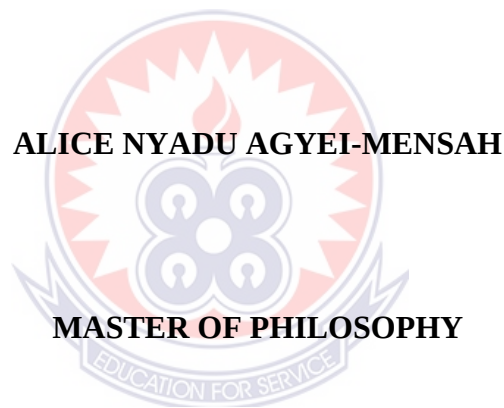


UNIVERSITY OF EDUCATION, WINNEBA

**Effects of cognitive restructuring counselling on stress and coping of re-entry
senior high school teenage mothers in Birim- South and Central Municipalities**



UNIVERSITY OF EDUCATION, WINNEBA

**EFFECTS OF COGNITIVE RESTRUCTURING COUNSELLING ON
STRESS AND COPING OF RE-ENTRY SENIOR HIGH SCHOOL TEENAGE
MOTHERS IN BIRIM- SOUTH AND CENTRAL MUNICIPALITIES**



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**A thesis in the Department of Counselling Psychology, Faculty of Applied
Behavioral Sciences in Education, submitted to the School of
Graduate Studies in partial fulfilment
of the Requirements for the award of the degree of
Master of Philosophy
(Counselling Psychology)
in the University of Education, Winneba**

SEPTEMBER, 2024

DECLARATION

Student's Declaration

I, Alice Nyadu Agyei-Mensah, declare that this thesis, except quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

Signature:

Date:



Supervisor's Declaration

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis as laid down by the University of Education, Winneba.

Prof. Stephen Antwi-Danso (Supervisor)

Signature:

Date:

DEDICATION

I dedicate this thesis to my dearest husband, Mr. Boaz Ahulu, and my lovely children

– Nnikay-Darling, Kerry Feehi, Jachin-Tom, and Jayden.



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LIST OF ABBREVIATIONS

Brief COPE	Brief Coping Inventory
PAHO	Pan American Health Organisation
PSS	Perceived Stress Scale
SAI	School Adjustment Inventory



ABSTRACT

Re-entry teenage mothers in Ghana frequently encounter considerable stress as a result of their dual responsibilities of parenting and academic pursuits. This study aimed to examine the prevalence of stress, the coping mechanisms employed, and the efficacy of cognitive restructuring counselling in alleviating stress among teenage mothers attending Senior High Schools in the Birim South and Central Municipalities. This study used the quasi-experimental design with 33 re-entry teenage mothers. Tools used in data collection included the Perceived Stress Scale, PSS-10, the Brief COPE Inventory, and the School Adjustment Inventory. Paired t-tests, ANOVA, and MANOVA were used to analyze stress levels, coping mechanisms, and cognitive restructuring counselling. The data analytic tool used was the R software. It was found that 72.7% of respondents reported high stress before the intervention, with a mean PSS-10 score of 22.8. After the intervention, the mean stress score significantly decreased to 9.73 ($p < 0.001$). Positive coping strategies increased, such as positive reframing and active coping, while negative coping strategies, such as denial and self-blame, decreased. There was a significant association between stress and emotional and educational adjustment after intervention: $F = 35.52$, $p < 0.001$, $F = 29.45$, $p < 0.001$, respectively. High levels of stress prevailed among the re-entry teenage mothers in the municipalities during the study. Cognitive restructuring counseling has helped reduce stress and improved adaptive coping strategies. Educational institutions should provide professional counselling services, flexible scheduling, orientation, and peer support programmes. Future studies should use a longitudinal design and incorporate both qualitative and quantitative methods to assess these interventions' long-term maintenance and effectiveness.

Keywords: Re-entry teenage mothers, stress, coping strategies, cognitive restructuring counselling, school adjustment, Ghana.

CHAPTER ONE

INTRODUCTION

1.0 Background to the Study

Teenage motherhood is a public problem that has far-reaching implications for the individual, the family, the society and the world as a whole (Malunga et al., 2023). It has become a great concern to researchers as well as national and local authorities in the education sector and places burden on the teachers, parents and stakeholders (Kwofie, 2019). Teenage motherhood refers to the state where a female below the age of 20 years becomes pregnant and parent and nurture a child in the stage of adolescence (Coast et al., 2021). Adolescence is the transition from childhood to adulthood which typically spans from 10 to 19 years (Gyasi, 2020). This transition is usually replete with challenges and becomes more complicated when childbearing occurs (Govender et al., 2020a). Despite this fact, teenage motherhood is still high in both the developed and developing countries with varying prevalences (Wado et al., 2019).

Motherhood among girls below 18 years continue to affect more than 16 million girls, making up 11% of all births worldwide (Nakibye, 2021). Globally, the Pan American Health Organization (PAHO) and the World Health Organization (WHO) reported that the rate at which teenage girls became mother was 46 births per 1,000 adolescent girls (PAHO/WHO, 2018).

Low- and middle-income countries (LMICs) bear the brunt of this issue, with an estimated 12 million girls aged 15 to 19 becoming mothers annually (S. Singh et al., 2016). In Africa, UNFPA reported an 18.8% prevalence of adolescent pregnancy and successive motherhood. (Ahinkorah et al., 2021) also stated that about 10% of teenage mothers gave birth by 16years. Sub-Saharan Africa (SSA) continues to have the highest

rate of adolescent pregnancy and subsequent motherhood with an estimated prevalence at 19.3% (Mutakatala et al., 2023). WHO reported 99.4 births per 1000 teenage girls in SSA, despite a global decline in the rate from 64.5 births per 1000 teenage girls (15–19 years) in 2000 to 41.3 births per 1000 teenage girls in 2023 (WHO, 2023b). As the global population of adolescents continues to grow, projections indicate that the number of teenage mothers will increase globally by 2030 (Edilberto & Mengjia, 2013).

In Ghana, on average, 30 girls are impregnated every day, with 13 teenage pregnancies occurring every hour in 2021 (Morgan et al., 2023a). The rate at which teenage girls who became mothers in 2020, 2021, 2022 were 11.2%, 11.1% and 10.6% respectively (Tetteh, 2023). According to the statistics, Eastern Region was the second highest region for three consecutive years (Tetteh, 2023). It was reported that in 2014, the Birim Central municipality recorded the second highest number of pregnant teenage girls in the Eastern region, with 797 pregnant teens representing 16.2% of the total girls' enrolment (Ghana New Agency, 2014).

The contributing factors to teen motherhood are both varied and complicated (Boateng et al., 2023). They involve the failure to access relevant sexual and reproductive health education, dominant cultural values, socio-economic differences, and a lack of support from families (Amoadu et al., 2022; Boateng et al., 2023; Coast et al., 2021). As long as these factors persist, teenage motherhood will also increase and lead to unfavourable consequences. The effects of this phenomenon are often greatly manifested in the lives of the teenage mothers especially in their health and education (Catherine et al., 2015). It has been recorded that childbearing teenage girls are at a high risk of birth associated complications such as neonatal and maternal mortality and morbidity, high blood pressure, depression and the likes (Elinor et al., 2022; Neal et al., 2016).

Additionally, the potential of teen mothers to achieve their educational objectives and desires are seriously curtailed, as most stop going to school (Maemeko et al., 2018). In line with addressing the education disruption faced by teenager mothers, the Government of Ghana has put in place policies that seek to help them regain formal educational services (Baafi et al., 2020a). An earlier important policy is the Re-Entry Policy for Teenage Mothers was instituted in 1993 and allows pregnant girls in their school-going years an opportunity to return to school upon delivery (GES, 2015). The re-entry programme recognizes the right to basic education and hence seeks to create an enabling environment for teenage mothers. The law was intended to supplement Ghana's efforts to meet SDG 4: ensuring that all girls and boys get free, equitable, and high-quality primary and secondary education that leads to appropriate and efficient educational results (Baafi et al., 2020a). Since the introduction of the policy, the Ghana Education Service (GES) and the Ministry of Education (MoE) have encouraged teenage mothers from completing their studies in Ghana (Britwum et al., 2017).

Despite the implementation of the policy which intended to help the teenage mothers to return to school, these mothers enter with stress indicating that the policy has not fully improved their lives as intended (Baafi et al., 2020a). One of the conditions that possibly have accounted to a large extent for the low utilization of the policy is the enormous amount of stress involved by the teenage mothers (Olajubu et al., 2021a). WHO defined stress as "a state of concern or mental tension arising from adverse situations that urge an individual to meet a myriad of challenges and threats in life (WHO, 2023a). Re-admittance in the educational environment after delivering a baby is, in fact, a stressful event. Thus, the different types of stressors profoundly affect the emotional, psychological, and social conditions of the teenage mothers as indicated by Govender et al., (2020).

The stressors faced during the process of re-entry may include societal stigma and discrimination, perceptions of inadequacy, the difficulty of balancing academic obligations with childcare responsibilities, as well as apprehensions regarding social acceptance among peers (Chigona & Chetty, 2008; Subban et al., 2022). Moreover, teenage mothers would have to bear the fear of poor performance, insecurity about their future, and the practical burden of providing for their children while pursuing their school assignments (Govender et al., 2020a; Muhammed, 2016). These pressures add to the already emotional distress which in itself is associated with pregnancy and early childbearing stages (Kotoh et al., 2022).

Teenage mothers who later decide to go back to school mostly utilize different coping strategies to navigate the stressors they face (Kuranchie, 2022). According to Algorani and Gupta (2023), coping mechanisms are characterized as approaches that facilitate the organization of cognitive and behavioural responses to address both internal and external stress-inducing situations. The personal and academic development of re-entry teenage mothers depends much on such strategies (Algorani & Gupta, 2023). These coping strategies may include seeking help from family and friends, developing skills in managing time, accessing childcare programs, and setting clear educational and personal goals (Adangabe, 2021). However, despite these adaptive strategies, many teenage mothers still face high levels of stress that might be demanding, and hence, they need further assistance to cope successfully with the educational challenges they are faced with. In a study conducted in Wa in the Upper West Region of Ghana, Adangabe (2021) reported that most of these teen mothers failed to cope well with the presence of stressors due to inadequate support systems.

Considering the above-mentioned stressors and the need for active coping strategies, cognitive restructuring has been proposed as one potential intervention to

reduce the cognitive and emotional stressors of adult pregnant women (Barker et al., 2022) as well as teenage mothers (Nashtifani et al., 2021). Cognitive restructuring is a therapeutic approach often implemented in cognitive-behavioral counseling (Curtiss et al., 2021). The basic concept of cognitive restructuring is that thoughts and beliefs determine feelings and actions, and these emotions and actions can be changed by changing the thoughts (Curtiss et al., 2021).

Despite the effectiveness of this technique in reducing stress and fostering coping, there is a dearth of literature on teenage mothers' re-entry into schools. This study, therefore, seeks to bridge the contextual gap by examining stress, coping strategies, and the use of cognitive restructuring as a stress reduction strategy among re-entry teenage mothers.

1.2 Problem Statement

There is Limited psychological interventions focusing on stress reduction for re-entry teenage mothers in SHS in the Birim South and Central municipalities (Boateng et al., 2023; Kotoh et al., 2022). The prevalence of teenage pregnancies is worrying. The national prevalence of teenage pregnancies in Ghana is 12.3% (Alhassan et al., 2024). The four highly ranked regional prevalence according to Alhassan et al., (2024) is topped by the central region (19.3%), followed by the Eastern region (17.6%), the Volta region (17.2%), and Greater Accra (8.2%). Obviously, the Eastern region, which has a prevalence higher than the national average, carries a heavy burden of teenage pregnancies. There were 8,174 teenage pregnancies in 2021 compared to 7,976 in 2020 (12.2% increment) during the year 2021 (MyJoyOnline, 2022).

Particularly in the Birim South and Central municipalities, the issue of teenage motherhood and their re-entry into senior high school is of profound significance

(Tetteh, 2023). This is because the area has witnessed a high incidence of teenage pregnancies (797 pregnant girls out of 9,153 girls), only second to Nsawam Adoagyire District (935 pregnant girls out of 4,771 girls) in the Eastern region. This situation has consequences regarding the educational success and psychological health of these teenage mothers (Birim Central Municipal Assembly, 2021; Ghana New Agency, 2014).

This has resulted in many problems for the teenage mother, their families and communities where they live (Kirchengast, 2016). Such challenges are also documented in Zambia, Kenya, and Ghana, among numerous other countries within Africa (Morgan et al., 2023a; Mutakatala et al., 2023; Okondo, 2022a). These challenges prevent adolescent mothers from returning and staying in school, thus becoming a cause of dropping out (Sobngwi-Tambekou et al., 2022).

Among teenage mothers who return to education in senior high schools in Ghana, a high incidence of stress is seen (Boateng et al., 2023). Such teenage mothers face specific and different kinds of stressors arising from their dual roles as students and caregivers (Alhassan et al., 2023). These stressors significantly impact the psychological and emotional well-being of these females, which might influence their academic progress and development (Ntshayintshayi et al., 2021). Teenage mothers in Birim South and Birim Central may drop out of school due to the psychological and economic stress of combining academic responsibilities with child care.

Programs have been carried out to address the issue of stress among adolescent mothers in Ghana, mainly within the districts of Birim South and Central. Such programs include sensitization, reproductive health education, maternal and child healthcare delivery among others (Birim Central Municipal Assembly, 2021; Boateng

et al., 2023; Dzotsi et al., 2020; Kotoh et al., 2022). Notwithstanding, the efficacy of these interventions in meeting the distinct requirements of re-entry teenage mothers in an educational environment appears to be constrained (Morgan et al., 2023). Current initiatives may insufficiently tackle the psychological and emotional challenges faced by teenage mothers striving to finish their secondary education.

Previous studies in Ghana have predominantly concentrated on prevention and reproductive health education of teenage pregnancy and subsequent motherhood (Adjibolosoo, 2022; Ahinkorah et al., 2019; Donkor & Lariba, 2017). Only few of the empirical studies assessed the stress and challenges that face re-entry teenage mothers into pursuing their education in senior high school (Alhassan et al., 2023; Gyasi, 2020; Kuranchie, 2022; Nashtifani et al., 2021). While there is literature on stress among re-entry teenage mothers, most of it is qualitative, and only a few quantitative studies are available (Morgan et al., 2023).

This study, therefore, seeks to bridge the contextual gap by examining stress, coping strategies, and the use of cognitive restructuring as a stress reduction strategy among re-entry teenage mothers.

This study used a quantitative approach to focus on stress and other related psychological factors that threaten teenage mothers' successful re-entry into schools to continue their education in Birim South and Central.

1.3 General Objective of the Study

The purpose of this study is to examine stress and how re-entry teenage mothers cope during their re-entry into Senior High Schools (SHS) in Birim South and Central Municipalities in Ghana, as well as its implications for counselling.

1.3.1 Specific Objectives

The specific objectives of the study are to:

1. examine the prevalence of stress among re-entry teenage mothers in Birim South and Central Municipalities.
2. assess how re-entry teenage mothers cope with stress in Birim South and Central Municipalities
3. determine the extent to which stress relate with re-entry teenage mothers' adjustment in SHS in Birim South and Central Municipalities.
4. examine how cognitive restructuring as a stress reduction technique in counselling help re-entry teenage mothers in SHS in Birim South and Central Municipalities.

1.4 Research Questions

The following are the questions to which the current study seeks answers:

1. What is the prevalence of stress among re-entry teenage mothers in Birim South and Central Municipalities?
2. What strategies do re-entry teenage mothers use to cope with stress in Birim South and Central Municipalities?

1.5 Hypothesis

H₀: Stress does not significantly influence the adjustment of re-entry teenage mothers in SHS in Birim South and Central Municipalities.

H₁: Stress significantly influences the adjustment of re-entry teenage mothers in SHS in Birim South and Central Municipalities.

H₀₂: Cognitive restructuring counselling does not significantly reduce stress among re-entry teenage mothers in Birim South and Central Municipalities.

H₂: Cognitive restructuring counselling significantly reduces stress among re-entry teenage mothers in Birim South and Central Municipalities.

These hypotheses, tested at a 0.05 significant level, guided the research in testing whether the proposed relationships and effects in the research questions were statistically significant.

1.6 Significance of the Study

The study provided valuable insights into the effectiveness of cognitive restructuring counselling as an intervention for re-entry teenage mothers who experience stress in the pursuit of their education. By generating empirical data on the impact of this counselling technique, the research guided the development of evidence-based interventions aimed at reducing stress and enhancing teenage mothers' coping strategies to adjust to school for a better academic experience. This can lead to the development of more targeted and effective support programs.

This research can again address these challenges by shedding light on the stressors that re-entry teenage mothers face as they strive to continue their education. Understanding these stressors and the potential benefits of stress reduction counselling can pave the way for tailored educational strategies supporting teenage mothers' academic progress. This, in turn, can empower them to achieve their educational goals and contribute to breaking the cycle of poverty. The study has the potential to empower teenage mothers by offering them practical tools through cognitive restructuring counselling to cope with the stresses they encounter. Effective stress management can lead to improved mental and emotional well-being, which, in turn, can enhance their overall quality of life. As a result, these young mothers may be better equipped to focus

on their education and prospects, ultimately leading to greater personal and economic independence and fulfilment of SDGs 3 and 4.

Findings from this research can also inform the development and refinement of policies and programs to support re-entry teenage mothers in their pursuit of education. Government agencies, educational institutions, and non-governmental organizations can benefit from the insights provided by this study, using them as a basis for policy recommendations that prioritize the well-being and educational success of adolescent mothers. This research fills a contextual gap, giving attention to the unique challenges re-entry teenage mothers face and the potential benefits of cognitive restructuring counselling in their context. It will also contribute to a deeper understanding of the experiences and needs of teenage mothers, which is crucial for developing targeted interventions and support systems.

1.7 Delimitation

The study was conducted exclusively within the Birim South and Central Municipalities in Ghana. These areas were selected due to their high prevalence of teenage pregnancies and re-entry teenage mothers, making them a suitable context for the research.

The study specifically targeted re-entry teenage mothers who have given birth and have returned to complete their high school education in the selected municipalities. This study's research questions and objectives were narrowly defined to investigate the prevalence of stress, manifestations of stress, coping mechanisms, and the effectiveness of cognitive restructuring counselling among re-entry teenage mothers in the Birim South and Central Municipalities. The study encompassed a broader analysis of teenage pregnancy prevention, the experiences of teenage mothers

outside the educational context, or the evaluation of other support programs not related to cognitive restructuring.

1.8 Definition of Terms

For the purpose of this study, the following operational definitions were used:

Re-entry teenage mother: A female student under 20 years in Senior High School (SHS) who became pregnant while in school and has returned to continue with her education after delivery.

Coping Strategies: The conscious efforts, both behavioural and cognitive, that individuals use to manage stress or difficult situations.

Cognitive restructuring: is a therapeutic technique of cognitive behavioural theory(therapy) used to analyze and change irrational or negative thought patterns to rational ones.

Cognitive Restructuring Counselling: is a therapeutic relationship which uses cognitive restructuring as its main technique that focuses on changing irrational or negative thought patterns.

1.9 Organisation of the Study

The study was organized into five chapters: Chapter One is the background of the study, and Chapter Two deals with the review of related literature, including theories, concepts and empirical studies. Chapter Three comprises the methodological aspect of the study, which consists of the research design, population, sampling procedure, instruments, data collection procedure, and data analysis. Chapter Four focuses on presenting results and discussing the study's findings. Chapter Five, the last chapter, consists of the summary, conclusions, and recommendations based on the study's findings.

CHAPTER TWO

REVIEW OF LITERATURE

2.0 Overview

The purpose of this study was to examine stress and how re-entry teenage mother cope using cognitive restructuring at Senior High Schools (SHS) in Birim South and Central Municipalities in Ghana. This section is in three parts; that is the conceptual review, the theoretical review and the empirical review. The empirical review considered the global prevalence of teenage motherhood and re-entry teenage mothers to schools, prevalence of teenage motherhood in Ghana and in the Birim South and Central. Other areas considered were the prevalence of stress among the re-entry teenage mothers, coping strategies employed by them and the use of cognitive restructuring. This literature review summarized the body of knowledge already known about the topic and highlighted the need for additional research.

2.1 Theoretical Framework

The psychological variables of stress and coping play a crucial role in the lives of individuals, with a special emphasis on teenage mothers who are re-entering senior high school (Okondo, 2022b). Aaron Beck's Cognitive Theory of Emotion and Stress is a theoretical framework that has been employed to comprehend stress and coping mechanisms among re-entry teenage mothers. Beck's theory suggests that the cognitive processes of individuals, including their thoughts, beliefs, and interpretations of events, are significant factors in shaping their experience of stress and the subsequent formation of coping mechanisms (Beck & Haigh, 2014). The theory posits that stress is a result of negative cognitive evaluations and distorted thought patterns. These negative evaluations may encompass feelings of being inundated by the responsibilities of school and motherhood, questioning one's capacity to excel academically while also

caring for a child, and apprehension about being judged or stigmatized by peers and teachers. The Cognitive Theory proposed by Beck places significant emphasis on the importance of cognitive restructuring as a means of effectively managing stress (Beck & Haigh, 2014).

Cognitive restructuring encompasses the process of recognizing and questioning negative beliefs, substituting them with more optimistic and grounded ones, and reinterpreting stressful circumstances in a manner that is more adaptable and empowering (Knapp et al., 2008). The cognitive restructuring process can assist teenage mothers who are reintegrating into society to confront and modify their unfavourable evaluations regarding education, motherhood, and societal norms (Malunga et al., 2023). Cognitive restructuring can additionally facilitate the reintegration of teenage mothers into society through the promotion of the cultivation of more effective coping strategies (Nyariri, 2018).

Possible strategies for addressing the challenges faced by teenage mothers include: seeking social support from family, friends, and support groups (Levy & Weber, 2011); acknowledging and utilizing educational and community resources. Again, establishing attainable goals and priorities (Kebede et al., 2021); cultivating effective time management and organisational abilities (Zuilkowski et al., 2019b); participating in self-care practices and stress reduction strategies; and nurturing an optimistic perspective (Kalil & Ziol-Guest, 2008).

Cognitive Restructuring, as per Beck's theory, can enable teenage mothers who are reintegrating into school as well as society to cultivate a more optimistic and flexible perspective when confronted with the challenges of managing both academic responsibilities and parenting (Beck & Haigh, 2014). This paradigm has the potential to

assist individuals in questioning and modifying their pessimistic cognitions, cultivating more efficient strategies for managing stress, and ultimately diminishing their levels of stress (Malatji et al., 2020).

The Cognitive Restructuring techniques rooted in Aaron Beck's theory can assist teenage mothers who are reintegrating into society to confront and modify their unfavourable evaluations and ideas, resulting in a more adaptable and empowered mentality (Beck & Haigh, 2014; Knapp et al., 2008). This theory has the potential to ultimately enhance the capacity of re-entry teenage mothers to cultivate more efficacious coping mechanisms and mitigate their stress levels (Morgan et al., 2023b).

The application of Cognitive Restructuring can be grounded on the Transactional Model of Stress and Coping as presented by Lazarus and Folkman (Obbarius et al., 2021). According to the Transactional Model of Stress and Coping, stress is subjective and impacted by individual cognitive processes, which in turn affects how it is experienced and evaluated (Obbarius et al., 2021). According to Lazarus and Folkman theory, cognitive processes encompass the evaluation of stressors and the presence of resources to effectively manage them (Xiaoli & Veloo, 2024). Lazarus and Folkman suggest that individuals partake in a cognitive evaluation process wherein they assess the importance of stressors and evaluate their capacity to manage them (Obbarius et al., 2021). The teenage mothers who return to school in Birim South and Central Municipalities, Ghana, may encounter stress as a result of the difficulties they face in managing their academic endeavours with the obligations of motherhood.

Moreover, it is possible to postulate that the cognitive evaluations made by these teenage mothers regarding the stressors they encounter, such as the desirability or undesirability of their circumstances, might impact their coping strategies and general

state of being. Moreover, the research utilized the theoretical framework of primary and secondary control coping techniques. Primary control coping techniques entail actively manipulating the stressful circumstance to bring about change, whereas secondary control coping strategies involve modifying one's own emotions and perceptions to effectively manage the stressor, hence cognitive restructuring (Knapp et al., 2008).

2.1.1 Conceptual Framework

The conceptual framework for this study is presented in figure 1.

