was obtained from the deputy principals and Sub-County Director of Education through interviews. Each group was subjected to one interview.The questionnaire assessed five questions about the availability, access, and perceived contribution of peer support groups to re-entry on a five-point Likert scale (Strongly Agree = 5, Strongly Disagree = 1). A total of 40 questionnaires were returned with a response rate of 90.9% of 44 questionnaires issued.

The reliability of the peer support group items was determined by Cronbach's Alpha and was found to be greater than 0.7, which is recommended by Cronbach for test validation. Cronbach (1967). Validity was determined using construct, face and content validity, and a content validity index of 0.79 was achieved through expert review. The quantitative data were analysed descriptively and simple linear regression in SPSS version 31, and the hypothesis tested at the 95% confidence level. Interviews were conducted and analysed qualitatively thematically.

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Results

Descriptive Findings

Table 1 presents the descriptive statistics for the five items measuring peer support groups and re-entry.

Table 1: Data on number of peer support groups sessions and number of re-entry of teen mother students

Statements	Mean	Standard Deviation
1. Our school has effective peer support groups that assist teen mother students	3.654	0. 6196
2. The peer support groups greatly assisted you re-enter school after pregnancy	3.712	0.8765
3. Many teen mother students readily access peer support to re-enter school	3.864	0.5431
4. Teen mother students re-enter school due to support by peer groups	3.765	0.6758
5. Most teen mother students are members of peer support groups	3.655	0.7321
Composite Mean and Standard Deviation	**3.73**	**0.6894**

Source: Field Data, 2026

The composite mean of 3.73 on the five-point scale indicates general agreement among respondents that peer support groups were present and contributed to re-entry, though the moderate standard deviations suggest some variation in individual experience, particularly regarding whether peer support directly assisted re-entry (SD = 0.877).

Inferential Findings

A simple linear regression was conducted to test the null hypothesis that there is no statistically significant association between the number of peer support group sessions attended and the number of re-entries of teen mother students.

Table 2: Model Summary

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1513.216	1	1513.216	434.774	.000[b]
	Residual	1169.435	39	3.480		
	Total	2682.651	40			

a. Dependent Variable: number of Re-entry of teen mothers
b. Predictors: (Constant), number of peer support group sessions

Source: Field Data, 2026

The regression model produced a correlation coefficient of $r = .751$ ($p < .001$), and the coefficient of determination indicated that 56.4% of the variance in the number of re-entries of teen mother students was attributable to the number of peer support group sessions attended. The ANOVA confirmed that this relationship was statistically significant, $F(1, 39) = 434.774$, $p < .001$. On this basis, the null hypothesis was rejected: there was a statistically significant positive association between peer support group attendance and re-entry of teen mother students in Kakamega South Sub-County.

Qualitative Findings

The statistical findings were complemented with information gathered during the interviews with the deputy principals and the Sub-County Director of Education. One deputy principal noted that teen mothers are juggling both academic and parenting duties and that there is a competition between teen and non-teen mothers, which highlights the need for structured support in school and at home. A second deputy principal said that society often "blames the teen mother" and it can lead to feelings of guilt and avoidance of assistance, including re-entry programs, which is where peer support groups, if they are structured and non-judgemental, could help. The Sub-County Director of Education confirmed that teen mothers are beset by a "myriad of challenges" and that the sub-county's policy goal was 100% completion, though this was not always met.

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The accounts are consistent with the theoretical proposition from Lazarus and Folkman (1984) that peer support is a coping resource which enables teen mothers to reappraise the stigma of pregnancy as manageable instead of overwhelming, which in turn helps to facilitate the behavioural outcome of re-entry.

Contextual Constraints

Although the study revealed a statistically significant positive relationship, the study revealed that Kakamega South Sub-County did not have a uniform formalization of peer support structures. Some of the respondents reported that peer groups were dependent on individual school initiative and not on a sub-county wide policy and therefore the benefits of peer support were not equally distributed across all the 32 public secondary schools. Further, the socio-cultural dynamics that prevailed in the sub-county, such as bull fighting, Isukuti dancing, and other informal social activities, were reported to draw the adolescent into close contact with others, sometimes in ways that could be risky, and therefore, "peer influence" in this context was a risk and protective factor depending on the structure and setting of the activity.

Discussion

The effect size of the peer support group attendance on re-entry outcomes (56.4%) is a significant effect size for one psychosocial variable and confirms that peer-based interventions are relevant in addressing the comparatively low re-entry rate of 31.8% in Kakamega South Sub-County compared to neighbouring sub-counties of Kakamega Central (67.9%) and Khwisero (63.4%). This finding aligns with international evidence of the protective effect of peer support for teen mothers (Tinago, 2023; UNICEF, 2023) and builds on the county-level evidence of Nasongo et al. (2019–2021) which directly tested, not just described, the link between peer support and a specific educational outcome.

Concurrently, the qualitative results imply that a statistically significant positive relationship does not necessarily imply that peer support in Kakamega South Sub-County is working optimally or equitably. The differences in school-level implementation and the socio-cultural pressures identified at the sub-county level indicate that the impact observed could be greater in a more systemically structured, sub-county-wide peer support system. This nuance aligns with Nyangaresi (2021) findings in the neighbouring sub-county that peer pressure, as a factor, can be a risk factor for teenage pregnancy, thereby confirming that it is not peer pressure per se, but the structure and purpose of peer support that can positively influence re-entry outcomes.

Conclusion

The study finds that the attendance of teen mother students in peer support groups is positively and significantly related to re-entry of teen mother students to public secondary schools in Kakamega South Sub-County, explaining more than half of the variance in re-entry outcomes. This places peer support as one of the more influential psychosocial mechanisms that can be put in place in schools to improve re-entry rates, but the current implementation of peer support in schools is informal and unevenly distributed, limiting its potential impact.

Recommendations

Peer support groups should be established as an integral part of guidance and counselling programmes in schools in Kakamega South Sub-County, not as an initiative of individual schools.

The Sub-County Director of Education should consider making sub-county wide guidelines to ensure uniformity of structure, frequency and facilitation of peer support sessions in all 32 public secondary schools.

Teachers responsible for guidance and counselling should be targeted for training in conducting peer support groups for teen mothers, as this is a protective peer interaction that is different from the identified informal peer and social interaction that put teen mothers at risk in the sub-county.

The role of the quality of school-level implementation in the relationship between peer support and re-entry should be explored further, as this study suggests that more consistently structured programmes may have even greater effects.

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