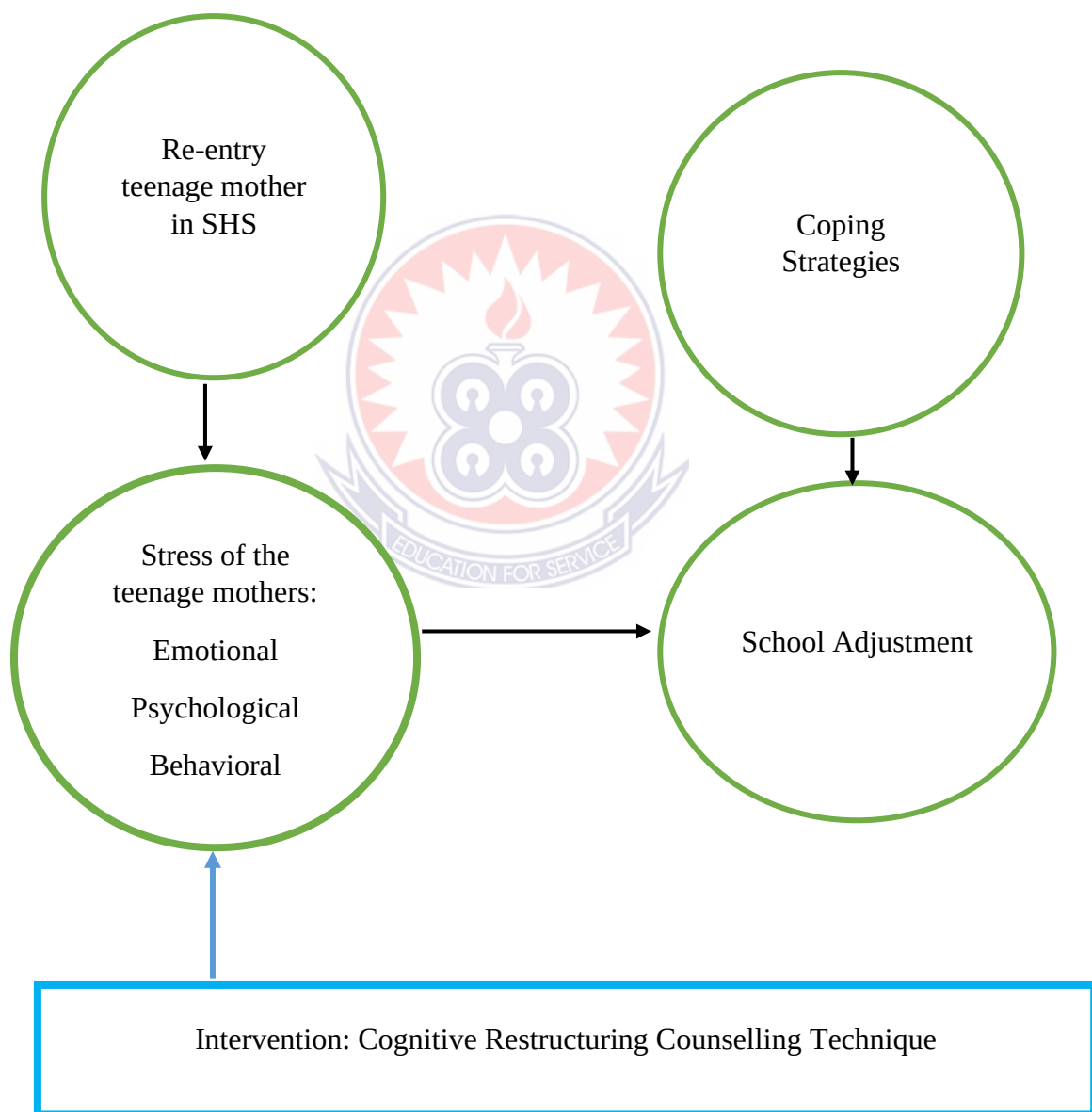


Figure 1: Conceptual framework

2.1.1.1 Description of the Conceptual Framework

Re-entry teenage mothers in Senior High Schools experience stress upon their return to school. They exhibit stress in the form of emotional, psychological, and behavioral signs. This stress prevents them from coping and adjusting well in school. For example, the pressure to combine academic work with taking care of her child. In all this likely affects their academic performance. In an attempt to adjust or succeed in their education, they try to apply some coping strategies which may either be positive or negative according to Lazarus and Folkman as cited by Obbarius et al. (2021). However, it is believed that cognitive restructuring counselling when used as intervention could help them relieve from stress and will be able to cope and adjust in school.

The framework comprise of domains, namely stressors, coping strategies, school adjustment, and how cognitive restructuring as an intervention could help this re-entry mother (Beck & Haigh, 2014). The stressors component of the study identified various factors that may contribute to stress among teenage mothers in senior high school (Erfini et al., 2019). As evidenced by Erfini et al. (2019) these elements consist of lack of support systems, financial difficulties, social pressure, and academic pressure. This study focused on the social and academic stressors and helped with the most appropriate and effective coping mechanism- cognitive restructuring.

The coping methods component emphasizes the efficacy of cognitive restructuring as a technique for stress management (Eneogu et al., 2024; Hinwood et al., 2023). Cognitive restructuring includes the process of questioning and modifying unfavorable cognitive processes and beliefs, then substituting them with more constructive and adaptable alternatives (Beck & Haigh, 2014; Knapp et al., 2008). This method facilitates

the cognitive restructuring of teenage mothers in senior high school, enabling them to cultivate a more optimistic perspective on their circumstances to adjust well to school (Reivich et al., 2023). Cognitive restructuring is predicated upon the notion that our cognitive processes and belief systems exert an impact on our affective states and behavioural patterns (Eneogu et al., 2024; Knapp et al., 2008; Xiaoli & Veloo, 2024). The study used cognitive restructuring technique in counselling to help teenage mothers in senior high school to confront pessimistic views regarding their maternal and academic capabilities and cultivate more optimistic and empowered self-perceptions. This study examined the influence of stress and coping techniques after counselling on several aspects of the life of the re-entry teenage mothers. The study's framework posited that the implementation of cognitive restructuring as a technique in counselling enables re-entry teenage mothers in senior high school to proficiently navigate their stress levels. This may result in enhanced adjustment for academic achievement and improved psychological well-being.

2.2 Empirical Review

Stress in Educational Settings

Stress is an inherent reaction to the various demands and pressures encountered in our everyday existence (Malbas et al., 2023). The experience of perceiving a situation as challenging or threatening elicits an inherent physiological and psychological response (Bhatia, 2023). Various factors such as academic demands, social interactions, work-related responsibilities, and personal challenges might trigger this stress reaction. There are various manifestations of stress, including acute or short-term stress, which refers to a transient reaction to a specific incident or circumstance (Malbas et al., 2023). In contrast, chronic stress refers to a prolonged and enduring reaction to continuous stresses or many stressors. Stress is not essentially undesirable (Hidayati et al., 2019).

Indeed, a specific degree of stress can serve as a catalyst and propel individuals to achieve optimal performance. Nevertheless, the excessive or extended experience of stress can result in adverse consequences for both our physical and mental health (Mayya et al., 2022). The human body seeks to accomplish a state of homeostasis, which is considered as the optimal performance of physiological systems (Billman, 2020). A stressor is defined as a substance or situation that disturbs the state of homeostasis equilibrium (McEwen & Karatsoreos, 2020). In contrast, the stress response comprises various physiological changes that are intended to reinstate homeostasis (Billman, 2020; McEwen & Karatsoreos, 2020). The alterations may encompass an augmented heart rate, heightened blood pressure, enhanced vigilance, and the secretion of stress hormones such as cortisol (R. B. Singh et al., 2019). Stress is a commonly seen phenomenon in educational environments, mostly attributed to the elevated levels of demands and expectations imposed on students (Braghieri et al., 2022).

As stated by Whiting et al., (2021), students might be confronted with a variety of demands and expectations, such as academic excellence-related pressures, presentations, and examinations. Moreover, the increased levels of tension encountered by students may be exacerbated by the influence of societal and peer pressures (Yuhuan et al., 2022). Stress levels in educational milieus can greatly affect students' academic accomplishments and overall well-being (Mayya et al., 2022). Stress can trigger various symptoms like anxiety, depression, sleep problems, trouble concentrating, and reduced motivation (Mayya et al., 2022). The aforementioned symptoms may impair a student's ability to focus, retain information, and attain academic accomplishments.

The phenomenon of stress can exert both advantageous and detrimental consequences on individuals (Billman, 2020; Dhabhar, 2014). Within educational environments, it can exert a substantial influence on the overall welfare and scholastic achievements of students (E. W. Karimi, 2015; Malatji et al., 2020; Morgan et al., 2023b; Vijay et al., 2020). The origins of stress in educational environments can differ, but typically encompass academic demands, societal norms, and the apprehension of not succeeding (Mayya et al., 2022). According to Mayya et al. (2022), the presence of stress within educational environments can give rise to a range of physical, behavioural, and psychological manifestations. Stress can give rise to a range of symptoms, including physical manifestations such as fatigue, excessive sweating, and migraines, and mental manifestations including negative thoughts, tension, and feelings of inadequacy (Pascoe & Parker, 2019). Additionally, the existence of stress within educational atmospheres can possibly exert enduring bearings on the mental well-being of pupils (Malatji et al., 2020; Morgan et al., 2023b). Scholarly research has recognized that augmented levels of stress encountered by students may contribute to the development of various mental health conditions—such as anxiety, depression, suicidal ideation, and behaviours (Jahan et al., 2023).

Teenage Mothers and Education

Teenage motherhood, a widely recognized occurrence, is observed during the adolescent stage, typically including the age range of 13 to 19 years (Sakakibara et al., 2024). According to Pascoe and Parker (2019), teenage mothers have unique challenges while trying to balance their parental responsibilities with their academic goals at this crucial stage of life. The impact of adolescent parenthood on the scholastic path of a young female can be substantial (Yuhuan et al., 2022). In addition to the inherent burden of motherhood, the imposition of this obligation can hinder the intellectual

development of individuals and limit their opportunities for professional advancement and further education (Otegbayo et al., 2023). It is important to point that teenage mothers may face societal judgement and stigma, which can worsen the challenges they experience in trying to further their education (Ahi & Rahman, 2023).

It is vital to offer teenage mothers the needed support and resources to help them continue their education and reach their maximum potential (Ahi & Rahman, 2023). Gaining a thorough grasp of the obstacles and facilitators that hinder the integration of stress management programmes in schools could improve the creation of successful implementation strategies, leading to notable advantages for the well-being, financial stability, and societal influence of teenage mothers (Ramanathan et al., 2021). However, it is imperative to recognize that teenage motherhood represents a unique and challenging experience.

According to (Austria-Cruz, 2019), teenage mothers who live in educational settings may utilize a range of coping mechanisms. In addition, educational institutions can potentially enhance their support for teenage mothers by offering customized programmes or resources that cater to their unique needs (Muhammad et al., 2021). Salimzadeh et al. (2021) highlight the need for stress management approaches for individuals, particularly in educational settings. The implementation of stress management and coping skills curricula in schools is crucial to help kids develop healthy coping strategies (Karimi, 2021).

It is crucial to recognize that the experience of teenage motherhood inside educational settings poses unique difficulties and stressors for young females (Austria-Cruz, 2019). Furthermore, it is vital to provide them with personalized support and

resources that enable their academic advancement while simultaneously addressing the responsibilities associated with parenthood (Salimzadeh et al., 2021).

Reintegration into the educational framework for teenage mothers on a global scale, as well as within Ghana, presents a complex environment characterized by many barriers and facilitating factors (Nyariro, 2018). In Ghana, the barriers and facilitating factors for returning teen mothers into secondary education would reflect larger socio-cultural norms and educational practices (Baafi et al., 2020b; Oppong & Kwame, 2018). These challenges include stigma, inadequate financial support, and reduced access to child care services for teenage mothers in Ghanaian schools (Morgan, et al., 2022; Morgan et al., 2023). All these, therefore, suggest the need to put in place specific intervention and support mechanisms if the reintegration of the teenage mothers in high school is to be successful.

The challenges teenage mothers face in the processes of reintegration within global and local frameworks include social stigma, inadequate supportive mechanisms available, and economic barriers, among other factors (McDermott et al., 2021; Sakakibara et al., 2024; Whiting et al., 2021). These studies have underlined that it is the stigma by parents, siblings, teachers, and friends that usually promotes an unsupportive environment to continue the schooling process of pregnant teenagers (Bhatia, 2023; Huang et al., 2014; Jahan et al., 2023; Otegbayo et al., 2023; Tung et al., 2021). Such types of fear, judgement, and social exclusion may impede pregnant teenagers from returning to the educational system and lead to decreased psychological health and school performance (Morgan, et al., 2022).

Additionally, teen mothers more often face challenges in balancing the concerns of caring for a child with school-related concerns, such as school attendance

and homework (Morgan et al., 2022). Appropriate support mechanisms that address the needs of the students who are mothers include childcare facilities and flexibility in class schedules and academic support addressing these specific needs (Ababio et al., 2022). Such facilitators can help teenage mothers face the practical difficulties that come with their interest in parenting while being educated.

A study in Ghana has shown psychosocial support, vocational skill training, and opportunities to generate income as core activities necessary to transition back into high school (Ababio et al., 2022). Both educational institutions and policymakers guarantee the success and productivity of such integration back into the education system, provided that socio-economic challenges facing these teen mothers, such as financial instability or lack of vocational skills, are overcome (Böhmer, 2023).

Additionally, educators and school administrators play a very important role in supporting these teenage mothers back into high schools (Thwala et al., 2022). Indeed, most of the studies reviewed indicated that academic support, mentorship, and guidance from teachers were some of the ways of supporting teenage mothers cope with the challenges of motherhood and educational responsibilities (2011; Thwala et al., 2022a). Teachers, therefore, have a very important role in creating conditions to make the success of teenage mothers possible in supportive and inclusive learning environments (Thwala et al., 2022).

Impact of Stigma and Poverty on the Parenting and Self-Perception of Teenage Mothers

Teenage mothers encounter intricate and diverse obstacles. Teenage parenthood is linked to various negative consequences for young women, including mental health issues such as depression, addiction to drugs, and post-traumatic stress

disorder (Huang et al., 2014). These problems can significantly affect the parenting skills and self-esteem of young women (Sakakibara et al., 2024). Teenage mothers frequently encounter a multitude of obstacles that can significantly impact their ability to parent and their general self-perception (Erfina et al., 2019). Teenage mothers encounter several difficulties such as financial hardship, restricted access to education, social shame and criticism, and mental health issues (Kemmis-Riggs et al., 2022; Malatji et al., 2020; Morgan et al., 2023b; Tung et al., 2021). These problems can profoundly affect the welfare of both teenage mothers and their babies (Xavier et al., 2018). To enhance the well-being of teenage mothers and improve outcomes for both themselves and their children, healthcare providers and support systems need to have a comprehensive understanding of how stigma and poverty impact these individuals (Kalil & Ziol-Guest, 2008; November & Sandall, 2020; Sakakibara et al., 2024; Whiting et al., 2021; Zuilkowski et al., 2019). This understanding will enable them to offer appropriate treatments and support.

Challenges encountered by teenage mothers in juggling childcare responsibilities and academic obligations

The challenges faced by teenage mothers in balancing childcare responsibilities with education are multifaceted and have the potential to impact their well-being and academic success significantly (McDermott et al., 2021). Parents in their teens often face problems coping with childcare pressures while trying to excel academically (Karimi, 2015). Literature addresses the many factors that lead to these challenges and the different approaches these young parents use to manage them literature addresses the many factors that lead to these challenges and the different approaches these young parents use to manage them (Eneogu et al., 2024).

Furthermore, the interaction between professional duties and familial obligations may generate conflicts that exacerbate the challenges faced by adolescent parents (Yuhuan et al., 2022). The interconnected aspects of parenting and educational responsibilities for teenage mothers highlight the significance of these roles as integral elements of their personal identities (McDermott et al., 2021; Okondo, 2022b; Tung et al., 2021). The pressures linked to both parenting and academic obligations can be exceptionally burdensome, underscoring the necessity for efficient coping mechanisms and support frameworks that assist teenage mothers in effectively addressing these difficulties (Ha & Oh, 2006). The provision of social support is instrumental in aiding teenage mothers to cope with stress, balance various responsibilities, and preserve their overall well-being as they engage in their educational pursuits (Nowland et al., 2021).

The research on the coping mechanisms of unmarried teenage mothers conducted in Ghana yielded valuable insights (Ababio et al., 2022). The strategies these young mothers employ to navigate their new realities illuminate resilience and forms of adaptation, which can inform the development of future interventions aimed at helping these young women. If we can better understand how these mothers cope, we can also better understand how to help them - and their children - forge healthier, more stable lives (Ababio et al., 2022). Coping is a central part of a mother's relationship with her child, as well as a major influence on her psychological health and on the health of the child. Coping and development in the key areas of the teenage mother's life—school, work, and parenting—are essentially intertwined (Kyohangirwe et al., 2020; Lucas et al., 2019; Ramanathan et al., 2021; Xavier et al., 2018). To achieve the well-being and academic success of teenage mothers from a variety of socioeconomic

backgrounds, it is vital and essential to promote interventions specifically tailored to the problems they face (Kurevakwesu et al., 2023).

Sources of Stress for Re-entry Teenage Mothers

The stresses encountered by returning-to-school teenage mothers are pegged on a variety of specific stressors, including stigma, the balancing of motherhood with schoolwork, financial pressures, and psychosocial challenges (Haufiku, 2023; Obetto, 2023a). Most studies have documented that teen mothers often face stigmatization from many quarters, such as from family members, friends, teachers, and society at large (Erfina et al., 2019). The fear of stigmatization can turn the environment hostile, with the teenager feeling ashamed, guilty, and isolated-again adding to increased levels of stress (Moonga, 2015).

While re-entry teenage mothers strive to balance their responsibilities of motherhood with academic pursuits, it remains a major challenge and hence sets up a high level of stress (Moonga, 2015). Previous research highlighted that teenage mother face challenges in managing childcare, classes, assignments, and studying for examinations while simultaneously taking care of their children (Adangabe et al., 2021). The complicated balancing of motherhood and academic obligations may be overwhelming and lead to greater stress and feelings of inadequacy among teenage mothers (Thwala et al., 2022).

Financial stress plays a major determinant factor in the re-entry of teenage mothers, as their meager resources bring undesirable impacts on their lives (Govender et al., 2020). Research studies have shown that financial insecurity could heighten levels of stress among teenage mothers and reduce their ability to meet basic needs for themselves and their children (Huang et al., 2014). Financial pressure relating to

childcare, education, and living could also increase the burden that contributes to the development of stress among the re-entry teenage mothers (Mayya et al., 2022).

The psychosocial challenges which heighten the level of stress at this re-entry stage include fear, anxiety, depression, isolation, regret, guilt, and shame (Dwekat et al., 2023). Various works have highlighted the psychological consequence early motherhood imposes on a person through her condition, deemed to be costly regarding psychological distress and mental health consequences (Haufiku, 2023; Moonga, 2015). These psychosocial challenges may have impacts that dent the self-esteem and hardiness of the individual, hence overall well-being, and make a case for support and interventions tailored towards them.

Moreover, the transition to motherhood at a tender age might bring about role confusion, isolation, and depressive symptoms, all factors that may heighten the stress levels experienced by re-entry teen mothers (Haufiku, 2023; Soleimanpour et al., 2017). Studies have found that teenage mothers face a great number of stressors attached to their new roles as parents, which include problems self identity, maintaining relationships, and dealing with the pressures of motherhood (Mangeli, Sc, et al., 2017; Moonga, 2015). The stressors identified have a profound effect on the mental health and coping mechanisms of teenage mothers, underscoring the necessity for comprehensive support systems (Braghieri et al., 2022).

Ultimately, the specific stressors-the stigma, balancing motherhood and school obligations, financial pressures, and psychosocial challenges faced by the teenage mother re-entering high school illustrates the complexities that accompany her experience (Obetto, 2023a). By way of addressing such stressors through targeted interventions, social support systems, and educational policies specifically catering to

the specific needs of the teenage mothers, educational institutions and policy actors have the potential to create a more inclusive and supportive atmosphere for the teenage mother in pursuit of an education (Thwala et al., 2022; Zuilkowski et al., 2019).

Effects of Stress on Academic Performance and Well-being

The stress of the pregnant teenage mother within a school setting has broad-based impacts on their educational and health perspectives (Mangeli, M, et al., 2017). For example, it has been indicated that stress may have impacted the educational outcome for teenage mothers in terms of lower-level attainment due to lower academic performance, fewer attendances, and an increased dropout rate (Moonga, 2015). The pressure that results from having to balance responsibilities as a mother and keep up with the demands of academia contributes greatly to stress levels for the teenage mother, hence reducing her ability to focus on studies and engage in effective learning (Adangabe et al., 2021). The ongoing stress that teen mothers bear may hinder educational progress and limit opportunities for success.

Also, the stress on teen mothers may adversely affect their general health and well-being. Studies have shown that chronic stress is associated with a significantly increased risk of several diseases, both physical and mental, such as anxiety, depression, disturbed sleep, immune suppression, and other conditions (McCarty, 2023). Consequently, long-lasting health problems, together with a poor quality of life, can be expected from the impact of stress on pregnant teenagers. Specific stressors for teenage mothers, including the stigma associated with pregnancy, financial constraints, and psychosocial issues, may be accentuated and have a more significant impact on educational and health outcomes. Stigma from friends and teachers and society as a whole has the potential to make these young mothers feel alienated, ashamed, and,

consequently, more stressed, giving rise to a variety of mental disorders (Thwala et al., 2022). Financial constraints have the potential to exacerbate stress, further limiting access to much-needed resources and support services critical for the well-being of teen mothers.

The coping strategies will, no doubt, be highly essential to help teen mothers through school and maintaining their health amidst all the challenges that stress encompasses (Rejuso et al., 2023). Social support, mentorship, and guidance from teachers and school administrators have been highlighted in studies as a reliever of stress and enhancer of good outcomes of teenage mothers' school performance (Bhatia, 2023; Huang et al., 2014). Supportive relationships, coupled with available resources, can potentially enable teen mothers to cope with stress effectively and become resilient in the face of adversity.

Stress has been demonstrated to affect educational outcomes in young mothers due to diminished academic performance, low school attendance, and high dropout rates (Leila Morsy & Rothstein, 2015). Therefore, taking on the demands of mothering with academic expectations may very well add an extreme layer of stress into the lives of these young mothers that could have potential impacts on their very abilities to focus and be involved in the learning process. This chronic stress for young mothers may become an obstacle in the way of advancement and success in the educational outlet (Gubbels et al., 2019).

Additionally, chronic stress among teen parents may have negative impacts on their general health and well-being. There is a link that chronic stress leads to number of psychiatric and medical illnesses, which include but are not limited to anxiety disorders, depressive conditions, and sleep disturbances, in addition to underlying immune

problems (McCarty, 2023). These will have cumulative effects that might affect their future health and lives.

Further, mental health and psychosocial support interventions may help equip young mothers with coping mechanisms which may help them in managing stressors and further promoting overall well-being (Wainaina et al., 2021). Other studies showed that other provisions of mental health services, counseling, and peer support groups for teen parents help manage the psychosocial effect that results from stress and enhances mental health (Hameed Shalaby & Agyapong, 2020; Hodgkinson et al., 2014; Wainaina et al., 2021). Considering its sources, educational institutions and policies are better placed to create an enabling environment that supports academic success and personal well-being among teen mothers.

Adaptive vs. Maladaptive Coping Strategies

Where positive coping strategies are those through which a person has capabilities to deal with stress effectively, adapt, and maintain well-being, the negative ones may raise the level of stress and result in maladaptive behaviors, causing havoc with mental and physical health (Marroquín et al., 2017). Coping strategies significantly determine the consequences of stress being experienced by a person and are different for every high school teenage mother (Hotz et al., 2018). The literature has also provided insights into the helpful and unhelpful coping strategies used by teenage mothers (Huang et al., 2014). Effective coping strategies for teen mothers are adaptive behaviors and mechanisms aimed at building resilience, efforts to regulate emotions, and solve problems (Zimmer-Gembeck & Skinner, 2016). Research findings have unraveled that one of the benefit-seeking strategies that help teenage mothers share experiences, get advice, and receive emotional support during stressful periods is seeking social support, like close family members, friends, and professionals (Gottlieb,

2017). Social support serves as a buffer that stops the noxious effect of stress; it means experiencing membership and close relations, therefore contributive to well-being (De Sousa et al., 2020; McLeish & Redshaw, 2017).

Moreover, problem-focused approaches that entail the search for practical solutions, setting goals, and urging towards proactive behavior have been identified to be useful towards the young mother, considering the perspective in reducing stress and balancing pressures experienced due to motherhood and combined school demands (Anyimah, 2022). Consequently, active steps taken to challenge stressors and barriers empower the young mothers by increasing self-efficacy and improving coping skills, equating to higher outcomes within educational and health contexts (Bhamani et al., 2024).

It is the use of cognitive-behavioral coping strategies, such as positive reframing, cognitive restructuring, and mindfulness practices, that enable teen mothers to reverse their thought processes, modulate their feelings, and focus on fostering positive attitudes in the face of stress (Loiselle et al., 2019; Ramchandani et al., 2024). They become capable of responding adaptively to the presence of stress, furthering the mitigation of anxiety and depression and increasing the psychological well-being of teen mothers (Jeyarani, 2022). On the other hand, some teenage mothers tend to use maladaptive techniques. Such strategies include avoidant behavior, substance abuse, self-harming behavior, and disengagement with support systems (Huey & Ferguson, 2022). It was further noted that these maladaptive coping strategies contribute to adverse impacts on the mental health and well-being of the adolescent mothers through increased stress and emotional distress and further compromised functioning in multiple spheres of life (Francisco et al., 2016; Seay et al., 2016). Such avoidant coping

strategies as denial or suppression of feelings sustain the stress and prevent a consideration of the effective problem solution, therefore aggravating issues experienced by adolescent mothers (Michikyan et al., 2014; Skinner & Wellborn, 2019).

It is also a maladaptive coping strategy that only increases the stress for teen mothers, hence further addiction, health problems, and impaired decision-making about pregnancy (Francisco et al., 2016). The adverse coping behaviours may seriously exacerbate educational and general health consequences for teen mothers in general; therefore, there is an increased need to foster adaptive strategies for coping and, where necessary, provide support (Bhamani et al., 2024; De Sousa et al., 2020; McCarty, 2023; McLeish & Redshaw, 2017; O'Brien Cherry et al., 2015).

The importance of support from family, peers, and institutions in coping with stress

Helping the teenage mother to cope with the challenges that come with being a new mother as well as continuing her education are multifaceted. Support from family members is very important and important. Family members must, as much as possible, have open conversations with these teenage mothers (Francisco et al., 2016). This action will ensure that the new mother will speak freely about their stress and that the needed support can be provided (McLeish & Redshaw, 2017). If these teenage mothers have a sense of security and are assured about support from the family, they will be more relaxed and pursue their education (Hameed Shalaby & Agyapong, 2020; Hodgkinson et al., 2014; McGeechan et al., 2018). Again, the role of peers in providing the needed support by understanding the problems the teenage mother is going through is very important way of helping them cope with their stress (McLeish & Redshaw,

2017). These social support systems are very important and must be explored as one way of helping the teenage mother.

Peer support is touted as one of the prime avenues through which stress and psychological health is maintained and coped with (Hameed Shalaby & Agyapong, 2020). Peer relationships, networks of friends, and social connections have been positively associated with reducing stress and allowing people to move towards better coping methods while promoting emotional support among young people, particularly those in adolescence and young adulthood (Jeyarani, 2022; Skinner & Wellborn, 2019). Mutual support develops camaraderie and a sense of belonging that utilizes shared experiences, enabling effective ways of responding to the development of adaptive coping skills (McBeath, 2016).

Institutional support systems are a safety network of resources and interventions that aim to promote well-being and resilience among individuals experiencing stress (Abramson et al., 2015). Mutual institutional support is in the form of schools, hospitals, or community-based organizations that may provide the resources, guidance, and support that people experience through the stress they go through (Fisher et al., 2014). These institutions, in the form of service provision for counseling, mental health, and education, might be helpful for people like teen parents in problem appraisal, resource utilization, and the development of means to cope with the situation best (Hodgkinson et al., 2014).

It is also established that family support and peers intertwined with institutional support bring about proper adaptive coping strategies, helping one achieve better results in life (Covarrubias et al., 2018; Gerard & Booth, 2015; Parke & Ladd, 2016). Other support systems have been known to complement each other in giving all-rounded assistance, advice, and support during the time of need most (Gerard & Booth, 2015).

On the whole, family, peers, and institutional support provide resources in the form of a social network that buffers the stresses of life, allows individuals to cope with situations of problem-solving, and helps them come out of adversities effectively.

Cultural and community support is far more important for the development and enhancement of coping in humans. Studies have indicated that cultural norms, traditions, and community practices that inculcate a social support system help people experience well-being across diverse backgrounds (Campos & Kim, 2017; Wang & Benner, 2016; Wong et al., 2014). Therefore, an inclusive, supportive environment embedded with cultural sensitivity and engagement certainly equips one to deal with one's stress and challenges effectively.

2.3 Cognitive Restructuring as a Coping Strategy

Cognitive restructuring has been one of the coping mechanisms critical to individuals, especially high school teenage mothers, for the management of stress by reorganizing negative thoughts and for being resilient (Eneogu et al., 2024). Available literature infuses important perspectives regarding the importance of cognitive restructuring in the light of an adaptive coping mechanism due to its efficiency in the creation of positive outcomes and well-being among the stressed individuals in different contexts (Xiaoli & Veloo, 2024).

Adangabe et al. (2021) studied problems that adolescent mothers face in educational setups and how they manage them in the Wa West District. Results showed that the majority of teenage mothers use such mechanisms as the direct problem-solving approach, cognitive decision-making, understanding, and constructive cognitive restructuring strategies to cope with challenges. Cognitive restructuring is the practice of identifying and changing negative thinking to positive, constructive beliefs that can

help in the reinterpretation of stressful events into conceptions that are less threatening (Ha & Oh, 2006; Hajiseyedjavadi et al., 2019). Cognitive restructuring among young mothers teaches them how to lighten things and allows for them to solve their problems, be resilient from adversities .

Besides, studies have found out that maladaptive coping (Esan & Olaleye, 2023), which includes avoidance, use of substances, or aggression, among others, will bring poor mental health to adolescents (Rejuso et al., 2023). There is a need for developing adaptive coping strategies (Knapp et al., 2008), possibly including methods like cognitive restructuring (Shore et al., 2017) that can help in stress management so that debilitating behaviour leading to or enhancing the development of mental health problems among them, such as teen mothers, can be reduced (Osok et al., 2018) .

Social factors, on the other hand, are very crucial in bringing out long-lasting changes in the mental health of teen mothers, as supplemented by (Xavier et al., 2018). Therefore, they call for prioritizing prevention and intervention programs associated with social support (Adu-Gyamfi, 2014). Cognitive restructuring can be very efficient in enhancing social support since it helps individuals restructure negative thinking (Xiaoli & Veloo, 2024), regulate emotions, and develop positive thinking to improve interpersonal relationships and social support (Ramanathan et al., 2021).

Psychological resilience and coping strategies were further identified among high school students in the study conducted by Şahin and Hepsogutlu (2018). Teaching an active coping skill which improves psychological resilience among students is to provide them with skills in cognitive restructuring, hence equipping them properly to deal with stress . Thus, the schools are well-placed to empower teenage mothers to

develop adaptive coping mechanisms and have better mental health outcomes, including using techniques in cognitive restructuring (Esan & Olaleye, 2023).

The use of cognitive restructuring as a coping strategy has also been tested in different settings and with different populations to increase resilience, reduce stress, and benefit from general well-being (Wild et al., 2020). Other studies reviewed such cognitive restructuring techniques in other related settings that offer very probable benefits to users experiencing adversities: teen mothers who had continued their education (Machado & Schwab, 2022; Soleimanpour et al., 2017). Saleh conducted a quasi-experimental study in Indonesia in 2024 (Saleh et al., 2024). This study was about applying coaching techniques to reduce parenting stress among adolescent mothers. It focused on how parenting coaching has improved the levels of stress, knowledge, skills, and behavior between the parents and, in this case, the benefits accruing to the mothers and children.

In another related study, (McGeechan et al., 2018) looked at the views of adolescent females based on a targeted provision program for adolescent parents about the effects of high parental stress on parenting styles and its association with negative outcomes in children. The research revealed that with targeted interventions in dealing with parental stress, parenting can be enhanced in the direction of child development. A related study conducted in Ghana about socio-cultural and economic factors about teenage pregnancy, (Ahorlu et al., 2015) found helping the teenage mother to stand stress.

The role of cognitive restructuring approach in managing the stress of the teenage mother, is further supported by studies that have documented its effectiveness (Shore et al., 2017). Furthermore, integrating mindfulness techniques with cognitive

restructuring has shown promise in enhancing the effectiveness of stress reduction strategies (Fortuna et al., 2018). Mindfulness-based interventions can actually complement cognitive-behavioral strategies, providing a holistic approach to managing stress (Zhang et al., 2021). Mindfulness practices significantly reduce anxiety and depression symptoms, making them a valuable addition to cognitive restructuring approaches for teenage mothers (Emani & Shetty, 2018).

Cognitive Restructuring as an Intervention

Cognitive restructuring is a core therapeutic technique used within Cognitive Behavioral Therapy (CBT) to help individuals identify and modify maladaptive thought patterns (Traeger, 2020). It is grounded in the cognitive model, which posits that an individual's emotional and behavioural responses are influenced by their cognitions, rather than external events themselves (Gonzalez-Prendes et al., 2019). In the context of re-entry mothers, cognitive restructuring offers a systematic approach to modify maladaptive or distorted thoughts, fostering more adaptive thinking patterns that contribute to stress reduction and enhanced emotional regulation (Savarimuthu et al., 2024).

Teenage mothers, particularly those re-entering school after childbirth, often experience overwhelming stress due to the pressure of balancing education with parenting responsibilities (Okondo, 2022b). Teenage mothers may harbour unhelpful thoughts such as “I’ll never complete my education” or “Everyone considers me a failure.” Cognitive restructuring aims to contest these pessimistic beliefs by recognising cognitive distortions (e.g., catastrophising, black-and-white thinking) and substituting them with more balanced, realistic perspectives. This approach enables mothers to

reassess their perceptions, potentially leading to enhanced self-esteem, improved coping strategies, and diminished stress levels (Hutchinson & Cassidy, 2022).

Cognitive restructuring proves efficacious for re-entry mothers by tackling the psychological effects of stressors. Through specific interventions, counsellors can assist these young women in scrutinizing the validity of their negative internal dialogue, recognizing underlying cognitive biases, and acquiring more constructive thought patterns (Takhar, 2022). This approach not only bolsters their psychological well-being but also enhances their academic involvement and overall quality of life. By integrating cognitive restructuring techniques into counselling sessions, teenage mothers can cultivate a more positive mindset, which is crucial for surmounting the numerous obstacles they encounter in their educational pursuits and personal circumstances.

Reshaping one's thought patterns is a crucial technique for converting negative mindsets into more positive and beneficial ways of thinking (Dweck & Yeager, 2019). This process, known as cognitive restructuring, primarily addresses cognitive distortions - skewed or unreasonable thought patterns that frequently result in emotional turmoil and maladaptive behaviours (Maciej Serda et al., 2013). These distortions, which include exaggerating negative outcomes, seeing situations in extremes, or taking things too personally, are particularly common amongst teenage mothers returning to education (Haruna et al., 2022). Such individuals often encounter considerable challenges related to their youth, parental responsibilities, and academic pressures.

Teenage mothers often grapple with pervasive and influential negative thought patterns. These may manifest as self-doubts such as "I lack the intelligence to excel academically" or "My status as a mother will prevent my peers from accepting me". Such cognitive distortions can foster feelings of insufficiency, apprehension, and

seclusion, which in turn heighten stress levels and hinder scholastic achievement. The technique of cognitive restructuring aims to assist individuals in recognizing and confronting these flawed thinking patterns, substituting them with more balanced, optimistic, and self-affirming beliefs (Kadian, 2024).

Recognizing cognitive distortions is the initial phase in cognitive restructuring (Hajiseyedjavadi et al., 2019). To illustrate, a young mother in her teens might engage in catastrophic thinking, believing that a single failed examination signifies she will never complete her education. In such a scenario, cognitive restructuring aids the individual in realizing that this thought is an overstatement, and that a single setback does not determine her entire academic journey. A counsellor might suggest that the mother reframe her thought to: “Although I performed poorly on this exam, I can increase my revision efforts and improve in future assessments.” By challenging these distorted thoughts, individuals are better equipped to manage stress and avoid feeling defeated.

After identifying these cognitive distortions, the subsequent stage involves scrutinizing their legitimacy. This process encourages teenage mothers to evaluate the supporting and opposing evidence for their negative thoughts (Govender et al., 2020c). For instance, the notion “I’m a failure” can be challenged by posing questions such as, “What accomplishments have I achieved?” or “Have I successfully navigated difficulties in the past?” This approach facilitates the development of a more balanced outlook, emphasizing the individual's strengths and abilities. With consistent practice, this method fosters a more positive inner dialogue, which substantially alleviates stress and anxiety.

The concluding element of cognitive restructuring entails establishing novel, more beneficial thought patterns (Traeger, 2020). As mothers re-entering senior high school reframe their pessimistic thoughts, they substitute them with more logical and productive thinking, fostering healthier emotional reactions and actions. For example, transforming the thought “I’m unable to cope with this” to “I’m doing my utmost and have the necessary support to achieve success” enables the individual to confront challenges with increased confidence and resilience. This transformation not only diminishes stress but also bolsters motivation, determination, and belief in one's capabilities.

The Key Components of Cognitive Restructuring

Cognitive restructuring is a comprehensive therapeutic approach aimed at helping individuals identify and alter unhelpful thought patterns that lead to emotional distress and stress (Krafft et al., 2022). This intervention comprises several key elements: recognising cognitive distortions, questioning and reframing irrational thoughts, and establishing adaptive coping strategies. These components work together as crucial tools to assist individuals, particularly teenage mothers re-entering Senior High School, in more effectively managing stress. The process not only aims to reduce stress but also promotes healthier cognitive processes, improved emotional control, and more effective coping mechanisms.

1. Identification of Cognitive Distortions

Recognizing cognitive distortions is the initial crucial phase in cognitive restructuring (Traeger, 2020). These distortions are illogical or skewed thinking patterns that consistently result in negative emotional consequences. Such patterns often intensify stress and anxiety, especially among individuals confronting multifaceted challenges,

like teenage mothers who have returned to Senior High School and are juggling the responsibilities of child-rearing and schooling.

There are several common cognitive distortions that teenage mothers may experience (Beck & Haigh, 2014; Gonzalez-Prendes et al., 2019; Traeger, 2020):

- **Catastrophizing:** This refers to the inclination to anticipate the most dire outcome. For example, a young mother in her teens might conclude that failing an examination signifies she will never complete her education or achieve academic success. Such thinking results in undue anxiety and a sense of futility.
- **Extreme Perspective:** This cognitive distortion entails viewing circumstances in absolute terms, failing to acknowledge nuanced possibilities. For instance, a young mother in her teens might conclude, “If I can't excel as both a parent and a student, I'm utterly worthless,” disregarding the fact that flawlessness is unattainable and that equilibrium can be established gradually.
- **Personalization:** This cognitive distortion involves individuals ascribing external occurrences to themselves, often assuming responsibility for matters beyond their influence. For instance, a young mother in her teens might believe, “My peers are scrutinizing me due to my motherhood status,” presuming that others are fixated on her circumstances rather than acknowledging their own preoccupations or worries.
- **Generalizing excessively:** This cognitive error involves making sweeping judgements based on limited evidence or a single occurrence. For example, a teenage mother might receive one poor mark and conclude, “I'm not cut out for academics,” failing to recognize that scholastic performance is variable and can be enhanced through diligence.

Recognizing these cognitive distortions is crucial, as it enables people to identify the thought patterns that contribute to their stress. Cognitive restructuring lays the groundwork for transformation by heightening awareness of these mental processes.

2. Challenging and Reframing Irrational Thoughts

After identifying cognitive distortions, the subsequent phase in cognitive restructuring involves confronting and reinterpreting these illogical thoughts (Savarimuthu et al., 2024). The confrontation process entails a critical examination of the evidence supporting the distorted thinking and an evaluation of the credibility of these convictions.

- Reality Testing is a key method for confronting irrational thoughts. To illustrate, a young mother in her teens might believe, “Having a baby means I’ll never succeed academically.” A counsellor could respond by enquiring, “What proof supports this belief? Can you recall any mothers who have achieved academic success despite facing similar obstacles?” This approach prompts the teenage mother to evaluate the validity of her thoughts and explore other possible interpretations.
- Catastrophizing: When individuals engage in catastrophic thinking, anticipating the direst outcomes, therapists employ techniques to help clients recognize that even if the worst-case scenario materializes, it may not be as calamitous as envisioned. For instance, a young mother in her teens might believe that failing a single examination will irreparably damage her academic prospects. In such cases, a counsellor would assist her in understanding that setbacks are an integral part of the educational journey and can be surmounted through dedication and appropriate support.

- **Reframing: A Cognitive Approach:** This technique involves seeking out more balanced, alternative interpretations. Consider a young mother in her teens who feels ostracized and criticized by her schoolmates due to her parental status. A therapist might assist her in reframing her thoughts: “Perhaps my peers aren't passing judgement on me. They might be preoccupied with their own concerns, and some may even respect my ability to juggle motherhood and academics.” This process of reframing aids in alleviating emotional distress by offering a fresh perspective and encouraging new ways of perceiving the situation.

Cognitive restructuring enables teenage mothers re-entering Senior High School to manage their emotions more effectively by confronting unreasonable thoughts and substituting them with more rational, balanced perspectives (Savarimuthu et al., 2024). This process helps alleviate stress stemming from distorted thinking patterns, allowing these young women to regain emotional control.

3. Developing Adaptive Coping Mechanisms

The final phase of cognitive restructuring involves developing adaptive coping strategies, which are essential for managing stress in a positive and beneficial way (de Abreu Costa & Moreira-Almeida, 2022). Teenage mothers who are also students often resort to unhealthy coping methods, such as avoidance, denial, or aggressive behaviour, which ultimately increase their stress levels (Nyangoya, 2022). These maladaptive approaches are prevalent among Teenage s facing the unique challenges of balancing motherhood and education. The objective of cognitive restructuring is to replace these harmful techniques with more constructive and efficient coping mechanisms (Damian et al., 2021; Fadhli & Situmorang, 2021; Hajiseyedjavadi et al., 2019; Traeger, 2020).

Problem-Solving Skills: Cognitive restructuring promotes problem-solving as an effective adaptive coping strategy. Teenage mothers in their teens often feel inundated

by their numerous daily responsibilities. The cognitive restructuring approach teaches them to dissect complex issues into more manageable components and devise practical solutions. For instance, a teenage mother struggling with her studies might feel overwhelmed. In such cases, a counsellor could assist her in creating a structured study plan or identifying effective ways to balance childcare duties with academic commitments.

Stress-Reduction Techniques: An additional effective method for managing stress involves the use of relaxation techniques, such as mindfulness, deep breathing exercises, and other calming practices. These approaches assist individuals in managing their emotional responses and alleviating the physical manifestations of stress. For instance, a young mother in her teens might find it beneficial to practice mindfulness or take brief moments to engage in deep breathing exercises, helping her maintain composure and concentration amidst the daily trials she faces.

Social Support: Developing and leveraging social networks is another crucial adaptive strategy for coping. Teenage mothers often experience feelings of isolation, but acquiring the skill to connect with supportive acquaintances, relatives, or community organizations can substantially alleviate stress. Cognitive reframing assists these Teenage mothers in acknowledging the importance of support networks and motivates them to interact with individuals who can provide emotional, practical, or monetary assistance.

Self-Compassion: Lastly, cognitive restructuring advocates for the development of self-compassion as a crucial coping strategy. Teenage mothers often impose unrealistic expectations of flawlessness upon themselves. Through cognitive restructuring, they learn to approach themselves with gentleness and empathy, acknowledging that errors are an integral part of the learning journey and do not determine their inherent value.

By cultivating self-compassion, these mothers can alleviate feelings of culpability, embarrassment, and exasperation, thereby fostering improved emotional health.

The Role of Cognitive Restructuring in Stress Management

For re-entry teenage mothers juggling educational pursuits and parental duties, cognitive restructuring serves as a vital component in managing stress (Okondo, 2022b). This approach centres on altering the fundamental thought patterns that contribute to emotional distress, thereby enhancing one's ability to cope with stress (Ha & Oh, 2006; Traeger, 2020). The process primarily involves cognitive reframing, which entails modifying one's interpretation of stressful circumstances (Traeger, 2020). Additionally, it emphasizes understanding the mechanism through which thoughts influence emotional responses. By employing these techniques, cognitive restructuring proves particularly beneficial in addressing the distinctive stressors faced by this group of young parents.

How Cognitive Restructuring Addresses Stress Through Cognitive Reframing

Cognitive reframing, a fundamental method in cognitive restructuring, involves modifying an individual's perception of a stressful circumstance (Beck & Haigh, 2014; Fadhli & Situmorang, 2021). For teenage mothers re-entering society, who may face considerable stress due to social stigma, educational demands, and child-rearing duties, reframing enables them to transition from a pessimistic or despairing perspective to one that is more feasible and grounded in reality.

One way in which cognitive reframing tackles stress is by assisting individuals in reinterpreting the significance of their stressors (Theodoratou, 2023; Woodhead et al., 2014). For example, a young mother struggling with her studies might initially view her academic difficulties as impossible to overcome, thinking, "My baby means

I'll never be able to succeed.” Through cognitive restructuring, a counsellor can aid her in recasting this thought into a more constructive one, such as, “Juggling school and motherhood is challenging, but I can discover ways to cope and seek assistance when necessary.” This alteration in thinking diminishes the emotional impact of the stress and helps the individual feel more empowered in the situation.

Cognitive restructuring is also effective in mitigating emotional catastrophizing, a typical stress reaction (de Abreu Costa & Moreira-Almeida, 2022). Young mothers in their teens may exaggerate their academic challenges, believing that a single poor exam result signifies complete academic failure. By employing cognitive reframing techniques, these individuals are encouraged to perceive setbacks as temporary and isolated incidents, rather than indicators of permanent failure. This shift in perspective substantially diminishes feelings of anxiety and despair, replacing them with a more balanced outlook that promotes problem-solving abilities and resilience.

Furthermore, cognitive reframing fosters a mindset focused on growth, allowing young mothers to perceive challenges as opportunities for improvement rather than insurmountable obstacles (Kadian, 2024). This perspective is especially important in educational settings, where teenage mothers may feel discouraged by their perceived limitations (Ramadhani et al., 2025). Cognitive restructuring helps these young parents understand that learning is a process, and obstacles are a natural part of this journey. In this way, reframing not only alleviates stress but also builds confidence and resilience, which are essential for both academic and personal success.

The Mechanism of Action: How Thoughts Influence Emotional Responses

Cognitive restructuring tackles stress through a core cognitive-behavioural tenet: the interplay between thoughts, emotions, and behaviours (Gonzalez-Prendes et al., 2019).

This concept, often dubbed the ‘cognitive triangle, illustrates how these three elements are inextricably linked (Dweck & Yeager, 2019; Traeger, 2020). In stress-related scenarios, an individual's interpretation of a situation significantly impacts their emotional state, which subsequently shapes their behavioural response. The way one perceives a circumstance profoundly influences their emotional reaction and, consequently, their actions in that particular context (Savarimuthu et al., 2024).

For example, consider a teenage mother who believes that she is constantly failing at balancing her responsibilities. If she thinks, “I can never be a good student and a good mother at the same time,” this thought will likely generate feelings of helplessness, guilt, and anxiety. These negative emotions can further impair her ability to focus on her studies, exacerbate feelings of inadequacy, and hinder her academic performance.

Cognitive restructuring disrupts this pattern by assisting individuals in recognizing and evaluating the accuracy of their negative thoughts. The counsellor guides the person to scrutinize automatic thoughts and substitute them with more balanced, realistic alternatives by identifying cognitive distortions such as overgeneralization (e.g., “I’m rubbish at everything”) or catastrophizing (e.g., “If I don’t pass this exam, my life will be a complete failure”) (Knapp et al., 2008). For example, the notion “I can’t possibly be a good student and a good mother” can be reframed as, “Although it's difficult, I can manage both roles with time and assistance. I've faced challenges before and can do so again”

This cognitive restructuring leads to a transformation in emotional reactions (Theodoratou, 2023). As individuals substitute irrational beliefs with more optimistic or pragmatic ones, the strength of negative feelings—such as tension, worry, or

despair—reduces. Consequently, this shift in emotions encourages more constructive behaviours (Savarimuthu et al., 2024). For instance, a young mother in her teens who experiences less apprehension about her academic potential may find increased motivation to engage in her studies and classroom activities, thereby enhancing her scholastic performance. Furthermore, she might feel more adept at managing her various duties, resulting in improved emotional equilibrium and decreased stress levels.

This process also functions by modifying emotional stimulation (Gonzalez-Prendes et al., 2019; Traeger, 2020). Cognitive patterns that elicit strong emotional responses, such as stress, anxiety, or fear, are frequently rooted in unreasonable or overstated perceptions of the current circumstances. Through the reformation of these thought processes, cognitive restructuring aids in reducing the physiological indicators of stress, including elevated heart rate or muscle tension, which are typically linked to the fight-or-flight reaction (Hutchinson & Cassidy, 2022). This diminution of emotional arousal not only alleviates immediate stress but also enhances long-term emotional control and adaptive strategies.

Moreover, cognitive restructuring facilitates the adoption of adaptive coping mechanisms, enabling individuals to handle stress more efficiently (Austria-Cruz, 2019; Salimzadeh et al., 2021). Rather than responding to stressors with avoidance or feelings of helplessness, this approach encourages proactive strategies such as problem-solving, seeking assistance from others, or practicing relaxation techniques (Wainaina et al., 2021; Xiaoli & Veloo, 2024). As an example, when confronted with a challenging assignment, a young mother might shift her perspective from “I will never complete this on time” to “I can divide this task into manageable portions and work on it gradually each day.” This alteration in thinking reduces the emotional weight of the task and promotes more effective action, ultimately resulting in decreased stress levels.

Cognitive Restructuring as an Intervention in Stress Management

Cognitive restructuring, a psychological technique widely employed for stress management, is firmly rooted in established theoretical frameworks, particularly cognitive-behavioural theory (CBT)(Gonzalez-Prendes et al., 2019) . This approach is underpinned by the concept that cognitive processes, such as thoughts and beliefs, are fundamentally connected to emotional and behavioural responses. For teenage mothers re-entering education, who often confront multifaceted stressors associated with juggling parenthood and studies, cognitive restructuring provides a method to recognize and modify unhelpful thought patterns. This process aims to alleviate emotional distress and encourage more adaptive behaviours.

The Relationship Between Thoughts, Emotions, and Behavior in Stress

Cognitive restructuring fundamentally revolves around comprehending the interplay between thoughts, emotions, and behaviour, a principle that is fundamental to Beck's cognitive-behavioural theory (Beck & Haigh, 2014; Knapp et al., 2008). This interrelationship is frequently depicted using the cognitive triangle, which illustrates how thoughts, emotions, and behaviours are inextricably linked, perpetually influencing one another in a cyclical manner.

Thoughts: The cognitive triangle's mental foundation comprises the instinctive, often unconscious thoughts that people experience in reaction to external stimuli. These thoughts may be either logical or irrational, with the latter frequently resulting in emotional turmoil. To illustrate, a young mother in her teens might believe, "I'm inadequate as both a parent and a pupil," when feeling swamped by her obligations. This notion exemplifies catastrophizing, a prevalent cognitive bias where an individual anticipates the direst outcome possible.

Emotions: An individual's cognitive processes give rise to emotional responses. In the aforementioned scenario, the belief that one is failing as both a parent and a student could trigger feelings of anxiety, remorse, or powerlessness. These sentiments are frequently intense, disproportionate, and may impair one's capacity for clear thinking or effective problem-solving. For a young mother in her teens, such emotional states might result in a sense of inadequacy, withdrawal from social interactions, and a diminished perception of self-worth.

Behavior: Emotions, in turn, influence behavior. When a person feels overwhelmed or helpless, they may engage in behaviors that reinforce these emotions, such as avoiding challenges, procrastinating on schoolwork, or withdrawing socially. For re-entry teenage mothers, these maladaptive behaviors may include missing classes, disengaging from social interactions, or neglecting self-care. These behaviors ultimately reinforce the negative thoughts and emotions, creating a cycle that is difficult to break.

Cognitive restructuring disrupts the cycle of automatic, unhelpful thoughts that trigger negative emotional and behavioural responses (Takhar, 2022; Traeger, 2020). This approach employs structured methods such as cognitive reframing to help individuals recognise their distorted thinking patterns, evaluate their accuracy, and substitute them with more balanced and realistic perspectives. By altering their thought processes, people can break the chain of negative emotions and maladaptive behaviours, leading to enhanced emotional control, more effective coping mechanisms, and improved reactions to stressful situations (Kadian, 2024; Theodoratou, 2023)..

Consider the case of a young mother in her teens who is overwhelmed by the prospect of juggling her studies and parental responsibilities. She might initially harbour

thoughts like, “This is impossible. I’m bound to fail.” Through cognitive restructuring, she can challenge these negative beliefs by posing questions such as, “What proof do I have to support this notion? (Haruna et al., 2022) Have I ever successfully navigated a complex situation before? By reassessing the circumstances in a more balanced light, perhaps thinking, “It’s demanding, but with proper support and organization, I can cope,” the teenage mother’s emotional reaction (such as stress or anxiety) diminishes, and her behaviour (for instance, implementing time management strategies or reaching out for assistance) becomes more constructive.

The Role of Cognitive Restructuring in Recognizing and Transforming Unhelpful Thought Patterns

The primary objective of cognitive restructuring is to recognize and transform unhelpful thought patterns—those that induce emotional turmoil, particularly stress—into more balanced and constructive ones (Theodoratou, 2023). These maladaptive thoughts are typically unconscious, deeply-rooted mental habits shaped by one’s history, cognitive prejudices, and emotional conditions (Damian et al., 2021). Such thinking often results in skewed perceptions of situations and helps to sustain stress levels.

Teenage mothers returning to their studies may experience several self-defeating thoughts, such as:

- “I am not old enough to achieve academic success.”
- “People would not respect me because I have a child.”
- “Juggling all my responsibilities will be impossible.”
- “I am inadequate as both a parent and a pupil.”

Once these negative thoughts are identified, cognitive restructuring involves **challenging** them by examining their accuracy, considering alternative perspectives, and exploring evidence that contradicts the distorted thinking. For example, when a

teenage mother thinks, “I’m too young to succeed in school,” cognitive restructuring would prompt her to challenge that belief by asking, “Is age the only factor that determines academic success? Are there examples of others who have succeeded in similar circumstances?” This step helps the individual see that age is not a definitive barrier to success, and it encourages a more realistic and empowering thought.

Cognitive Restructuring and Teenage Mothers: Effectiveness and Challenges

Cognitive restructuring has proven to be an effective technique for stress management, particularly amongst adolescent mothers who encounter distinct challenges due to their youth, parental duties, and return to educational pursuits (Damian Chijioke et al., 2021). Nevertheless, for optimal results, this approach must be customized to address the specific requirements of teenage mothers, taking into account their stage of development, as well as their cultural, social, and family backgrounds.

Adapting Cognitive Restructuring Techniques to Suit the Developmental Phase of Teenage

Young women who become mothers in their teenage years find themselves at a crucial stage of development, grappling with both adolescent issues and parental duties (Haruna & Owusu Addo, 2022; Olajubu et al., 2021). This developmental period greatly affects their stress management, perception of difficulties, and use of coping strategies. The adolescent phase is marked by powerful emotional experiences, the formation of personal identity, and a quest for autonomy. Adolescent mothers must contend with the additional responsibility of child-rearing whilst striving to achieve their personal and educational aspirations. Consequently, interventions aimed at cognitive restructuring for teenage mothers must be specifically designed to suit their developmental stage in order to be successful.

The brain of a teenager is still in the process of maturing, especially in regions associated with controlling impulses, managing emotions, and executing complex tasks (Theodoratou, 2023). Consequently, young mothers may find it challenging to handle their feelings and make sound, future-oriented decisions. Thus, cognitive restructuring techniques should concentrate on practical, developmentally appropriate strategies that these mothers can readily implement in their daily routines (Gonzalez-Prendes et al., 2019). This might entail dividing intricate tasks into more achievable segments, as well as offering clear illustrations of how to contest negative thinking patterns and reinterpret situations. The therapeutic method should be engaging and incorporate exercises such as diary-keeping, enacting scenarios, and facilitated conversations, enabling teenage mothers to practice reframing in real-time scenarios.

Furthermore, young mothers in their teens often grapple with conflicting roles, striving to balance their identities as both parents and pupils (Morgan et al., 2023b). Cognitive restructuring interventions should tackle these dual responsibilities, assisting the mother in reframing her perceptions about her abilities and her position in both spheres (Gonzalez-Prendes et al., 2019; Hajiseyedjavadi et al., 2019; Savarimuthu et al., 2024; Traeger, 2020). For example, rather than thinking, “I can't excel as a mother and a student simultaneously,” the intervention might promote the idea, “Motherhood is a crucial aspect of my identity, but it doesn't preclude academic success. With proper organization, I can manage both effectively.”

Addressing Cultural, Social, and Familial Factors

Teenage mothers are often influenced by specific cultural and social environments that shape their attitudes, principles, and actions. These elements can considerably affect how they view their maternal responsibilities, academic pursuits, and personal identities. In some societies, for instance, there may be negative attitudes or prejudice

towards adolescent pregnancy, potentially resulting in feelings of exclusion or embarrassment (de Abreu Costa & Moreira-Almeida, 2022). Interventions aimed at reshaping thought patterns must consider these cultural aspects and strive to counteract unfavourable societal messages that may exacerbate stress for young mothers.

When adapting cognitive restructuring for teenage mothers, it is crucial to consider cultural sensitivity. The way individuals perceive their maternal role may be influenced by cultural values, which can either bolster or hinder their stress management abilities. It is essential for counsellors to be aware of these cultural subtleties and ensure that cognitive restructuring techniques align with the young mother's cultural perspective (Takhar, 2022). For instance, certain cultures may prioritise strong family support networks, whilst others may emphasise personal accomplishment. By integrating these cultural aspects into the counselling process, teenage mothers are more likely to feel comprehended and supported, thereby increasing the likelihood of a successful intervention.

Stress and coping in teenage mothers are significantly influenced by social and family-related elements (Olajubu et al., 2021b; Vijay et al., 2020; Xiaoli & Veloo, 2024). These young mothers may encounter a dearth of support from relatives or friends, or they might feel burdened by societal pressures. Cognitive restructuring can be beneficial, not only in tackling negative thought patterns but also in cultivating supportive social networks. By encouraging adolescent mothers to seek assistance from dependable family members or peers, an atmosphere of emotional security can be established, empowering them to better manage their stress levels.

Observed Outcomes in Adolescent Mothers Returning to Education (Scholastic Achievement, Confidence Levels, Psychological Well-being)

The effects of cognitive restructuring are particularly significant for teenage mothers returning to education. The school setting can be a considerable source of anxiety for these young parents, particularly when they feel compelled to prioritise either their studies or their childcare duties (Thwala et al., 2022b; Xiaoli & Veloo, 2024). Research has demonstrated that cognitive restructuring can assist these mothers in developing a more balanced perspective on their circumstances, resulting in enhanced academic performance. By diminishing negative thought patterns regarding their capabilities, teenage mothers become more inclined to participate actively in their studies and manage their time more efficiently.

Cognitive restructuring has also shown to be beneficial in boosting self-esteem among re-entry teenage mothers (Hutchinson & Cassidy, 2022; Kadian, 2024; Yuhuan et al., 2022). These young women often grapple with low self-worth due to social stigma and internalised negative perceptions about their capabilities as both students and parents. Through the process of altering their thought patterns via cognitive restructuring, these mothers can cultivate a more positive self-perception, thereby enhancing their sense of self-efficacy (Kadian, 2024). This improved self-esteem enables them to handle stress more effectively and establish more attainable objectives, both in their academic pursuits and personal lives.

Regarding mental well-being, cognitive restructuring has demonstrated its efficacy in alleviating symptoms of depression, anxiety, and stress (Dweck & Yeager, 2019; Savarimuthu et al., 2024). By tackling the cognitive distortions that contribute to these emotional challenges, cognitive restructuring empowers teenage mothers to cultivate healthier emotional responses and coping mechanisms. This results in

improved emotional regulation and a decrease in feelings of being overwhelmed and helpless.

Common Challenges in Applying Cognitive Restructuring to Teenage Mothers

Although cognitive restructuring has demonstrated potential in alleviating stress amongst teenage mothers, several obstacles hinder its effective implementation. A primary hurdle is the scarcity of qualified therapists specialising in the treatment of teenage mothers. Many young mothers face difficulties accessing mental health services due to monetary restrictions, geographic constraints, or insufficient knowledge about existing support. This impediment restricts their capacity to reap the benefits of cognitive restructuring techniques.

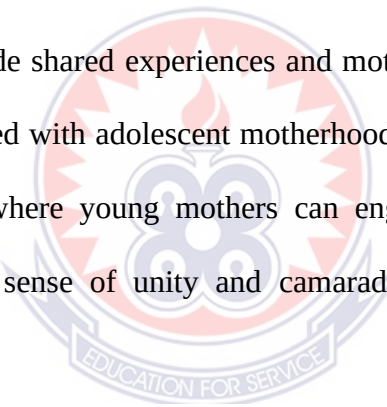
An additional hurdle is the potential struggle teenage mothers may face in fully participating in therapy. Teenagers, on the whole, are still in the process of developing their cognitive and emotional management abilities, which can impede their capacity to identify and alter negative thought patterns (Young et al., 2019). For young mothers, the additional responsibilities of parenthood might hinder their ability to attend therapy sessions regularly. Cognitive restructuring demands both dedication and active involvement, and adolescent mothers may find it problematic to give precedence to their mental well-being whilst balancing the obligations of motherhood and education.

Furthermore, the high emotional stress levels experienced by teenagers may sometimes hinder their full participation in the cognitive restructuring process (Huang et al., 2014; A. A. Madison & Bailey, 2024; A. Madison & Kiecolt-Glaser, 2019). For instance, teenage mothers might find it challenging to engage effectively with the intervention due to overwhelming feelings of guilt and shame. These emotions can impede their ability to recognize and address negative thought patterns.

How Support Networks Contribute to Surmounting These Obstacles (Including Family Members, Educational Counsellors, and Fellow Students)

In addressing these obstacles, support networks are crucial. Adolescent mothers undergoing cognitive restructuring can benefit greatly from the emotional and practical assistance provided by relatives, educational advisors, and fellow students (Gerard & Booth, 2015; November & Sandall, 2020). The backing of family members is particularly vital, as a dependable home support structure can bolster the young mother's confidence and emotional stability. Educational advisors can also prove indispensable, offering guidance on both scholastic and personal issues, assisting teenage mothers in managing their stress systematically.

Peers can provide shared experiences and motivation, alleviating the sense of isolation often associated with adolescent motherhood (Jones et al., 2019). Collective counselling sessions, where young mothers can engage in cognitive restructuring together, can foster a sense of unity and camaraderie, potentially enhancing the intervention's efficacy.



Role of Cognitive Restructuring in Educational Re-Entry Programs

Programmes designed to reintegrate teenage mothers into education provide a vital chance to assist young women whose schooling has been interrupted by pregnancy (Obetto, 2023b). These initiatives typically offer a secure environment for adolescent mothers to pursue their studies whilst managing the demands of parenthood. Within these programmes, cognitive restructuring serves as a crucial psychological intervention, aiding teenage mothers in their readjustment to academic life after pregnancy, boosting their motivation, fostering self-efficacy, and cultivating effective goal-setting abilities. By modifying negative thought patterns and substituting them

with more constructive thinking approaches, cognitive restructuring can ease the transition back to school and contribute to the enduring academic success of teenage mothers.

Supporting Teenage Mothers in Adjusting to School Life Post-Pregnancy

Returning to school following pregnancy can be an emotionally and mentally taxing experience for adolescent mothers. These young women must juggle the obligations of motherhood with the requirements of their studies. They may grapple with emotions of remorse, insecurity, and social disapproval regarding their status as teenage parents. Cognitive restructuring presents a useful approach for tackling these negative thought patterns and supporting young mothers in adapting to their new circumstances as both students and parents (Gonzalez-Prendes et al., 2019; Obetto, 2023b; Shore et al., 2017)

A key hurdle that teenage mothers encounter when resuming their education is acclimating to the social milieu (Obetto, 2023b). They might experience a sense of detachment from their classmates, who may not fully comprehend the unique pressures they face. Cognitive restructuring can assist these mothers in reframing their perceptions of their new social context. For instance, instead of dwelling on the notion that “I no longer belong because I'm a teenage mother,” cognitive restructuring can help them reframe this thought to “I contribute a distinctive perspective to my class, and I can form connections with others in novel ways.” This reframing mitigates feelings of isolation and aids teenage mothers in fostering more positive relationships with their peers.

Cognitive restructuring can be a valuable tool for young mothers in their teens to cope with the pressures of juggling education and parenting responsibilities. Upon returning to their studies, these adolescent mothers might experience a sense of being

overwhelmed by their newfound duties. The technique of cognitive restructuring can aid in alleviating this stress by assisting them in task prioritization, efficient time management, and establishing attainable objectives. By acknowledging stress as an inherent part of their situation and acquiring the skills to address it through positive thought patterns, teenage mothers can diminish feelings of powerlessness and enhance their capacity to successfully balance both academic pursuits and motherhood.

Moreover, cognitive restructuring can facilitate teenage mothers' adaptation to the scholastic environment by altering their perceptions of their academic capabilities (Bryant et al., 2008; Traeger, 2020). The interruption caused by pregnancy and childbirth may have resulted in gaps in their education, potentially leading these young mothers to believe they have fallen behind in their studies. Cognitive restructuring can assist in challenging negative thoughts such as "I'm too far behind to catch up and substituting them with more realistic perspectives, like "With proper support and effort, I can catch up". By confronting these cognitive distortions, teenage mothers can boost their academic self-perception, gain confidence in their ability to succeed, and more effectively adjust to the scholastic demands placed upon them.

Enhancing Motivation, Self-Efficacy, and Goal-Setting through Cognitive Restructuring

Cognitive restructuring can be instrumental in enhancing motivation and self-efficacy amongst teenage mothers, both of which are vital for their success in educational re-entry programs (Damian Chijioke et al., 2021). A significant hurdle for teenage mothers is often motivation, particularly when confronted with obstacles, disheartening experiences, and negative self-perceptions. By aiding individuals in altering their cognitive processes and reframing their thoughts, cognitive restructuring can bolster their drive to pursue educational aims despite the challenges they face.

Consider, for instance, teenage mothers whose academic drive may diminish due to the challenges of balancing childcare and educational commitments. Cognitive restructuring aids them in dissecting overwhelming tasks into more approachable segments and acknowledging small victories, which can help maintain their motivation. When faced with negative thoughts like “I’m perpetually too fatigued to finish my coursework,” cognitive restructuring allows them to reframe this perspective to “I can address a small portion of my coursework and rest as necessary.” By setting more pragmatic and achievable targets, young mothers can build momentum and persist in their pursuit of academic objectives.

Cognitive restructuring significantly influences self-efficacy, which refers to one’s confidence in their ability to achieve success (Theodoratou, 2023). Young mothers in their teens often struggle with low self-efficacy due to various challenges, including societal judgement regarding teenage pregnancy, the taxing nature of motherhood both physically and emotionally, and potential gaps in their education. The process of cognitive restructuring aids these young mothers in rebuilding their self-assurance by substituting negative thoughts with more optimistic and empowering ones. For instance, when confronted with the notion “I lack the intelligence to excel academically,” cognitive restructuring would prompt them to question this belief by reflecting on their capabilities and previous achievements, potentially leading to a reframed perspective such as “Although I may encounter difficulties, I possess the capacity to acquire knowledge and enhance my skills.”

A potent approach to enhancing self-efficacy through cognitive restructuring is the establishment of goals (Gonzalez-Prendes et al., 2019). Defining clear, obtainable objectives serves as a robust method for boosting motivation and self-efficacy. Cognitive restructuring aids young mothers in formulating realistic academic targets

that consider their particular situations. For example, instead of aiming to “achieve top marks across all subjects” cognitive restructuring might guide a teenage mother to set a more feasible goal such as “enhancing my performance in a single subject this term.” By concentrating on modest, attainable objectives, young mothers are more likely to succeed, which consequently bolsters their sense of self-efficacy and drive to pursue further academic and personal development.

Moreover, cognitive restructuring can assist adolescent mothers in cultivating a growth-oriented mindset (Dweck & Yeager, 2019). By fostering the notion that capabilities can be enhanced through dedication and learning, this approach enables young mothers to confront challenges head-on rather than shying away from them. This perspective is crucial for academic resilience, as it motivates teenage mothers to persevere when faced with scholastic difficulties or personal hurdles. Cognitive restructuring promotes the idea that obstacles can be surmounted through diligence and determination, rather than viewing setbacks as insurmountable barriers.

In academic reintegration programmes, establishing objectives plays a crucial role in scholastic achievement, whilst cognitive reframing aids this process by assisting young mothers in formulating both immediate and future aspirations (Kadian, 2024; Krafft et al., 2022). Near-term targets, such as finishing daily assignments or joining a revision group, provide teenage mothers with a sense of prompt achievement and assist them in maintaining focus on their academic advancement. Distant objectives, like obtaining a secondary school certificate or securing entry into tertiary education, offer young mothers a sense of direction and purpose, bolstering their resolve to persist in their educational pursuits despite potential hurdles they might encounter.

2.4 Summary of Literature Review

The literature review opened the researcher's eyes on the fact that stress is among the re-entry teenage mother and that cognitive restructuring counselling has been proved effective in reducing stress. It identified some important gaps necessitating the need of the study. First, there is a geographic and cultural context gap, as most existing research on teenage motherhood and stress originates from Western or other non-African contexts, leaving a significant void in understanding how these issues manifest within Ghanaian cultural and educational systems. Second, a population-specific gap exists because while general teenage pregnancy research is available, there is minimal empirical investigation into the unique psychological experiences of mothers who have already given birth and are attempting to re-enter the school system.

Third, an intervention gap was evident, as despite cognitive restructuring's proven effectiveness in other populations, few studies have tested its applicability or cultural appropriateness for re-entry teenage mothers in Ghana. Finally, a psychological focus gap emerged, showing that existing Ghanaian research has concentrated primarily on reproductive health and social outcomes, with insufficient attention to quantifying stress levels, mapping coping strategies, or examining their relationship to school adjustment. These gaps collectively demonstrate the need for context-specific, empirically-grounded.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Overview

This outlines a positivist, quantitative methodology that combined a one-group pre-/post-test design with validated tools to measure stress, coping, and adjustment among re-entry teenage mothers in Birim South and Central SHSs before and after the counselling. All participants completed baseline questionnaires, received cognitive-restructuring counselling for twelve sessions. Descriptive statistics, paired t-tests, Anova/Manova were used to address the study's four objectives. Ethical approval, informed consent, and strict data-confidentiality protocols ensured rigour and participant protection

3.1 Research Paradigm

This study is grounded in the positivist paradigm, which assumes that social phenomena can be measured objectively and that valid knowledge is produced through empirical observation and statistical testing (Konge & Artino, 2020). Positivism suits the inquiry for three reasons. First, the study seeks quantifiable evidence of stress levels, coping strategies, and adjustment outcomes among re-entry teenage mothers with data best captured through standardized instruments. Second, the hypotheses derive from established stress-and-coping and cognitive-behavioural theories and are tested via a quasi-experimental pre-/post-design, mirroring the positivist sequence of prediction and verification. Third, the goal is to assess the causal effect of cognitive-restructuring counselling. Positivism's emphasis on control, replicability, and inferential statistics provides the methodological rigor needed to draw credible conclusions about the efficacy of the intervention.

3.2 Research Positionality

As a practicing student counsellor in a Senior High School in Birim South Municipality, I approached this study from an insider position. Daily interactions with re-entry teenage mothers have made me acutely aware of the stressors they face when balancing childcare and academic demands. My professional training in counselling psychology, coupled with my lived experience as a Ghanaian woman and mother, shapes the empathetic lens through which I view respondents' stories.

I also recognized the power dynamics inherent in my dual role. Students may perceive me as an authority figure whose approval influences their school life. To mitigate this imbalance, I maintained strict boundaries: informed-consent sessions were facilitated by two research assistance, all data were anonymized. Also, two research assistance who are not involved in counselling administered pre- and post-tests. These steps helped ensure that participation was voluntary and confidentiality safeguarded.

Throughout the research process I engaged in continuous reflexivity. I kept a reflective journal after each cognitive-restructuring session to monitor my assumptions about teenage motherhood with stress in education, coping with stress, adjustment to school and resilience. Regular peer-debriefing meetings with experienced counsellors allowed me to interrogate emerging interpretations and refine my analytic stance. These practices reduced the likelihood that my proximity to the setting would bias data collection or analysis.

Cultural sensitivity guided every interaction. Where necessary, sessions blended simple English with Akan to respect linguistic preferences. I remained mindful that respondents' experiences are shaped by intersecting factors; gender, age, socio-economic status and avoided universalizing their narratives.

Finally, ethical integrity underpinned the study. Respondents could withdraw at any time without jeopardizing access to counselling or academic support. By openly acknowledging my positionality and the measures taken to balance insider insight with scholarly rigor, I aimed to present findings that authentically represent the voices of re-entry teenage mothers and contribute meaningfully to counselling practice in Ghanaian schools, for which I did.

3.3 Research Design

The study adopted quasi-experimental design (one group pre-test and post-test design) in answering the research questions. This strategy proved advantageous because it helped examine stress and coping among the respondents in elucidating the characteristics or frequency of a set of variables within the given population.

The deployment of a quasi-experimental design involving a single group, pretest, and post-test measurements is a research methodology employed to evaluate the influence of an intervention on a singular group over a period of time. In this experimental design, respondents were not assigned to groups in a random manner; instead, the researcher utilized pre-existing, naturally occurring groups or categories. This made it distinct from true experiments, which involve randomization. Therefore, quasi experimental design was used for the final research question of this study. Firstly, the instrument was tested on the group to determine their levels of stress, coping and adjustment to school due to the situation they find themselves -pretest.

Secondly, Cognitive Restructuring counselling was used to help the group to cope with stress to adjust well to school. Lastly, as the design demands, posttest was administered to check if the intervention was able to influence the result, for which the data analysis made us to know.

3.4 Study Area

The study setting was the Birim South and Central Municipalities found in the Eastern Region of Ghana. The study involved all Senior High/Technical schools in the two municipalities. The preference for Birim South and Central Municipalities was based on the prevalence of teenage pregnancy. The Birim South and Central municipalities have four (4) Senior High schools (see table 1 for details of the schools). All the schools have boarding and day students, with the students having diverse demographic characteristics as they were from different places in Ghana (Ghana Education Service, 2020).

Table 1: Details of the SHS in Birim South and Central

Birim South	Birim Central
1. Akim Swedru Senior High School	1. Oda Senior High School
	2. St. Francis Senior High/Tech School
	3. Attafuah Senior High/Tech School

Source: Ghana Education Service, 2020

3.5 Population of the Study

A study population is define as the total number of possible units or elements that can be included in a study . The population included all teenage mothers below their 20 years who exited senior high school education because of pregnancy and re-entered the same or different schools after delivery. It was difficult to quantify the number of re-entry teenage mothers in the study area since the municipalities and the GES have not published any related statistics. However, according to the heads of the education department of the Municipal Directorates, the number of re-entry mothers

were 11 in Birim South and 25 in Birim Central, making 36. Three (3) did not consent, after the screening, so in total, the population were 33.

3.6 Sample and Sampling Procedure

The complete census was used for this study because the entire population was very small, so it was reasonable to include the entire population (Nirel & Glickman, 2009). This ensured precise and accurate estimate of the population parameters and to reduce sampling error (Žmuk et al., 2016). This means data was gathered on every member of the population. It was, therefore, advantageous for this study because it allowed the researcher to target all those perceived to have information about the topic or subject of interest, which is stress and coping among re-entry teenage mothers in SHS.

3.7 Instrumentation

Different standardized structured questionnaire was adapted to collect data from the respondents. The questionnaire solicited information on the socio-demographic characteristics. This includes age, level of education (Form 1, Form 2 and Form 3), and duration of school absence. Data was collected on the stress experienced by re-entry teenage mothers using items from the Perceived Stress Scale-10 (PSS) developed by Cohen and Wills (1985). It was designed to measure the degree to which respondents with at least junior high school education found their lives “unpredictable, uncontrollable, and overloading” by Cohen & Williamson (1988) as cited in Lou (2020).

A PSS is a 10- item scale that is used to assess respondent’s perception of stress over the previous month. Items on the scale are rated on a 5-point Likert scale which ranges from: 0 = Never, 1= Almost Never, 2= Sometimes, 3= Fairly often, 4= Very

Often. To compute PSS-10 scores, the values for the four positively framed items (e.g., 0=4, 1=3, 2=2, 3=1, 4=0) are reversed, and then the scores across all items are summed. It has a minimum score of 0 and a maximum score of 40 indicating high stress.

Six out of ten items of the PSS-10 are negatively stated (1, 2, 3, 6, 9, 10) and the remaining 4 are positive (4, 5, 7, 8). The psychometric properties of the PSS initially demonstrated reliability coefficients within the range of 0.84 to 0.86, with a Cronbach's alpha coefficient of 0.78 for the PSS 10 (Cohen and Williamson, 1988 cited in Lou (2020)). Due to these established psychometric characteristics, the PSS 10 was deemed suitable for data collection in this study. The first item on the scale was made to read like this: “ In the last month, how often have you been upset because of caring for your baby and schooling?” instead of the original item which was read: “ In the last month, how often have you been upset because of something that happened unexpectedly?”

On how re-entry teenage mothers cope with their stress, the 28 items of the Brief Coping Inventory abbreviated as the Brief COPE were used. The Brief COPE was created from the Lazarus and Folkman (1984) as cited in Power et al. (2021) literature on coping. It consists of 28 items with 14 dimensions with 2 items per scale. The dimensions measured were: denial, active coping, substance use, use of emotional support, use of instrumental support, behavioural disengagement, venting, positive framing, planning, humour, acceptance, religion, self-improvement, and self-blame.

The scales of the Brief COPE are divided into two broad coping styles by summing items into the following categories: problem/emotion-focused (positive) coping strategies which includes (planning, positive reframing, active coping, religion, acceptance, instrumental support, emotional support and humour) and the avoidance-focused (negative) coping strategies (Denial, venting, Behavioural disengagement, self-distraction, self-blame and substance abuse).

The scores are based on the sum of the scores of each subscale. These dimensions are assessed on a four-point Likert scale (in which 0 = Did not apply to me at all, 1 = Applied to me to some degree, or some of the time, 2 = Applied to me to a considerable degree and 3 = Applied to me very much or most of the time). Both the maladaptive and adaptive scales of the Brief COPE inventory have shown a high internal consistency with Cronbach's Alpha of .81 and .88 respectively. The high internal consistency shows a high reliability of the instrument (Sutan et al., 2017). Items 19 and 26 were changed to suit the objective. The original item 19 read "I've been doing something to think about it less, such as going to movies, watching TV, reading, day dreaming, sleeping or shopping". This was changed to read: " I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, putting baby to sleep".

The next was how the re-entry teenage mother adjust to school with stress with the coping mechanisms they have. This was measured using, the School Adjustment Inventory (SAI) A.K.P. Sinha and R.P. Singh's School Adjustment Inventory (SAI) is a psychological assessment tool designed to measure a student's adjustment to school. The School Adjustment Inventory (SAI) was created by A.K.P. Sinha and R.P. Singh in 1971, and the manual for it was published in 1993. The SAI measures various aspects of a student's school adjustment, including academic adjustment, social adjustment, emotional adjustment, and behavioral adjustment.

The SAI consists of subscales that assess specific aspects of school adjustment, such as academic motivation, social relationships with peers and teachers, emotional stability and well-being, and behavioral problems and conduct. The inventory includes items that ask about the student's experiences, feelings, and behaviors related to school.

The original SAI measure the academic, social, emotional, and behavioral state of students in the school environment. The following are some of the items of the SAI

1. “I enjoy going to school” which measures academic/educational adjustment.
2. “I find it difficult to make friends in school” which measures social adjustment.
3. “I feel anxious about exams” which measures emotional adjustment
4. “I often get into trouble in class” which measures behavioral adjustment.

The adapted SAI used in this research was limited to measure two adjustments namely academic/educational and emotional adjustments. Again, some of the items were modify to help measure the right variable(s). For example, item 22 was added to the items which reads: “I get stressed with schooling and caring for my baby(s)/ kid(s) to help inform the researcher on how the re-entry teenage student adjust educationally.

The SAI scores indicate the level of adjustment in each area, with higher scores indicating better adjustment. By assessing these dynamics, the SAI provides a comprehensive picture of a student's school adjustment, helping educators and mental health professionals identify areas of strength and weakness. The scale was used to assess how student adjust to school with or without problems. The SAI is composed of a series of statements that students respond to base on their experiences, and it captures both positive aspects of the school environment as well as the negative components.

The SAI typically includes items that respondent rate on a Likert scale, ranging from strongly disagree (1) to strongly agree (4). The scale has 26 items. These items are designed to assess the social, behavioral, educational, and emotional dimensions of student adjustment, including the perceived challenges and demands of school, the degree to which parents feel capable and supported in their new role, and the overall impact of parenting on their personal well-being and life satisfaction.

The SAI can practically be self-administered by the respondents or with little help from the researcher assistant. It was a best fit for a before and an after intervention. An additional advantage for using this scale was that, it was answered in a relatively short time of less than 10 minutes.

In summary, the questionnaire that was used for the data collection consisted of three instruments. Ten items that solicited information on stress (PSS-10). There were 28 items which assessed how the re-entry teenage mother cope with stress (Brief COPE Inventory). There were 26 items that helped ascertain the school adjustment levels of the re-entry teenage mother who is predictably going through stress. In all, the instrument was made up of 64 items. This took approximately 18-25 minutes to answer the 64 items. After the initial baseline data was collected using the Perceived Stress Scale (PSS), the Brief COPE, and the school adjustment inventory (SAI), cognitive restructuring counselling was undertaken.

3.8 Validity and Reliability of the Instrument

For the validity and reliability of the instruments used for this study, several steps were taken to ensure that the adapted tools measure the constructs of interest—stress, coping mechanisms, and school adjustment among re-entry teenage mothers in Senior High Schools located within the Birim South and Central Municipalities of Ghana—accurately and consistently.

Face Validity

Face validity refers to the extent to which a measuring instrument appears to measure what it is supposed to measure. In this study, face validity was checked by submitting the adapted instruments, namely the Perceived Stress Scale (PSS-10), the Brief COPE Inventory, and the School Adjustment Inventory (SAI), for peer review by

colleagues in the Department of Counselling Psychology, University of Education, Winneba. Colleagues reviewed the appropriateness, clarity, and relevance of items within each of the instruments that measured stress, coping mechanisms, and school adjustment for re-entry teenage mothers. The feedback received was used to make slight modifications to the wording and presentation of items, ensuring that the instruments were understandable and appropriate for the population under study. The peer review process helped confirm that the instruments were considered relevant and adequately matched to the study's objectives, therefore increasing their face validity.

Content Validity

This refers to the extent to which all items in an instrument represent the dimensions of the measured construct. This study ensured content validity through careful selection of pre-recognized instruments: The Perceived Stress Scale (PSS-10), Brief COPE Inventory, and School Adjustment Inventory. All these instruments have been validated in many previous studies. To further ensure content validity, the adapted instruments were subjected to a critical review by the research supervisor, an expert in counselling psychology. The supervisor assessed whether the items within the instruments comprehensively represented the domains of stress, coping, and school adjustment pertinent to re-entry teenage mothers. The supervisor's feedback was instrumental in ensuring that all relevant aspects of the constructs were captured, thereby aligning the instruments with the study's objectives.

Reliability

Reliability refers to the consistency of the measurement across different contexts and conditions. Several measures were undertaken to establish and confirm the reliability of the adapted instruments.

Internal Consistency

Internal reliability was checked by applying Cronbach's alpha to ascertain the internal consistency of the questionnaire, which contained 64 items. The pre-test was conducted with conveniently sampled re-entry teenage mothers from Akroso Senior High Technical School in the Manso/Akroso District. Descriptive statistics from this pilot study were analyzed using the R statistical software; this gave a Cronbach's alpha value of 0.905. The high value indicates that the items in the questionnaire show the highest level of homogeneity in measuring the same underlying construct, in this case, stress, coping mechanisms, and school adjustment. Hence justifying the fact that the internal consistency of the questionnaire is satisfactory and reliable.

3.9 Method of Data Collection

To begin the data collection, an introductory letter from the Department of Counselling Psychology of the University of Education, Winneba, was requested, with which ethical clearance was sought from the Directorate of Ghana Educational Service for the two districts. This authorized the research team and enabled them to introduce themselves to the various headmasters of the Senior High Schools in Birim South and Central. Two (2) field assistants (FAs) were recruited for the study. The FAs were trained on the purpose of the study and how to relate with the teenage mothers so as not to cause agitations or discomfort. They were also trained in administering the questionnaires and assisting the respondents to understand and appropriately respond to the questions. The training lasted for about one day. The two field assistants were then deployed to the various schools in the municipalities.

The data was collected twice, with the second exercise occurring after the intervention using cognitive restructuring counselling technique. The duration between

the first and second data collection was 5 months. This period was chosen because it is believed that changes in behavior become evident from the third to the sixth month after the intervention (Chauhan et al., 2017; Dabaghi et al., 2018; Gonçalves et al., 2020). Also, the time frame was chosen due to the restricted duration required to complete this study.

Informed consent was solicited from the respondents, and they were made to understand that they had the right to skip any of the questions or withdraw their participation from the study at any point in time without any penalty. The re-entry teenage mothers were also assured of confidentiality and anonymity of information and their names. Data collection lasted for about 15-20 minutes per respondent. After the questionnaires had been answered, the FAs compiled and sealed them for submission to the researcher. All the 33 respondents who responded to the pre-intervention questions answered the post-intervention study.

3.10 Description of the Intervention

The intervention focused on using cognitive restructuring as a counselling technique (Beck & Haigh, 2014; Knapp et al., 2008) to support re-entry teenage mothers in Senior High Schools (SHS) within the Birim South and Central Municipalities in Ghana. The intervention was designed to help teenage mothers effectively manage stress and improve their coping strategies as they navigate the challenges of both motherhood and education. Again, it was to equip them with practical tools for managing stress through cognitive restructuring techniques. The researcher led the intervention with two trained research assistants.

The group counselling sessions began after identifying 33 re-entry teenage mothers who consented to participate in the study. The students were from four schools:

Akim-Swedru Senior High School (10), Attafuah Senior High School (11), St. Francis Senior High School (9), and Oda Senior High School (3). Total of 36 screened re-entry teenage mothers were identified through Counsellors in the four different schools. All 36 satisfied the inclusion criteria. Three students did not consent to participate in the study. Out of the three that did not consent to the study, one was from Akim-Swedru Senior High School (Birim South) and two from Oda Senior High School (Birim Central). The remaining 33 students answered the pre-intervention questionnaire. This helped establish a baseline for their stress levels and coping mechanisms. The 33 respondents were grouped into three for the intervention. The first group had sessions at Akim Swedru Senior High School, and there were 10 teenage mothers. The second group had sessions at the Attafuah Senior High School with 11 members. Group three comprised teenage mothers from St. Francis Senior High School and Oda Senior High School. Except for the Akim Swedru Senior High School group, which had only three boarders, the rest of the groups had members who were all-day students. This enabled flexible scheduling of sessions after school.

Cognitive restructuring, the core technique of the intervention, aimed to help teenage mothers identify negative thought patterns that contribute to their stress (Fadhli & Situmorang, 2021). These negative thoughts often involve feelings of guilt, inadequacy, and fear of not being able to balance their roles as both mothers and students. In the first few sessions, the participants were guided to recognize these thoughts, which were then challenged and reframed into more positive and realistic perspectives. This was to help participants change how they viewed their stressors, encouraging them to focus on solutions rather than problems.

During the first month of the intervention, the participants met twice a week (Ali & Bataineh, 2021). These sessions included discussions, role-play, and individual reflections that helped teenage mothers identify and reframe their negative thought patterns. By engaging in these activities, they began to recognize the power of their thoughts in influencing their emotional responses and stress levels. The sessions were designed to be interactive, using discussions and offering additional support to participants.

In the following four weeks, the sessions transitioned to once per week, allowing participants more time to practice the techniques learned in earlier sessions. Each group had 12 sessions (Ramadhani Kusumawati et al., 2021). The three groups, therefore, had a total of 36 sessions. The number of sessions was ideal, as each session lasted one hour and thirty minutes (Ramadhani et al., 2025). This shift in frequency was intended to help respondents incorporate coping strategies into their daily routines. The skills taught included time management, stress-reduction techniques, such as deep breathing, and the use of positive affirmations. The group setting also created a supportive environment in which participants could share their challenges and successes, further promoting their emotional resilience.

Throughout the intervention, the researcher continuously monitored the participants' progress, providing individual feedback and encouragement. This ensured that the participants received the necessary support to practice the techniques in real-life situations. Additionally, during each session, the participants were given tasks to complete between meetings, such as journaling or engaging in relaxation exercises. These tasks helped reinforce the concepts discussed in the group sessions and allowed participants to assess their progress in managing stress.

In the final part of the intervention, the participants developed a range of strategies to cope with stress, including reframing negative thoughts, managing their time effectively, and seeking social support when needed. The final session also allowed the participants to reflect on their experiences during the intervention and plan how they would continue to apply the strategies learned in the future. The goal was to ensure that the participants felt empowered to manage their stress on their own and maintain the skills learned after the intervention ended.

The intervention design was structured to foster a gradual and sustainable change in how these teenage mothers approached stress. Through cognitive restructuring, they not only learned to manage their stress but also gained a greater sense of confidence in their ability to balance the demands of school and motherhood. By the end of the intervention, the teenage mothers were better equipped to handle the stress associated with their re-entry into SHS and empowered to continue their education with improved mental health and coping abilities.

The details of the various sessions and activities of the intervention included:

Treatment Plan

1. Cognitive Behavioral Therapy (CBT)

Objective: To address negative thought patterns and help the re-entry teenage mothers develop healthier ways of coping with stress and feelings of inadequacy to help them adjust well to school by the end of the intervention.

Technique: Cognitive restructuring was used to challenge irrational beliefs and replace them with more adaptive thoughts.

2. Coping and Adjustment Techniques

Objective: The re-entry teenage mother will be able to practice adaptive coping strategies to manage stress by the end of the intervention.

Technique: Introduce relaxation techniques such as deep breathing, mindfulness, and progressive muscle relaxation.

3. Time Management and Prioritization Skills

Objective: The re-entry teenage mother will be able to develop a structured daily routine that balances their childcare and academic responsibilities to help them adjust to school by the end of the intervention.

Technique: Weekly planning sessions to create realistic schedules that allocate sufficient time for studying, work, and rest.

The Sessions and Activities

Session One: Relationship Building

We started with an ice-breaker allowing each group member to draw and colour to depict the topic “My journey as a mother”. I introduced myself and the counselling program. Each member was allowed to describe herself. Confidentiality protocols were discussed comprehensively. Rules and regulations were set by the group members themselves to govern the activities of the various sessions. Goals and expectations were set by members.

Session Two: Detailed Discussion of Assessment Results

Results from the baseline data were discussed. (Perceived Stress Scale-PSS, Brief Cope Inventory-BCI, School Adjustment Inventory-SAI). The scores were explained to the members and what it meant psychologically.

Session Three: Psychoeducation

Members were educated to understand stress and its impacts on emotions, behavior and daily activities and were allowed to share and ask questions on their take-aways. Group members discussed and shared their personal coping strategies and how they were adjusting to school.

Session Four: Introduction of cognitive restructuring

The concept of cognitive restructuring and its benefits were introduced to members. Members were helped to understand what it meant to have negative thoughts and cognitive distortions using roleplay, open-ended questions. Members were taught how to identify negative thoughts and how they affect emotions, behavior, as well as human activities. We discussed and learned how to record negative thoughts and cognitive distortions.

Assignment was given to them to record any negative thoughts in their journal and bring them to the next session for discussion (keeping diary).

Session Five: Identifying negative thoughts, Cognitive distortions and challenging them

We identified the negative thoughts (beliefs) and cognitive distortions members recorded and discussed them. Members were encouraged to consider alternative perspectives and to evaluate the evidence for their negative thoughts. Members were helped to learn and practice how to challenge negative thoughts by asking self-questions like: What evidence do I have for this thought? Is this really true? Is there another good way to look at this situation? They were encouraged to consider alternative ways and to evaluate the evidence for their thoughts.

They were reminded of shifting sessions to once a week starting on the ninth week. Members were also asked to continue to record and challenge their thoughts to be presented in the next session.

Session Six: Reframing negative thoughts

We learned how to use the cognitive restructuring worksheets. This was to help members of the group reframe their negative thoughts into more balanced and realistic ones. They examined evidence for and against negative thoughts. We role-played to practice new ways of thinking and encouraged members to practice their new thoughts and to reinforce them with positive self-talk. We discussed how reframing negative thoughts may be of help. Members were asked to record their thoughts and reframe them for the next session.

Session Seven: Continuous Practice

We discussed members' recorded thoughts and how they have reframed them. I encouraged and motivated them not to give up if relapse set in. Members were called to demonstrate and share how they practiced "self-talk" to reinforce new thoughts

Session Eight: Emotional regulation and coping, adjustment skills

Members learned stress reduction skills like deep breathing exercises, progressive muscle relaxation and mindfulness, focusing on present moments. Nature walk was encouraged when lullabying their babies to sleep. This was demonstrated. We also discussed how to manage their time, study skills and how they can benefit from peer support group. This was to help them adjust more to school. They were reminded about when sessions will be closed. They were also informed that sessions will be held once a week starting from session nine. The day and time were agreed on.

Session Nine: Evaluate progress and adjust

Members were encouraged to narrate progress and their setbacks. We discussed how to progress with the numerous skills learned. The secretary was allowed to note the suggested ways down. We discussed simple ways of applying the skills learned in previous sessions after role- playing some of them.

Session Ten: Time management and Prioritization skills

Members were led to list their daily routines and discussed how they can prioritize them to achieve goals. We created detailed weekly schedule, including time for studying, childcare and self-care.

We discussed how to implement the weekly schedule designed. Study groups were formed, allowing them to design their own study tables for effective implementation. Members were asked to write possible challenges that may hinder their progress.

Session Eleven: Continuous Practice and Reflection on Progress

We discussed and reviewed skills learned including reframing negative and distorted thoughts, coping and adjustment skills, prioritization of daily routine, time management, good study habits and more.

Members were allowed to reflect on the achievement and progress. We discussed ongoing and future challenges. Members were allowed to brainstorm possible solutions and they were encouraged to continue to practice all skills learned. They were also encouraged to seek support from their group members.

Session Twelve: Planning for Future Support and Celebration of Achievements

This session focused on celebration of achievements with members. Every member was given the opportunity to express how the sessions has helped her, and celebrate any achievements together.

The group was led to express appreciation for one another, enumerating strengths and the qualities they observed in the group. Members were led to discuss their academic and personal future goals. Every member was given 2 - 4minutes to write about the counselling program, what went on well and what could be improved upon.

The group was introduced to diverse information and support resources such as counselling services, journals, educative school clubs, and the support groups to help their growth. The group played dance to music. Prayer was said to officially close the counselling program.

3.11 Data Analysis

The responses to the questionnaires were cleaned and coded using the R software. The data cleaning procedure was to check whether the respondents followed the instructions correctly and if all items on the questionnaire were responded to. The first, second, third, and fourth sections of the questionnaire employed descriptive statistics. The data of the respondents relating to them was analyzed descriptively, and findings were presented in means, frequencies, and percentages, ANOVA, and MANOVA. The fourth research question was analyzed using a t-test. The prevalence of stress among re-entry teenage mothers in Birim South and Central Municipalities was determined through a pre-test and post-test analysis using data collected with the Perceived Stress Scale-10 (PSS-10). Descriptive statistics, including means, standard

deviations, and ranges, were calculated for the PSS-10 scores at both time points (pre-test and post-test) to provide a comprehensive overview of stress levels among the target population. Bar charts were used to visually represent the distribution of PSS-10 scores at each time point.

Additionally, a paired t-test was conducted to compare the mean difference between pre-test and post-test PSS-10 scores within the same group of re-entry teenage mothers. This analysis determined whether there was a statistically significant change in perceived stress levels from before to after the intervention.

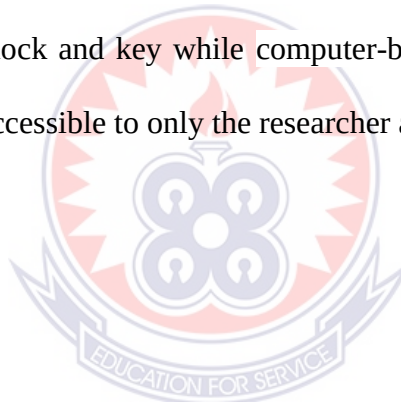
The coping strategies utilized by re-entry teenage mothers were investigated using the brief COPE strategy. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were computed to summarize the prevalence and distribution of coping strategies employed by the respondents. These statistics offered insights into the most commonly utilized coping strategies within the target demographic. Additionally, subgroups were conducted to explore variations in coping strategies based on demographic characteristics such as age, socioeconomic status, and educational level. Independent samples t-tests or analysis of variance (ANOVA) to compare mean differences in coping strategies between different subgroups.

3.12 Ethical Consideration

An introductory letter was obtained from the Department of Counselling Psychology of the University of Education, Winneba for permission to conduct the study in the various SHS in the Birim South and Central Municipalities. These permission letters were presented to the Headmasters of the various Senior High Schools where the study was conducted.

In order to seek consent from the teenage mothers, the study's details were communicated to each of them. Their consent to voluntarily participate in the study was sought. Respondents were given time to ask questions about the study and their concerns. Clarification and answers were provided accordingly. Three students did not consent to the study. It was explained to those who withdrew that they will not be penalized in any way.

In accordance with ethical guidelines, the names and addresses of respondents were not used in any documents relating to the study to ensure anonymity and confidentiality. A list of codes was used to match up with the names to ensure privacy. To ensure the safety of respondents' information, data collected from them were securely stored under lock and key while computer-based files were encrypted with password. Data were accessible to only the researcher and the supervisor.



CHAPTER FOUR

RESULTS

4.1 Overview

This chapter presents the findings of the entire study, organized according to the respondents' backgrounds and the various research objectives.

Table 2: Demographic characteristics of respondents

Variable	Frequency (n=33)	Percentage (%)
Age Distribution		
Mean Age	17.48 years (<i>SD</i> =1.48)	
Educational Level		
Form 1	10	30.30%
Form 2	11	33.33%
Form 3	12	36.36%
Religion		
Christianity	19	60.60%
Islam	6	24.24%
Other religion	2	9.09%
Don't have religion	2	6.90%

Table 2 provides a detailed overview of the demographic and educational profiles of re-entry teenage mothers from Birim South and Central Municipalities who participated in the study. A total of 33 young mothers returning to their educational pursuits after a hiatus for childbirth and caregiving participated in the study. Respondents' ages ranged from 15 to 19 years, with an average age of 17.5 years. The standard deviation of 1.48 years reflects a moderate degree of variability in the age distribution of the respondents. The educational distribution revealed that the re-entry teenage mothers were fairly evenly distributed across Form 1, Form 2, and Form 3. The highest proportion was observed in Form 3, accounting for 36.36% of respondents,

while Form 2 and Form 1 accounted for 33.33 % and 30.30% respectively. This distribution suggests a significant representation across the different educational levels, highlighting the varied stages at which these young mothers re-entering the educational system can be found. In terms of religious affiliation, a significant majority of the respondents (60.60%) identified as Christians. Islam was the second most common religion among the respondents, comprising 24.24%. A smaller proportion of the respondents were affiliated with religious affiliations (6.06%) or did not have any religious affiliation (9.09 %). This distribution reflects the religious diversity among the teenage mothers in the study and provides context for understanding their cultural and social backgrounds.

Duration of Absence Among Re-entry Teenage Mothers

In addition to age, educational level, and religious affiliation, another crucial demographic aspect among re-entry teenage mothers in Birim South and Central Municipalities is the duration of their absence from school before re-entry back into the educational system. This demographic variable provides valuable insights into the educational hiatus experienced by these mothers, which was most likely necessitated by their pregnancy and childbirth and care. The data from the study revealed diverse durations of absence, ranging from months to years.

To facilitate analysis, these durations were recoded into semesters. This recoding helped standardize the assessment of educational disruptions experienced by the mothers, allowing for a clearer understanding of their educational hiatus. In terms of months/years, the findings showed that the mean duration of absence from school by the respondents was 8.78 months, which translates approximately to an academic year on the 2023/2024 academic calendar for basic schools and Senior High School. The range of absence from school indicated 0 – 36 months (3 years). When considering

absence durations in semesters, where “1 year” translated to ‘12 months’, corresponding to 2 semesters in an academic year, a quarter of the respondents had no interruption (0 semesters), while nearly a third experienced a single semester of absence (1 semester). About 36% of the mothers were absent for two semesters, suggesting a somewhat extended break, while 8% and 4% faced more substantial interruptions of 6 and 10 semesters, respectively.

4.2 Research Question One: 1. What is the prevalence of stress among re-entry teenage mothers in Birim South and Central Municipalities?

In evaluating the prevalence of stress among re-entry teenage mothers who participated in the study, the Perceived Stress Scale (PSS-10), a widely recognized tool designed to measure individuals’ perception of stress based on their responses to ten statements was utilized. These statements encompassed a spectrum of thoughts and feelings experienced over the past month, each rated on a scale from 0 to 4.

To better interpret the stress scores, a three-point categorization classification system was employed. Respondents scoring below 16 were categorized as experiencing “Low/No Stress”, while those scoring between 16 and 25 were classified as experiencing “Moderate Stress”. Scores above 25 indicated “High Stress”, delineating varying levels of stress intensity among the respondents. This classification system served to illuminate the prevalence and distribution of perceived stress levels within the study population, offering valuable insights into the psychosocial challenges faced by teenage mothers as they strive to balance educational pursuits with maternal responsibilities. Figure 2.0 illustrates these results.

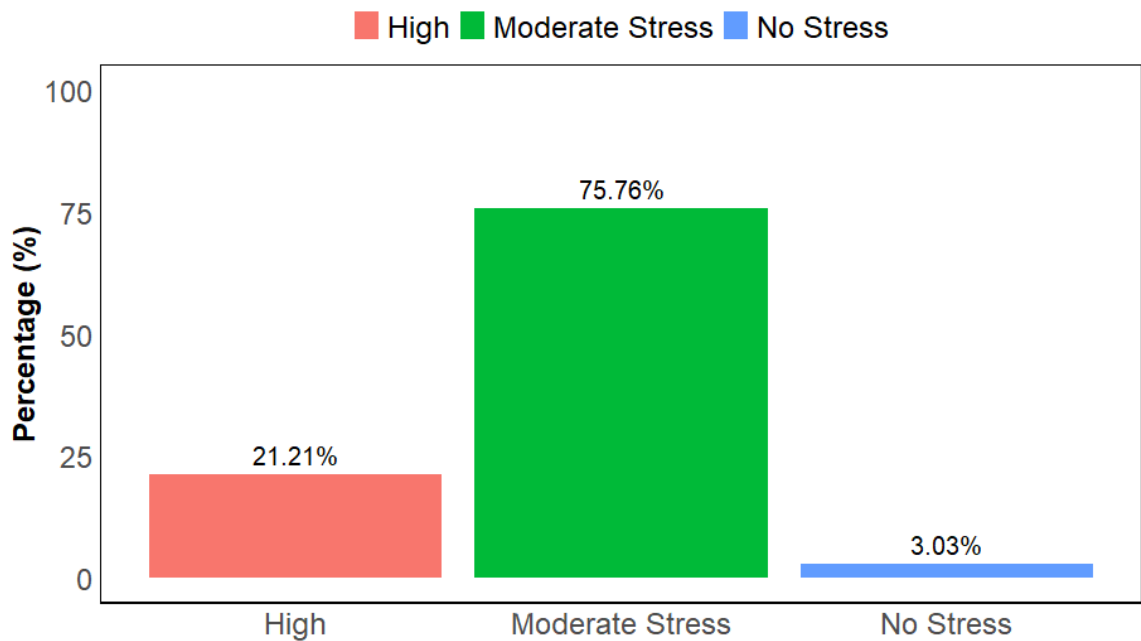


Figure 2: Stress Level Analysis Among Re-entry Mothers Pre-Intervention

This figure presents a comprehensive analysis of stress levels among re-entry mothers. From Fig. 2, upon applying the classification system to the stress scores obtained from the PSS-10 among the returning mothers, the analysis revealed distinct patterns in perceived stress levels prior to the intervention. The results revealed that the majority of the respondents, constituting 75.76%, fell into the “Moderate Stress” category, indicating a prevalent but not overwhelming level of stress. Significantly, 21.21% of respondents reported “High” levels of stress, which suggests a significant challenge in coping with their current circumstances upon returning to school. Only a minimal portion of the cohort, about 3.03%, was categorized under “No/Low Stress”, highlighting that almost all mothers experienced some degree of stress before any interventions were applied.

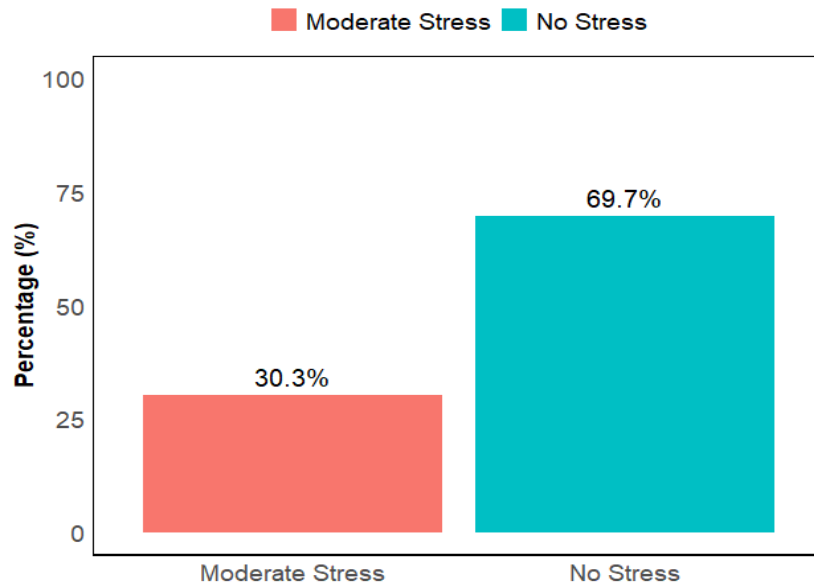


Figure 3: Stress Level Analysis among Re-entry Mothers Post-Intervention

This figure presents a comprehensive analysis of stress levels among re-entry mothers. In applying the three-point classification system to the levels of stress experienced by the returning young mothers, the results revealed a significant reduction in stress levels post-intervention. From Fig. 3, the results show that 69.7% of the respondents reported experiencing “Low/No” stress, while 30.3% reported “Moderate” levels of stress. Notably, the category of “High stress”, characterized by stress scores of 25.

Comparatively, the results as shown in fig. 4 show that post-intervention, the proportion of young mothers that were experiencing high stress had decreased from 21.21% to 0.0%. This is an indication of the immediate impact of the cognitive restructuring that was carried out. Also, the proportion of re-entry mothers experiencing moderate stress decreased from 75.76% to 30.3%. More importantly, the results showed that 69.7% of the respondents expressed not feeling any form of stress or very low stress. This was a significant increase from the previous proportion of 3% to this level

(shown in Fig. 4), showing that entry mothers require some level of counselling in order to seamlessly re-integrate them back into school.

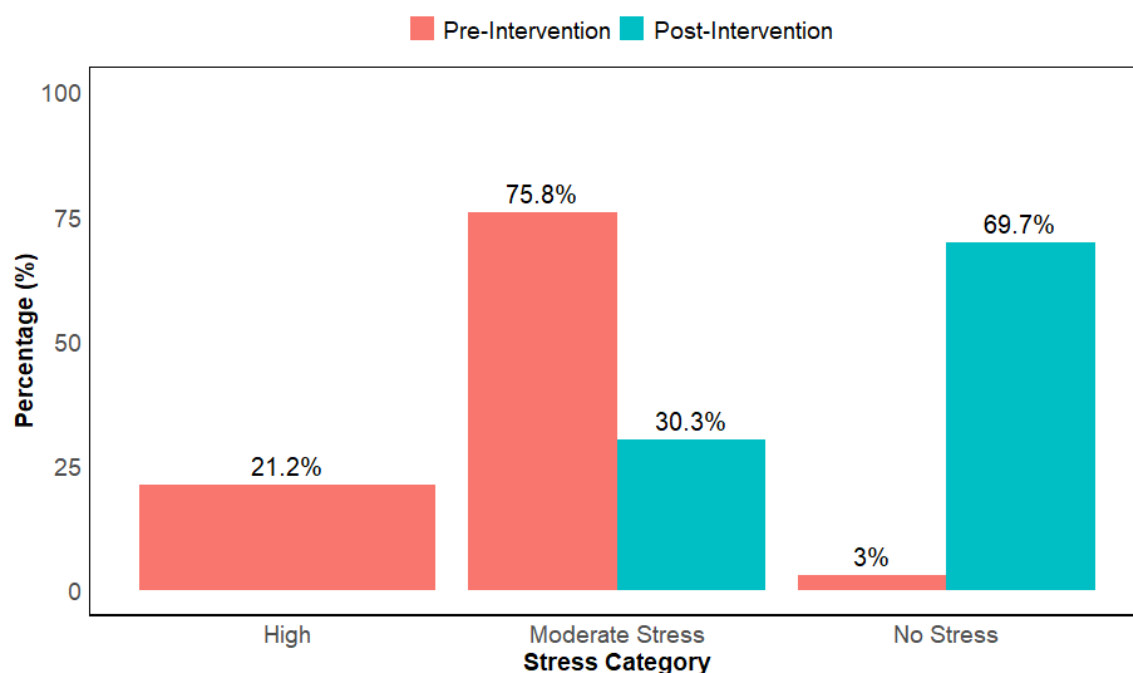


Figure 4: Overall prevalence of stress among re-entry mothers pre- and post-intervention

4.3 Research Question Two: How do re-entry teenage mothers cope with stress in Birim South and Central Municipalities?

In assessing the coping strategies employed by re-entry teenage mothers, the study collected data using the Brief COPE inventory. The coping dimensions were quantified by combining scores from specific, related questions within the inventory. This approach ensured that each aggregated score represented a coherent method of coping, consistent with the underlying theoretical constructs of the inventory. Results obtained are presented in Fig. 5. The pre-intervention data reveal a diverse array of coping strategies used by respondents to manage stress. Acceptance emerged as the most favoured strategy, with a high mean score of 3.76, indicating that respondents often accepted their situations as a way to cope. Religion followed closely with a mean

score of 3.67, suggesting that spiritual or religious practices played a significant role in stress management. Self-Distraction and Active Coping, with scores of 3.55 and 3.52 respectively, also were prominently used, reflecting a preference for distraction techniques and proactive problem-solving approaches.

Denial and Planning both had mean scores of 3.52, showing that respondents utilized a combination of avoidance and strategic planning in dealing with stress. Behavioural Disengagement scored 3.36, indicating that disengagement from stress-inducing situations was also a common approach. Conversely, Humour had a relatively low mean score of 2.30, suggesting that it was not as frequently used as other strategies. The least employed strategy was substance use, which had a mean score of 0.879, reflecting its minimal role in coping among respondents.

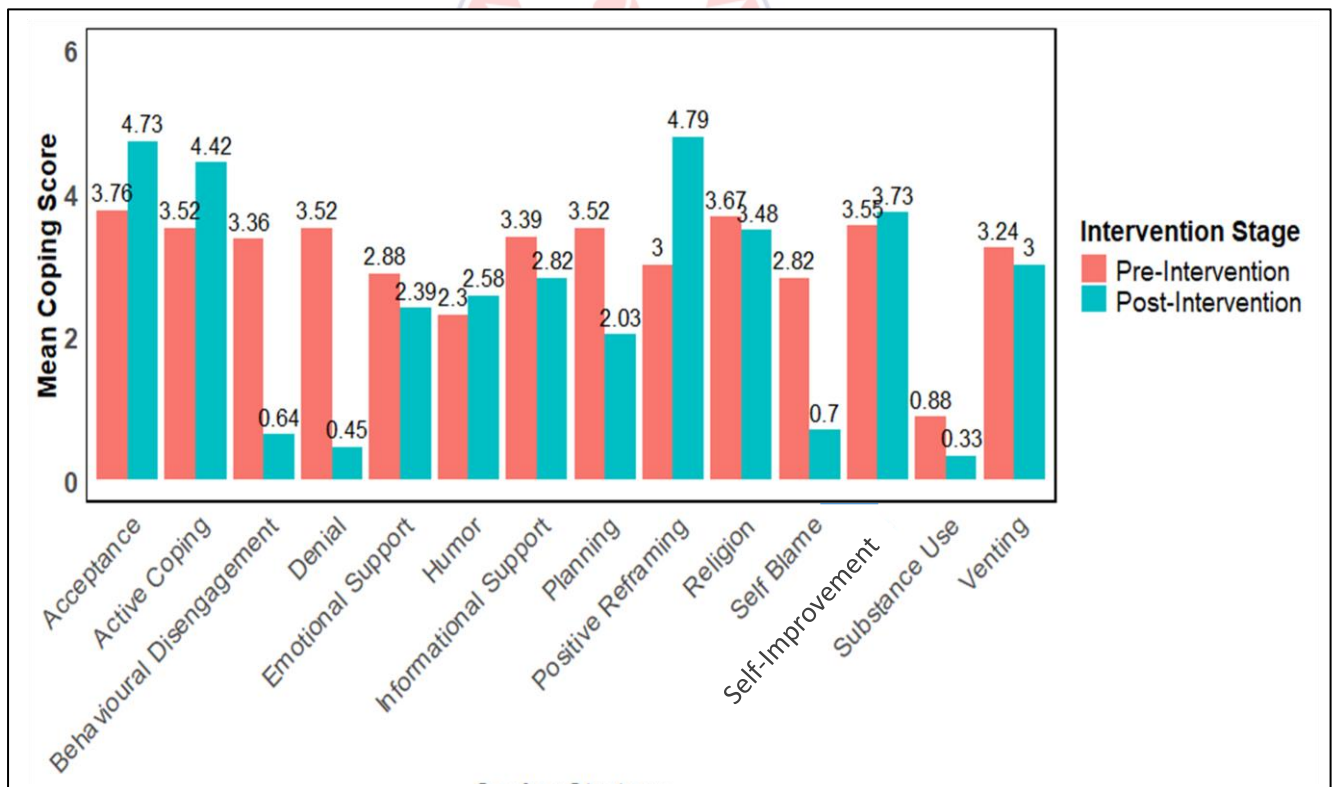


Figure 5: Overall coping strategies among re-entry mothers pre- and post-intervention

The figure displays mean score shifts in coping strategies for re-entry teenage mothers from pre- to post-intervention. To understand changes that have occurred in respondents' coping strategies, the study cumulatively classified coping strategies into positive and negative strategies based on their perceived effectiveness and adaptiveness in stress management. Positive coping strategies—comprising Active Coping, Planning, Positive Reframing, Acceptance, Humour, Religion, Emotional Support, and Informational Support—were aggregated to reflect adaptive methods that potentially facilitate better psychological adjustment. Pre-intervention, the average score for positive coping strategies among the respondents was found to be 26.03, indicating a prevalent use of these adaptive methods. Conversely, negative coping strategies, which included Self-Distraction, Denial, Substance Use, Behavioural Disengagement, Venting, and Self-Blame, were summed to reflect maladaptive responses that may not effectively mitigate stress and could contribute to poorer psychological outcomes. The average score for negative coping strategies was notably lower, at 17.36, suggesting that these less adaptive methods were used less frequently as compared to positive coping.

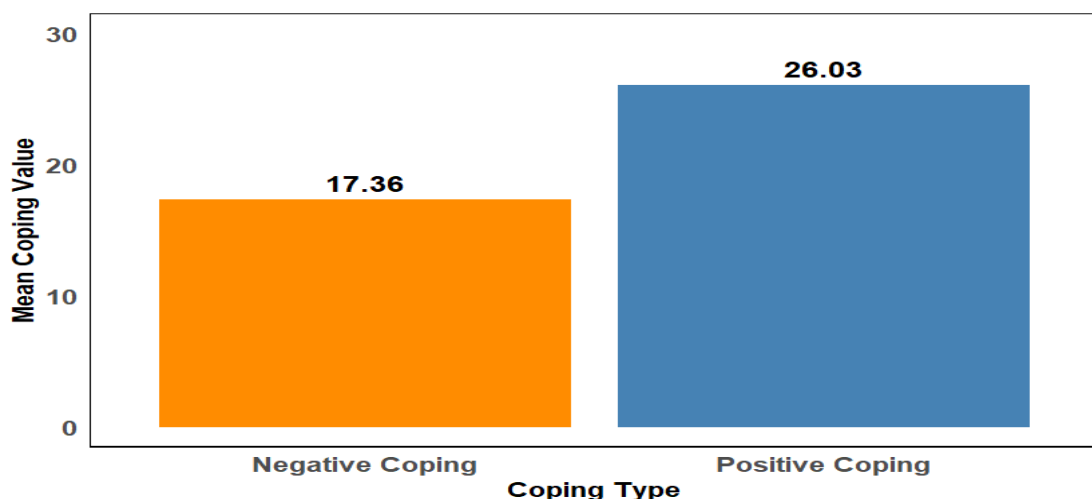


Figure 6: Mean negative and Positive coping strategies at the Pre-intervention phase

Post-intervention data revealed a shift in coping strategies with some significant changes. As shown in Fig. 5, Positive Reframing emerged as the most utilized strategy after the intervention, with a high mean score of 4.79, indicating that respondents increasingly used this approach to view stressors in a positive light. Acceptance also remained a key strategy with a mean score of 4.73, showing that it continued to be effective in helping respondents manage their stress. This reveals that post-intervention, respondents accepted the reality of their stressful situation and moved on.

Active Coping saw a notable increase with a mean score of 4.42, reflecting a greater reliance on proactive problem-solving techniques. In contrast, Informational Support decreased to a mean score of 2.82, suggesting that respondents were less inclined to seek advice or information post-intervention. Self-distraction had a mean score of 3.73, indicating that it continued to be a common strategy, though its prominence did not match that of the more adaptive strategies.

Vent and Humor had moderate mean scores of 3.00 and 2.58 respectively, showing a slight reduction in their use. Religion also saw a slight decrease with a mean score of 3.48. Strategies such as Self Blame (0.697), Denial (0.455), Substance Use (0.333), and Behavioral Disengagement (0.636) experienced considerable reductions, reflecting a decrease in less adaptive or maladaptive coping methods. Overall, the post-intervention results highlight a shift towards more adaptive coping strategies, emphasizing positive reframing and active coping while reducing reliance on avoidance and substance use.

With respect to positive and negative coping, the post intervention results as presented in Fig. 6 revealed a mean positive strategy score of 27.2, which was 1.2 points away from what was observed from the pre-intervention data. However, from the negative

coping strategy, a starkly reduced mean score of 8.85 was observed suggestive of the impact the intervention in reducing negative stress alleviators from the young mothers.

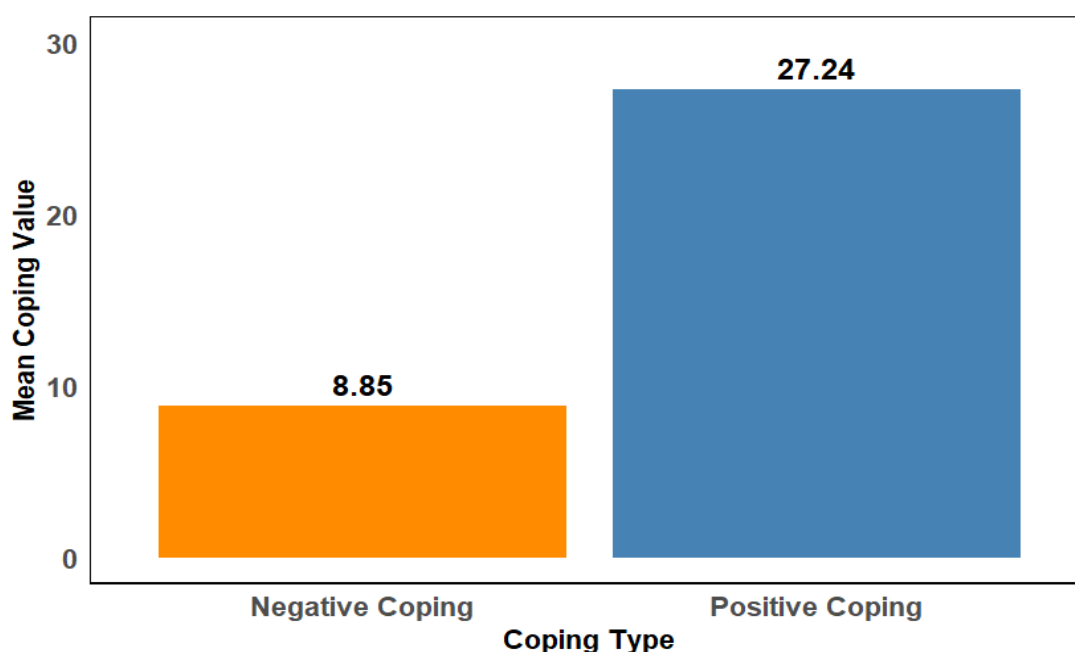


Figure 7: Mean negative and positive coping strategies at the post-intervention phase

4.4 Research Question Three: To what extent does stress influence re-entry teenage mothers' adjustment in SHS in Birim South and Central Municipalities?

To determine re-entry mothers' adjustment in the school following the hiatus for childbirth and care, the adjustment inventory was used to collect data pertaining to how easy or difficult it was to re-adjust into the school. Each construct from the inventory was assessed on a 0-4 scale to assess the level of tolerance to each. Scores from the construct were later aggregated to obtain two primary adjustment coping (i.e.) educational adjustment and emotional adjustment, with each having 13 constructs. Following the analysis, the pre-intervention results revealed that re-entry mothers displayed nearly equivalent levels of educational and emotional adjustment, with mean scores of 29.3 and 34.2 respectively. This suggests a relatively balanced adjustment

experience in both academic and emotional domains as these mothers reintegrate into the school environment. The standard deviations for educational and emotional adjustments were 6.57 and 8.37 respectively, indicating a somewhat higher variability in emotional adjustment among the mothers compared to their educational adjustment. This variability in emotional adjustment could reflect differing personal circumstances and the unique emotional challenges that come with balancing motherhood and educational responsibilities.

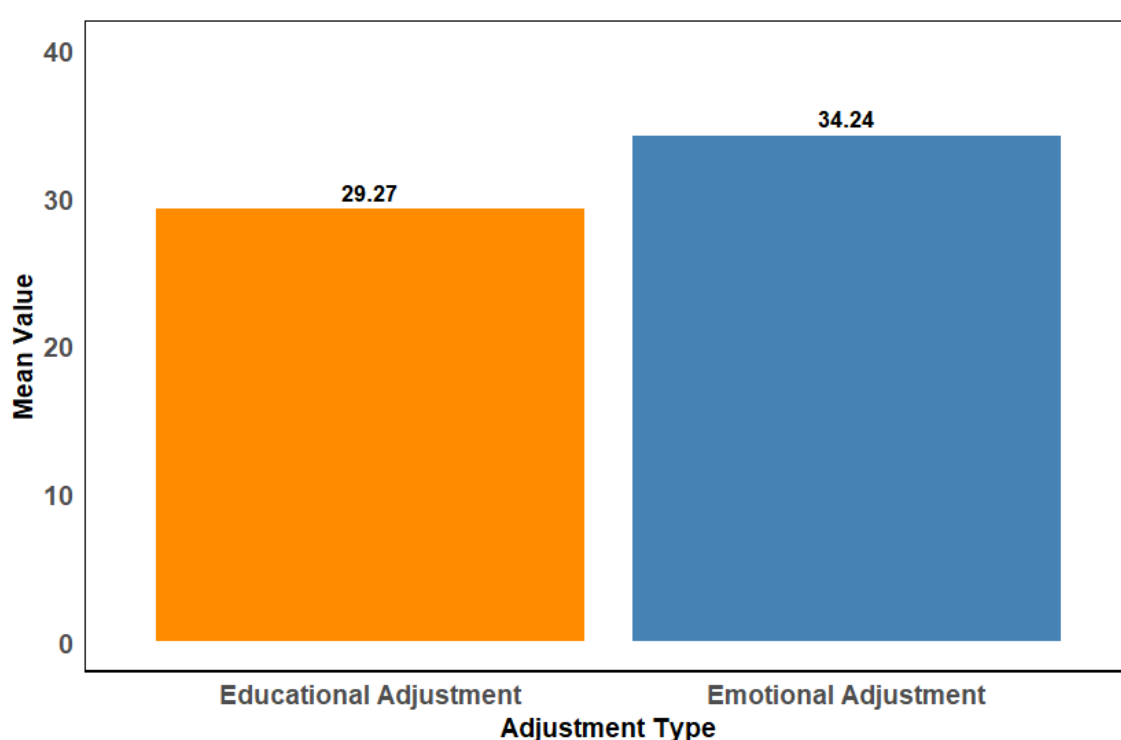


Figure 8: Mean educational and emotional adjustment of re-entry mothers.

With the understanding that higher mean scores indicate better adjustment, the post-intervention results highlight significant improvements in both educational and emotional adjustments among re-entry mothers. The educational adjustment mean score increased from 39.9 pre-intervention to 44.4 post-intervention, suggesting that the interventions effectively aided the mothers in adjusting better with academic

challenges. This improvement reflects a smoother reintegration into their educational environments, facilitated by the support mechanisms put in place. Similarly, the emotional adjustment score improved markedly, increasing from 34.2 to 44.4. This substantial improvement indicates a significant reduction in emotional stressors and an enhanced capacity to manage emotional well-being following the intervention. The decrease in the standard deviations—6.81 for emotional and 5.63 for educational adjustments also points to a more uniform experience among the respondents post-intervention, suggesting that the interventions were effective across the group in standardizing responses to the challenges faced.

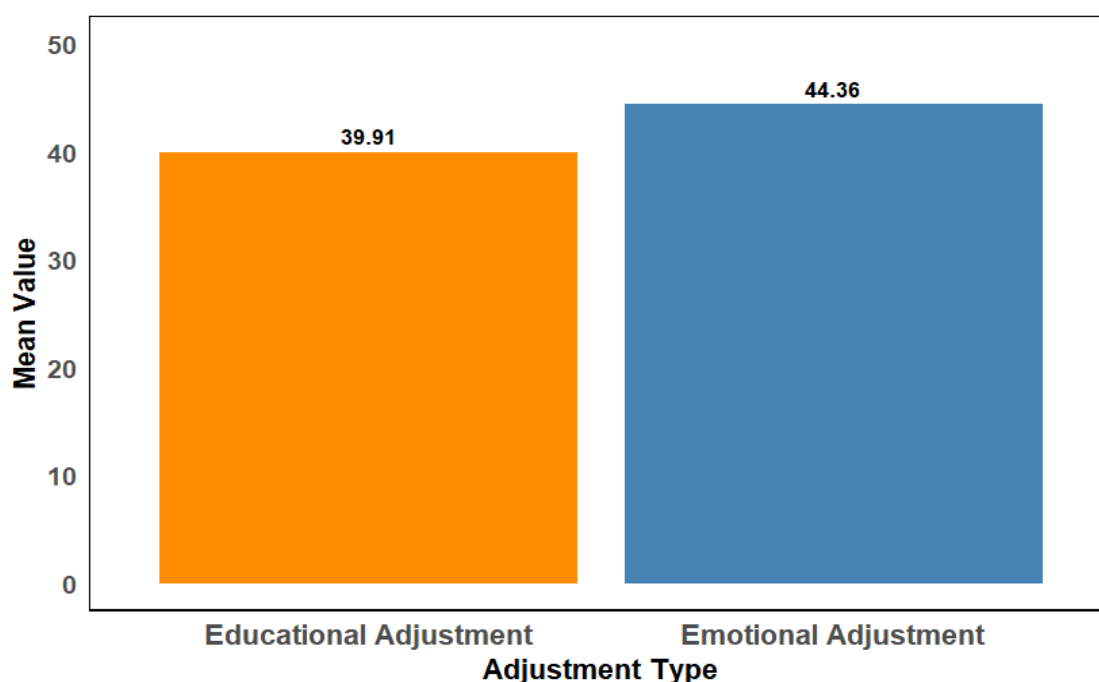


Figure 9: Mean educational and emotional adjustment of re-entry mothers.

4.4 Hypothesis One: Null: Stress does not significantly influence the adjustment of re-entry teenage mothers in SHS

Table 3 presents the analysis for MANOVA and ANOVA of stress and school adjustment of the teenage mothers.

Table 3: MANOVA and ANOVA of stress and school adjustment

Test	Dependent Variable	Df	Pillai/F-value	p-value
Pre-intervention MANOVA	Emotional and educational adjustment	1	Pillai = 0.337, F = 7.639	0.002
Pre-intervention ANOVA	Emotional adjustment Educational adjustment	1	F = 10.71 F = 1.282	0.003 0.266
Post-intervention MANOVA	Emotional and educational adjustment	1	Pillai = 0.538, F = 17.492	<0.001
Post-intervention ANOVA	Emotional adjustment Educational adjustment	1	F = 35.52 F = 29.45	<0.001 <0.001

To assess the extent of the influence of stress on the adjustments of re-entry teenage mothers, a comprehensive analysis involving a Multivariate Analysis of Variance (MANOVA) was performed. This analysis aimed to evaluate how stress scores influenced both emotional and educational adjustments collectively, providing a broader understanding of the effect stress. The MANOVA specifically tested whether variations in stress scores systematically affected the combined outcomes of emotional and educational adjustments.

The results from the pre-intervention data indicated significant influences of stress. The MANOVA test revealed a Pillai's trace of 0.33, corresponding to an F-value of 7.47 ($p = 0.002$), which signifies a substantial effect of stress on both domains. Further Analysis of Variance (ANOVA) focusing on emotional adjustment confirmed a significant negative impact, with an F-value of 10.71 ($p = 0.003$), suggesting that higher stress scores were associated with poorer emotional outcomes. In contrast, the effect on educational adjustment did not reach statistical significance ($F_{(1, 31)} = 1.38$, p

= 0.266), indicating that the influence of stress was more pronounced on emotional well-being than educational performance at this stage.

Post-intervention data showed even stronger effects of stress. The Pillai's trace increased to 0.54 with an F-value of 17.49 ($p < 0.001$), underscoring a heightened influence of stress scores on both adjustment areas after the intervention. Detailed ANOVAs provided more insight: emotional adjustment was significantly impacted with an F-value of 35.52 ($p < 0.001$), pointing to continued challenges in managing emotional health in the face of stress. Similarly, a significant turnaround was observed in educational adjustment, which now showed a notable impact from stress with an F-value of 29.45 ($p < 0.001$), a change from the pre-intervention findings. This shift suggests that the interventions, while potentially alleviating some stress, may also have made the mothers more cognizant of or sensitive to stressors affecting their educational engagement.

The post-intervention findings provide strong evidence to reject the null hypothesis and accept the alternate hypothesis (H_1). The significant increase in stress effects on both emotional and educational adjustment, as indicated by the Pillai's trace and subsequent ANOVAs, suggests that stress significantly influences the adjustment of re-entry teenage mothers in senior high schools in Birim South and Central Municipalities. This indicates a heightened awareness or sensitivity to stressors following the intervention, which affects both their emotional health and educational engagement. Therefore, the null hypothesis is rejected that stress does not significantly influence the adjustment of re-entry teenager mothers in SHS.

4.6 Research Hypothesis Two: Null: Cognitive restructuring counselling does not help in reducing stress among re-entry teenage mothers

Table 4: Paired t-test Results Pre- and Post-Intervention

Variable	Test	t-Value	95% CI	Mean difference	Df	p-value
Overall Stress	Pre-Intervention stress vs. Post-Intervention stress	9.356	[10.217, 15.904]	13.06	32	<0.001
Coping	Positive Coping (Pre vs. Post-Intervention)	-0.581	[-5.463, 3.039]	-1.21	32	0.565
	Negative Coping (Pre vs. Post-Intervention)	8.388	[6.447, 10.583]	8.52	32	<0.001
Adjustment	Emotional adjustment (Pre vs. Post-Intervention)	3.965	[2.741, 8.532]	5.64	32	<0.001.
	Educational adjustment (Pre vs. Post-Intervention)	5.312	[6.240, 14.002]	10.12	32	<0.001

To understand the extent of cognitive restructuring counselling helping in reducing stress among re-entry teenage mothers in Birim South and Central Municipalities, the paired t-test was employed to assess differences in positive and negative coping strategy pre- and post-intervention. The t-test for positive coping strategies yielded a t-value of 0.58 ($df = 32$, $p = 0.57$), indicating no significant change post-intervention. The mean difference in positive coping scores was 1.21 [95% CI: -5.46, 3.04], illustrating the non-significant effect of the intervention on enhancing positive coping strategies among the respondents. For negative coping strategies, the paired t-test indicated a significant increase post-intervention. The analysis showed a t-value of -8.39 ($df = 32$, $p < 0.001$), confirming a notable decrease in negative coping mechanisms. The mean decrease was -8.52 [95% CI: 6.45, 10.58]. This result, with the

confidence interval not including zero, underscores the significant reduction of negative coping strategies, suggesting that the intervention effectively reduced these strategies.

In evaluating the significance of counselling on education and emotional adjustment among re-entry teenage mothers, the paired t-tests was again conducted to evaluate changes in educational and emotional adjustments pre- and post-intervention. The t-test comparing pre- and post-intervention scores for educational adjustment showed a significant improvement ($t = 5.81$, $df = 32$, $p < 0.001$). The mean difference in scores was 8.67 [95% CI: -11.71, -5.63]. This statistically significant increase indicates that the intervention effectively enhanced educational adjustment among the respondents. Similarly, for emotional adjustment, the paired t-test demonstrated a significant increase in scores from pre- to post-intervention ($t = 5.31$, $df = 32$, $p < 0.001$). The mean difference was 10.12 [95% CI: 6.24, 14.00]. This significant rise reflects substantial improvements in emotional adjustment following the intervention. These results confirm that the intervention had a positive and significant effect on both educational and emotional dimensions of adjustment, indicating its effectiveness in addressing these critical aspects of the respondents' well-being.

To assess how cognitive restructuring counselling help in reducing stress among re-entry teenage mothers in Birim South and Central Municipalities paired t-test was again used to assess the changes in stress levels before and after the counselling intervention. Results indicated a significant reduction in stress, evidenced by a t-value of 9.36, with 32 degrees of freedom, and a highly significant p-value ($p < 0.001$). The mean reduction in stress scores was quantified at 13.06, with a 95% confidence interval 10.22 – 15.90, which strongly supports the effectiveness of the cognitive restructuring intervention.

Given the strength of this evidence, we reject the null hypothesis, which suggests that there is no effect of cognitive restructuring counselling on stress levels. Instead, we accept the alternate hypothesis (H_1): cognitive restructuring counselling significantly reduces stress among re-entry teenage mothers in Birim South and Central Municipalities. This conclusion underscores the effectiveness of the intervention and suggests that such counselling could be a valuable tool for reducing stress in this population.



CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Overview

This final chapter discusses the study's main findings with respect to the literature review. The chapter discusses the prevalence of stress among teenage mothers in the Senior High Schools of Birim Central and South municipalities. Again, discusses coping strategies adopted by these teenage mothers, how stress affects their emotional and academic activities and how they are able to adjust. How effective cognitive restructuring can help alleviate the stress level of these teenage mothers has been discussed in relation to the reviewed literature. Finally, the chapter presents the conclusions, recommendations, and suggestions for future research.

5.1 Prevalence of Stress among Re-entry Teenage Mothers in Birim South and Central Municipalities

The findings of this study have shown that high levels of stress are common among re-entry teenage mothers in the Birim South and Central Municipalities; 21.21% of respondents reported high stress before the intervention. More worryingly, 75.76% of the respondents experienced moderate levels of stress prior to the intervention. A cause for concern is the evidence that deep-seated structural, social, and psychological problems present among these young mothers in high prevalence. A close look at the findings of this study reveals that higher levels of such stress are not discrete, episodic events but instead reside within larger systemic and sociocultural contexts that require finer rather than shallower analysis and interventions.

It follows then that the high incidence of stress among re-entry teenage mothers is evidenced by an average score in the PSS-10 of 22.8, which is higher than the midpoint and, hence, indicative of considerable psychological distress among the mothers. This finding, therefore, agrees with the definition of stress by WHO (2023a) as a “state of concern or mental tension arising from adverse situations”. The adverse situation is normal for re-entry teenage mothers because of the dual roles as a result of caring for their babies and academic activities besides stigma and discrimination.

These results support the findings of much literature, for instance, by Chigona and Chetty (2008), who established that social stigma, inadequacy, and strain to cope with academic demands while taking care of children have indeed been sources of immense stress among teenage mothers. The fear of social isolation and judgement by peers and teachers makes the level of stress such girls face even more pronounced but could be most felt in small and homogeneous communities as those found in Birim South and Central Municipalities. Only a very small proportion, 3.03% of respondents, could be classified as “Low/No Stress” before the intervention, highlighting the fact that almost all re-entry mothers experience considerable psychological duress. This prevalence invokes some consideration of the effectiveness of school and community support and policy actions in the region.

The finding agreed with observations from similar contexts in many parts of the world, where teen motherhood was associated with high levels of stress emanating from interlinking problems. For example, Govender et al. (2020) observed that internal and external stressors, such as self-blame and guilt and social condemnation and stigma, often escalate into increased stress among teen mothers who are part of

re-entry programs. This, therefore, portrays the experiences that respondents included in the study faced, who reported much elevated levels of perceived stress.

This, therefore, implies taking a critical look at the reasons attributed to this disproportionately high prevalence of stress within the Birim South and Central Municipalities. Among possible factors responsible for this are: firstly, from the background of this study, the socio-economic situations characterizing these Municipalities reflect limited access to financial resources, support for childcare, and mental health services—all important in de-stressing young mothers. Added to this, is the Ghanaian culture which is highly permeated with very strong traditional norms that paint teenage pregnancies and motherhood as taboo. This view is equally shared by Kotoh et al. (2022), who assert that presently, one of the most common reasons why it is so difficult for teenagers is to re-integrate into the school system.

The findings are also consistent with Nashtifani et al. (2021), who established that the lack of psychological support and inappropriate coping strategies were major determinants of stress among teen mothers. The high prevalence of stress recorded in the present study might be an indication that strategies available for support for re-entry teenage mothers in both Birim South and Central Municipalities are perhaps either inadequate or poorly implemented, hence their failure to mitigate the high levels of psychological distress faced by these young mothers. Of greater significance, the assumption that such re-entry policies are sufficient to optimally promote their psychological well-being currently is therefore challenged. Even the re-entry policy for teenage mothers put in place by the Ghana Education Service GES (2015) cannot be assumed to play this part.

This study's findings would be better placed in context with Aaron Beck's work on the Cognitive Theory of Emotion and Stress, where he argues that it is negative cognitive evaluation combined with distortion in thinking that remains major sources for an experience of stress. As the theory states, the high level of stress reported by respondents may be in regard to cognition processes in that thoughts of inadequacy and failure and judging by society create a dismal psychological state. The more negative beliefs the mother has internalized about successfully achieving success academically and successfully fulfilling caregiver roles, the greater the amount of stress she will experience.

Besides, Beck's theory also emphasizes on how cognitive restructuring enables coping with stress. The finding validates that the same interventions of behavioral alterations for changing negative thought patterns, if unavailable, these re-entry teenage mothers would suffer from high-stress conditions. This result corresponds to a conclusion drawn by Nashtifani et al. (2021) and Barker et al. (2022), pointing out that to reduce the levels of stress among teenage mothers, this sort of technique could be highly useful.

These have some fundamental policy and practice implications. The high level of stress among re-entry teenage mothers reveals the fact that current interventions do not meet the needs of these teenage mothers. High levels of stress among the re-entry population, despite re-entry policies, suggest that policies may be poorly implemented or lack necessary components to provide full support for the needs of these teenage mothers. This buttresses the argument by Baafi et al. (2020) that while the re-entry policy for teenage mothers recognizes rights to education, it does not put them in a best position to deal with the psychological and social challenges these mothers experience.

In this regard, more holistic interventions, in the form of policy statements, are evidently required in specialized services like cognitive restructuring counseling, peer support groups, and community sensitization programs on mental health. As found in the present study, very high stress levels point to many service responses for this, including psychological support and the provision of practical facilities, such as daycare centers and flexibility in school schedules, which will assist re-entry teenage mothers in handling their double roles well.

5.2 Coping Strategies by Re-entry Teenage Mothers

The findings on how re-entry teenage mothers cope with stress in Birim South and Central Municipalities show a dynamic use of both adaptive and maladaptive coping strategies. These findings both align with and challenge existing literature on teenage mothers' coping strategies, offering new insights into the effectiveness of interventions aimed at promoting healthier coping strategies.

The results before the intervention revealed that re-entry teenage mothers predominantly utilized both adaptive and maladaptive coping strategies, such as acceptance and religion, with mean scores of 3.76 and 3.67, respectively. This finding is supported by studies such as Kotoh et al. (2022) and Muhammed (2016), where acceptance was reported as one of the strategies most teenagers resorted to in dealing with the multifaceted struggles between motherhood and academic stress. Again, reliance on religious practices, which had one of the highest scores from the present study, supports the findings of Mangeli et al. (2017), and Nashtifani et al. (2021), that religion is one important coping strategy, at least in culturally and socially conservative settings as it is in Ghana.

On the other hand, the high use of maladaptive strategies, such as denial, with a mean score of 3.52 and self-blame, which showed a positive correlation with stress at 0.28, reflect a considerable level of psychological distress among the respondents. This is supported by the work of Esan and Olaleye (2023) and Chigona and Chetty (2008), who observed that internalized stigma, combined with poor social support structures, usually pushes most teenage mothers to maladaptive means of coping in the form of denial and self-blame. The so-called maladaptive strategies increase and do not decrease the levels of stress, hence underlining this problem of psychological well-being among re-entry teenage mothers.

The pre-intervention results showed that positive reframing and active coping negatively correlated with stress at -0.46 and -0.30, respectively, meaning this much reduction in a person's stress levels due to these coping strategies. These findings are consistent with Adangabe (2021) and Algorani and Gupta (2023), indicating that positive reframing and active coping are essential to resilience and emotional distress inhibition. These coping skills suggest that some mothers acted positively to deal with their stressors—a good indicator aligning with Beck's Cognitive Theory. The theory postulates that if negative thinking is reduced, emotional pain and distortion will also be reduced (Beck & Haigh, 2014; Eneogu et al., 2024).

Shifts towards adaptive coping post-intervention

Following post-intervention, responses to stress changed significantly. There was a greater application of positive reframing, acceptance, and active coping. This suggested the effectiveness of cognitive restructuring in healthy coping reactions. This agrees with Eneogu et al. (2024) and Knapp et al. (2008), as the interventions observed improved an individual's ability to handle stress by assessing the positive cognitive appraisal, that is, more positive emotional reactions.

Supporting the outcome further was the reduced level in the usage of maladaptive strategies: denial and substance use. In line with their findings, Rejuso et al. (2023) and Nashtifani et al. (2021) reported that cognitive restructuring would significantly reduce one's dependency on strategies such as avoidance behaviours serving to prolong stress. However, the positive association of self-blame with stress increased after intervention from 0.28 to 0.48 and may thus partially go against the expected outcome of the intervention. In other words, while cognitive restructuring was proved somewhat effective, it inadvertently helped self-criticism in a subset of respondents. This nuance of the finding can further indicate the requirement for more carefully designed interventions involving self-compassion and positive self-evaluation, as Morgan et al. (2023) emphasized.

Comparative analysis of adaptive and maladaptive coping

A comparison of the pre- and post-intervention coping scores delineates critical dynamics on how these mothers could adjust to the coping strategy used at various points in time. This slightly raised average score for positive coping strategies—from 26.0 to 27.2—allows one to infer a general, although small, improvement. This corroborates studies conducted earlier by Mangeli et al. (2017) and Eneogu et al. (2024), who argued that while cognitive interventions could promote healthier coping strategies, their effectiveness was most probably gradual and would require continuous support to achieve substantial changes. On the other hand, a marked reduction from 17.4 to 8.85 in terms of negative coping strategies validates the literature that the implementation of cognitive restructuring as an intervention leads to diminishing maladaptive behaviours (Chigona & Chetty, 2008; Rejuso et al., 2023).

However, significant association remained between stress and maladaptive strategies, such as denial and behavioral disengagement, even after the intervention was found to be fully effective. These findings align with the optimistic conclusions of Adangabe (2021) and Algorani and Gupta (2023) regarding the universal effectiveness of cognitive restructuring. Nevertheless, some respondents continued to struggle with avoidant and disengaged behaviors despite being provided with adaptive strategies. This is consistent with the research of Nashtifani et al. (2021), which suggests that deeply ingrained cognitive behaviors, particularly those related to avoidance, may require more prolonged and intensive interventions to modify.

Role of religion and cultural context in coping

The mean score of 3.48 for religion as a means of coping after the intervention goes to reassert the cultural relevance of religious practice within the Ghanaian setting. This observation agrees with previous studies (Coast et al., 2021; Kotoh et al., 2022) that religion provides spiritual support in addition to communal support structures which can alleviate stress levels. It warns, however, that whereas religious coping can help achieve emotional relief faster, on the contrary, this cannot be used as a tool to deal with higher-order problems such as stigma, economic instability, and pressures related to academics in matters of health (Mangeli et al., 2017; Nashtifani et al., 2021). If anything, the fact that they still rely on religious coping strategies-beyond excuse-serves as an indication that interventions should seek to augment and not replace these culturally and deeply embedded coping strategies.

Implications for support services and interventions

The results of this objective support a holistic approach to support the re-entry of teen mothers into senior high schools. Cognitive restructuring has turned out to be helpful in the improvement of adaptive coping skills. However, the presence of some

maladaptive behaviors and the subtleness of the nature of coping skills change show that additional, targeted services must be provided. This agrees with the positions taken by Hameed Shalaby and Agyapong (2020) and Ababio et al. (2022), who encourage a holistic approach: psychological, social, and practical interventions. A good example would be to pair cognitive restructuring and programs that would involve financial, childcare services, and peer mentoring; hence, a process that could build both psychological resilience and practical coping strategies available to these young mothers (Adangabe, 2021; Chigona & Chetty, 2008).

5.3 The Association Between Stress and Adjustment Among Re-entry Teenage Mothers in SHS

The discussion of the findings on objective three focuses on the association between stress and adjustment to re-entry teenage mothers in Senior High Schools in the Birim South and Central Municipalities. The discussion analyses these findings in relation to the reviewed literature

Pre-intervention association between stress and adjustment

Results from the pre-intervention phase show that stress and emotional adjustment were strongly negatively associated and this is statistically significant. On the other hand, stress and educational adjustment were statistically not significant. This means that the increased stress levels that teenage mothers experience through re-entering the school system affect their emotional health significantly, not their performance in academic activities. Equally, Okondo (2022b) and Muhammed (2016) found that the emotional adjustment of teenage mothers is more affected than their school activities. The psychological burden manifests in the form of anxiety,

depression, and a feeling of insufficiency, which in turn hamper the ability to reintegrate into school.

However, the lack of any noticeable association between stress and educational adjustment during the pre-intervention phase contradicts the finding by Adangabe (2021) and Kuranchie (2022), who state in their finding that the stress encountered by re-entry teenage mothers has a deleterious impact on their academic performance and emotional well-being. This difference can be attributed to the context: in Ghana, a pronounced policy to focus on education as a way to social and economic advancement could incentivize such young mothers to persevere with their schooling, even under elevated stress levels (Morgan et al., 2023a). According to Baafi et al. (2020a), such policies as the re-entry policy for teenage mothers help them to gain school readmission. The protective effects buffer or shield them from the immediate academic effects of the stress.

Post-intervention changes in the association between stress and adjustment

The findings after the intervention depict a contrasting scenario, indicating a substantial association between stress and emotional and educational adaptation. This change implies that after the cognitive restructuring intervention, re-entering teenage mothers developed an increased awareness of the stressors impacting their emotional health and academic participation. The ANOVA results also substantiated this main role in the two realms, with statistically significant differences at $F = 35.52$, $p < 0.001$ in emotional adjustment, and at $F = 29.45$, $p < 0.001$ in educational adjustment. Beck and Haigh (2014) and Curtiss et al., (2021) confirm this present study's finding that cognitive restructuring could make an individual more aware of how stress manifests in their life and, therefore, more reactive to it.

Moreover, the strong association found after the intervention coincides with studies reported by Nashtifani et al. (2021) and Mangeli et al. (2017), which concluded that cognitive interventions may be effective in raising sensitivity concerning stressors. The intervention may have focused on sensitizing mothers to their level of stress and the subsequent emotional and learning adaptations, adequately described in the theoretical model of primary and secondary control coping strategies by Lazarus and Folkman as identified by Obbarius et al. (2021). This framework, therefore, indicates that the coping strategies are under constant cognitive evaluation; hence, this would suggest that it may make one highly sensitive to stressors if one is asked to reflect actively and resolve their stress.

However, increased sensitive to stress, most noticeably regarding academic adjustment, posits that even though cognitive restructuring improved the identification skills of stressors, it arguably did not adequately equip the mothers with the necessary tools on how to cope with the same stressors in the educational environment. The current finding contradicts those of other related studies—Eneogu et al. (2024), and Kotoh et al. (2022)—who argue that, by and large, cognitive restructuring results in superior adjustment in various domains. The contradiction observed could, therefore, emanate from the very particular situation in Ghana, where challenges to educational pursuits can be steepened by systemic issues of a lack of childcare support, limited financial resources, and social stigma associated with early childbearing (Boateng et al., 2023; Baafi et al., 2020a).

Impact of stress on emotional adjustment

The findings indicated that, even after interventions, stress remained significantly influenced by emotional adjustment, which reflects the enduring emotional struggle of the re-entry teenage mothers. This finding is largely consistent

with Govender et al. (2020a) and Muhammed (2016) in indicating that the emotional burden linked to the renewal of an educational trajectory after childbearing is still characterized by insecurity and anxiety, and a fear of social exclusion. An increased role of stress in emotional regulation after the intervention underpins evidence that, while cognitive restructuring may act to bring about a greater awareness of those emotional problems, further support might be necessary in the relief from those magnified effects of stress.

An increased vulnerability to emotional maladjustment confirmed the results put forward by Chigona and Chetty (2008) and Dhayanandhan and Bohr (2016), who pinpointed that such stressors as societal stigma, perceived inadequacy, and multiple role management are significant emotional loads. In the context of return, though the heightened vulnerability to such stressors suggests that cognitive restructuring may be insufficient as a return-only intervention for adolescent mothers with a burden of such elaborate emotional and social challenges in post-return societies. This has been supported by Reivich et al. (2023), who further say that cognitive restructuring can work insofar as this is supplemented by continuous emotional support, peer mentoring, and social integration towards developing a more holistic approach towards managing emotional pressure.

Impact of stress on educational adjustment

The result indicates that stress is a significant determinant of the adaptation to education after the intervention. This means that the cognitive restructuring intervention increased the perception of academic stressors experienced by re-entry teenage mothers. This corresponds with the findings of Maemeko et al. (2018) and Okondo (2022a), which documented how academic demands, having to put up with the

pace set by classmates, juggling academic responsibilities with child care, and fear of failure, increase the levels of stress among adolescent mothers. Study results from the post-intervention phase indicate that while cognitive restructuring could potentially help students identify stressor factors, it might also increase their perceived levels of pressure without integrated practical academic support strategies, like flexible scheduling or targeted tutoring, which have been identified as effective in earlier research studies (Thwala et al., 2022a).

Association between emotional and educational adjustment

The association identified in the current study between emotional and educational changes is important. This complements the works of Nyariro (2018) and Mangeli et al., (2017), which indicated that emotional stability is key to attaining educational performance among teenage mothers. The results show that stress has a solid determining influence on both emotional and educational adjustments, especially post-intervention. There is a bidirectional relationship in which emotional distress negatively influences academic performance, while academic challenges tend to heighten emotional stress. What this suggests is supported by the Transactional Model of Stress and Coping (Obbarius et al., 2021)

The role of cognitive restructuring counseling in reducing stress among re-entry teenage mothers

The findings of this study highlight the effectiveness of cognitive restructuring counseling as a strategy for reducing stress among re-entry teenage mothers in the Birim South and Central Municipalities. A detailed analysis reveals significant changes in these mothers' stress levels and coping strategies post-intervention. This provides an

opportunity to evaluate how these findings align with or diverge from existing literature.

Reduction in stress levels post-intervention

Descriptive statistics for objective four reveal that the stress levels significantly reduced among the re-entry teenage mothers after cognitive restructuring, with a mean decline of 13.06 in their stress scores. These findings, therefore, legitimize arguments by Beck and Haigh (2014) and Curtiss et al. (2021), who conclude that cognitive restructuring reduces psychological distress by converting destructive thought patterns into more productive cognitive appraisals of stressful events. Besides, the current findings validate that cognitive restructuring is an effective method, as suggested by Nashtifani et al. (2021).

More specifically, the reduction in the amount of experienced stress confirms the findings of Malatji et al. (2020) that cognitive restructuring can, in reality, reduce perceived stress by enabling teenage mothers to make the meaning of their experiences less threatening. In this regard, teen mothers were eventually able to reframe how they viewed the double burden of being a student and caregiver and learned more adaptive ways to cope with the associated stressors. The decrease in stress levels shows that the intervention helped these young mothers adopt new cognitive strategies that reduced their stress appraisals, adhering to the tenets of the cognitive theory of emotion and stress postulated by Beck and Haigh (2014).

While the decline in the overall scores shows the success of the cognitive restructuring, discrepancy of the post-intervention scores from 3 to 23 stress level categories showed that not all benefited from the intervention. This would imply that whereas cognitive restructuring counseling worked for most, its effectiveness was

thus cut for certain individuals due to differences in personal circumstances, perhaps their motivation levels, or maybe even due to the presence of some external stressors not addressed by the intervention. This is, therefore, in agreement with the finding of Morgan et al. (2023a) and Muhammed (2016), who found that cognitive interventions may need tailoring to address individual differences in experiences of stress and coping capacities of teenage mothers.

Changes in coping strategies post-intervention

The study also indicates that significant changes in coping strategies were employed by re-entry teenage mothers after the intervention. For the dimensions of coping strategies categorized as positive, such as positive reframing, acceptance, and active coping, quite substantial increases could be seen in their use, reflected in the changes in mean scores for those dimensions. For example, the positive reframing reached 4.79 and the acceptance 4.73. This agrees with the findings of Eneogu et al. (2024) and Knapp et al. (2008), who claimed that cognitive restructuring promotes positive coping strategies in light of the fact that it helps individuals to reframe negative experiences and develop ways through which they may handle stressors constructively.

However, the enhanced use of positive coping strategies after the intervention goes a long way in supporting the claims advanced by Reivich et al. (2023) and Xiaoli & Veloo (2024), as both studies have indicated that cognitive restructuring induces emotional resiliency through adaptive reactions to stress. The intervention allows the mothers to reframe their adversities into something that can be coped with, thereby opening a gateway to adaptive coping strategies which will relieve psychological anguish. It is very important to transit to positive coping strategies because, according

to Pascoe and Parker (2019) and McCarty (2023), adaptive coping is associated with better mental health and improved overall well-being among adolescent mothers.

However, the fact that denial reduced in post-intervention analysis are quite high indicates that although cognitive restructuring could bring down their occurrence, these deleterious coping strategies could not be rid of totally. This result slightly deviates from the findings of Loiselle et al. (2019) and Ramchandani et al. (2024), who had postulated that if cognitive restructuring were ideal, it would imply complete or near cessation of negative coping strategies. Therefore, a reliance on maladaptive coping methods may still suggest the need to supplement cognitive restructuring with other supportive strategies, such as peer support, mentorship, or practical academic support for the teenage mothers, in a manner that would satisfactorily take care of their multifaceted, complex challenges (Huang et al., 2014; Morgan et al., 2023a).

5.4 Conclusion

This study set out to determine the prevalence of stress among re-entry senior high-school teenage mothers in Birim South and Central Municipalities, examine their coping strategies, explore how stress affects their school adjustment, and assess the effectiveness of cognitive-restructuring counselling (CRC) as a stress-reduction intervention. The findings confirm that stress is widespread in this population; returning mothers routinely balance childcare, academic demands, and social stigma. While many employ problem-focused coping—planning, help-seeking, and time-management—a substantial minority rely on avoidance, indicating uneven access to adaptive skills. Elevated stress consistently undermines academic, social, and emotional adjustment, reinforcing the need to address psychosocial burdens alongside

educational reintegration. The CRC programme produced marked improvements in perceived stress and coping outlook, demonstrating that brief, school-based cognitive interventions can provide meaningful relief. Collectively, the results underscore the importance of routine stress screening, targeted coping-skills training, and the institutionalization of evidence-based counselling modules within the Ghana Education Service to ensure that re-entry teenage mothers can thrive academically and personally. The findings reveal high-stress levels among re-entry teenage mothers in Birim South and Central Municipalities. Before the intervention, 75.76% experienced moderate stress, while 21.21% reported high stress. The average stress score of 22.8 on the PSS-10 scale highlights significant psychological distress. Stress causes include childcare and academics dual roles, stigma, and societal pressure. These challenges align with the research by Chigona and Chetty (2008), who found that social stigma and academic pressure contribute to high stress among teenage mothers.

A lack of financial support, mental health services, and childcare resources worsens the situation. The Ghanaian culture, which stigmatizes teenage pregnancies, further increases stress levels. Based on Beck's Cognitive Theory, cognitive restructuring has shown the potential to reduce stress by helping mothers reframe negative thoughts. It proved effective in reducing maladaptive behaviours like denial and substance use while promoting adaptive coping strategies like positive reframing and acceptance. However, the intervention inadvertently increased self-blame, suggesting the need for more personalized support.

The association between stress and emotional adjustment was significant, with increased stress impacting emotional well-being more than academic performance. Post-intervention, mothers became more aware of stressors but still faced relative

challenges in managing both emotional and academic stress, showing that cognitive restructuring alone is not enough.

5.5 Limitations of the Study

Irrespective of the success of this study and the results achieved, certain limitations constrain the study's results. Although this research offers significant insights regarding the experiences of re-entry teenage mothers within the Birim South and Central Municipalities, it seems the sample used was minimal. Future investigations should incorporate a larger and more diverse sample to strengthen the findings' validity. The absence of follow-up data precludes firm statements on the long-term effects of the intervention; thus, future research should include longitudinal measurements to ascertain the durability of the intervention's effects.

5.6 Recommendations for Policy and Practice

The following are the recommendations from the study:

At the beginning of each academic year, school counselors should hold a special workshop and orientation for re-entry teenage mothers on how to manage academic work alongside child care. Topics to be discussed may be time management, study habits, planning, ...

Headmasters of Senior High Schools should try to provide more flexible academic schedules to help the re-entry teenage mothers adjust to school

Senior High Schools' management should liaise with District Directors of GES to train and update SHS counselors on the use of appropriate counselling techniques to promote support for re-entry teenage mothers.

The headmasters of Senior High Schools should liaise with community leaders to provide a nurturing environment by reducing stigma and promoting social support.

5.7 Suggestions for Future Research

The limitations identified should be addressed by future research through the use of longitudinal designs that would be able to examine the sustainability of the interventions. Future research also needs to consider a mixed-methods approach to understand the experiences of stress among re-entry teenage mothers by using quantitative data and qualitative insights from interviews or focus groups. Future research should focus on the external stressors, such as socio-economic status, community support, and resource availability, in devising more comprehensive and ecologically valid interventions. An in-depth examination of how these factors interface with cognitive processes can provide a far richer understanding of stress and adaptation among teenage mothers.



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APPENDICES

APPENDIX A

QUESTIONNAIRE

Dear Participant,

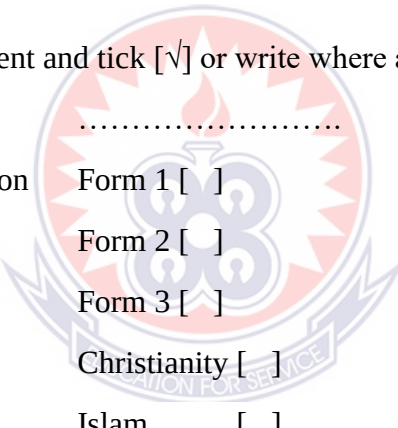
This research seeks to solicit information on

The answers you provide will only be used for academic purposes. Anonymity and confidentiality are highly assured in this exercise. Please be truthful in your responses as practicable as possible.

Thank you.

Section A:

Please read each statement and tick [✓] or write where appropriate

1. Age
2. Level of education Form 1 []
 Form 2 []
 Form 3 []
3. Religion Christianity []
 Islam []
 African traditional religion []
 Others
4. Duration of absence from school

Perceived Stress Scale (Pss-10)

Please tick [✓] the appropriate response. The rating scale is as follows:

0. Never
1. Almost Never
2. Sometimes
3. Fairly Often
4. Very Often

S/N	Statement	0	1	2	3	4
1.	In the last month, how often have you been upset because of something that happened unexpectedly?					
2.	In the last month, how often have you felt that you were unable to control the important things in your life?					
3.	In the last month, how often have you felt nervous and “stressed”?					
4.	In the last month, how often have you felt confident about your ability to handle your personal problems?					
5.	In the last month, how often have you felt that things were going your way?					
6.	In the last month, how often have you found that you could not cope with all the things that you had to do?					
7.	In the last month, how often have you been able to control irritations in your life?					
8.	In the last month, how often have you felt that you were on top of things?					
9.	In the last month, how often have you been angered because of things that were outside of your control?					
10.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

Brief Coping Inventory

Please tick [✓] the appropriate response. The rating scale is as follows:

- 0. Did not apply to me at all
- 1. Applied to me to a considerable degree
- 2. Applied to me very much or most of the time
- 3. Applied to me to a considerable degree

S/N	Statement	0	1	2	3
1.	I've been turning to work or other activities to take my mind off things				
2.	I've been concentrating my efforts on doing something about the situation I'm in				
3.	I've been saying to myself "this isn't real."				
4.	I've been using alcohol or other drugs to make me feel better				
5.	I've been getting emotional support from others				
6.	I've been giving up trying to deal with it				
7.	I've been taking action to try to make the situation better				
8.	I've been refusing to believe that it has happened				
9.	I've been saying things to let my unpleasant feeling escape				
10.	I've been getting help and advice from other people				
11.	I've been using alcohol or other drugs to help me get through it				
12.	I've been trying to see it in a different light, to make it seem more positive				
13.	I've been criticizing myself				
14.	I've been trying to come up with a strategy about what to do				
15.	I've been getting comfort and understanding from someone				
16.	I've been giving up the attempt to cope				
17.	I've been looking for something good in what is happening				
18.	I've been making jokes about it				

19.	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping or shopping				
20.	I've been accepting the reality of the fact that it has happened				
21.	I've been expressing my negative feelings				
22.	I've been trying to find comfort in my religion or spiritual beliefs				
23.	I've been trying to get advice or help from other people about what to do				
24.	I've been learning to live with it				
25.	I've been thinking hard about what steps to take				
26.	I've been blaming myself for things that happened				
27.	I've been praying or meditating				
28.	I've been making fun of the situation				

Section D

School Adjustment Inventory (SAI)

In this section, you are to respond by TICKING ($\sqrt{\quad}$) boldly under the column, from option 1-4 on the column.

Ser no.	Ser. Letter	Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1	a	I am always afraid of something in my school				
2	b	I forget soon what I learn?				
3	a	I am surprised my classmates undermine me after I came back to school?				

4	b	I am afraid of examinations				
5	a	I do worry my teachers Scold at me for my mistakes				
6	b	Is it difficult for me to concentrate and understand the lessons taught in the class				
7	a	I am jealous of those friends whom teachers appreciate very much				
8	b	I am not able to note down the lessons taught in class correctly				
9	a	When I see some students talking to themselves, I often think they are gossiping about me				
10	b	I am satisfied with how the teachers teach in this school				
11	a	I do think no one wants to be my friend in this school				
12	b	I sometimes yawn when lesson is in progress				
13	a	I am often stressed and sad in the school				
14	b	I am satisfied with how I am progressing academically in the school now				

Ser no.	Ser. Letter	Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
15	a	I think I am neglected by the teachers in my school				
16	b	Is it a burden for me to study now?				
17	a	I do often try to rationalize my mistakes				
18	b	I am happy with the idea of having more holidays in the school				
19	a	I sometimes go home before the school closes				
20	b	I do think of what I will be doing after school during lessons in class				
21	a	I am often afraid when I meet school authorities or they call me				
22	b	I get stressed with schooling and caring for my baby/ kid(s)				
23	a	I am not interested in the things regarding education				
24	b	I am not able to pay attention to the lessons being taught in class				
25	a	I do think the students and the teachers have misconceptions about me?				
26	b	I am facing financial problems towards my education				

#All the b's are for educational dimension while the a's are for emotional dimension.

#The scores are taken as is scored high is high and low is low.

APPENDIX B

CONSENT FORM

Informed Consent for Participation in Research Study

Dear Participant:

You are hereby invited to participate in this research project, titled: “Effect of Cognitive Restructuring Counselling on Stress and Coping of Re-entry Senior High School Teenage Mothers in Birim-South and Central Municipalities”. The research is being conducted by Alice Nyadu Agyei-Mensah of the Department of Counselling Psychology, University of Education, Winneba, Ghana, under the supervision of Prof. Stephen Antwi-Danso.

The purpose of the study will be to find out the prevalence of stress among re-entry teenage mothers in SHS in the Birim South and Central Municipalities, to identify the coping mechanisms adopted by such mothers due to the presence of stress, to examine how stress influences their adjustment to the school environment, and to explore the benefits of cognitive restructuring counseling as a method for reducing stress.

Taking part in this study will mean you will spend about 15-20 minutes to answer a 64-item questionnaire. The questionnaires will ask for the degree of stress that you have experienced, and how you cope with it and adjust to school. You may also be referred to group counseling sessions using cognitive restructuring techniques by way of reducing your level of distress and improving your coping behaviors. Group counseling may entail six to eight sessions depending on the needs of the group.

Participation in this research is completely voluntary. You have the right to stop answering the questions or decide not to answer some questions. You will not be

reprimanded or punished for your action. This research involves minimal risk; you may feel a slight discomfort talking about stress. There will be provisions for counseling facilities to help deal with stress and adjust to school. This would bring into view a number of challenges faced by re-entry teenage mothers in SHS and provide a possibility for the improvement of support systems and policies.

Any information provided will be regarded as strictly confidential. The questionnaires will not be identified, and any identifying information will not appear in reports. Data are kept in a locked cabinet while computer files are encrypted through password. Access is strictly for the researcher and the supervisor. You are also at liberty to contact Ms. Alice Nyadu Agyei-Mensah on 0244-796369 or Prof. Stephen Antwi-Danso on 0246-041925 should you have any questions either with regard to the study or regarding your rights as a participant.

Consent Statement:

I have read the above information and have understood; an opportunity has also been given to me to ask questions. I understand that this is optional and I may withdraw from participation at any time without penalty. I hereby give my consent to participate in this research study.

Participant's Code No.:.....

Signature:.....

Date:.....

Investigator's Name:.....

Signature:.....

Date:.....

APPENDIX C

INTRODUCTORY LETTER



UNIVERSITY OF EDUCATION, WINNEBA

FACULTY OF APPLIED BEHAVIOURAL SCIENCES IN EDUCATION

DEPARTMENT OF COUNSELLING PSYCHOLOGY

P. O. Box 25, Winneba, Ghana

13th June, 2024

Dear Sir/Madam,

LETTER OF INTRODUCTION

I write to introduce to you **Alice Nyadu Agyei-Mensah**, the bearer of this letter, who is pursuing a Master of Philosophy Degree Programme, in the Department of Counselling Psychology of the University of Education, Winneba.

As part of the programme, she is conducting a research on the topic: **Stress and coping among re-entering teenage mother in the Birim South and Central Municipalities, Ghana: The use of cognitive restructuring Counselling.**

She needs to administer questionnaire to enable her gather information for her data analysis and she has chosen to conduct this exercise in your outfit.

I would be grateful if she is given the needed assistance. Thank you.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Nyuiemedi Agordzo Edoh-Torgah'.

Nyuiemedi Agordzo Edoh-Torgah, PhD

AG. Head of Department

cc: The headmaster/mistress
Oda SHS
Akim-Oda

The headmaster/ mistress
St Francis SHS
Akim- Oda

The headmaster/mistress
Attafuah SHS
Akim-Oda

The headmaster
Akim Swedru SHS
Akim-Swedru





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