International Journal of Recent Advances in Multidisciplinary Topics
Volume 7, Issue 4, April 2026
www.ijramt.com | E-ISSN: 2582-7839 | RESAIM Publishing | www.resaim.com

Stigma, Economic Strain, and Mental Health among Single Mothers in Urban Kenya: A Practice-Based Integrative Review

Prisca Okemba*
School of Psychology, Daystar University, Nairobi, Kenya

***Abstract*: Single motherhood is increasingly prevalent in urban Kenya, yet mental health services remain insufficiently responsive to the intersecting challenges of stigma, economic strain, and culturally embedded family norms. This practice-based integrative review synthesizes empirical and policy-oriented literature to examine how structural inequalities and socio-cultural expectations shape the psychological well-being of single mothers, particularly in urban settings such as Nairobi. Drawing on acculturation theory and attachment theory within a non-essentialist, structurally informed framework, the review highlights identity strain, economic vulnerability, and social exclusion as key determinants of distress. The paper identifies a critical clinical gap in culturally responsive assessment, diagnosis, and intervention. Actionable recommendations are proposed across clinical practice and supervision, emphasizing non-pathologizing, context-sensitive approaches. An equity impact analysis considers both the benefits and potential unintended harms of these interventions. This manuscript contributes to the advancement of culturally grounded mental health care in Kenya and similar low- and middle-income contexts.**

***Keywords*: single motherhood, stigma, mental health, Kenya, cultural psychology, clinical practice.**

1. Introduction and Problem Statement

Across Kenya, the meaning of 'family' is undergoing significant transformation. While traditional norms continues to emphasize two-parent households, urbanization and socio-economic change have contributed to a growing prevalence of single motherhood, particularly in Nairobi (Clark et al., 2024; Kenya National Bureau of Statistics [KNBS] & ICF International, 2023).

Recent demographic data indicate that nearly one in four households in Kenya are female-headed, many led by single mothers navigating caregiving responsibilities with limited economic and social support (KNBS, 2023). Despite this demographic change, mental health services remain inadequately tailored to address the unique psychosocial realities of this population.

The clinical gap lies in the non-success of existing mental health systems to integrate cultural, economic, and structural determinants into care. Single mother often experience stigma, financial strain, and social exclusion, yet these factors are frequently overlooked or misinterpreted within clinical assessment and diagnosis (Patel et al., 2018; World Health Organization, 2022).

This review addresses the question: How can mental health practice in urban Kenya become more culturally responsive to the needs of single mothers experiencing stigma and economic strain?

2. Literature Synthesis

Single motherhood in Kenya is placed within a broader landscape of structural inequality, gendered labor dynamics, and changing family systems. Across sub-Saharan Africa, rapid urbanization and economic transitions have altered traditional kinship structures, contributing to an increase in female-headed households (Clark et al., 2024; World Bank, 2022). In Kenya, these changes are visible in urban centers such as Nairobi, where migration, housing instability, and informal economies shape everyday life (UN-Habitat, 2020).

Women are disproportionately concentrated in informal and precarious employment, which limits income stability, access to healthcare, and social protection mechanisms (UN Women, 2021). For single mothers, this economic vulnerability is compounded by the absence of shared caregiving responsibilities, resulting in a dual burden of income generation and child-rearing. This aligns with broader feminist economic analyses, which highlight how unpaid care work disproportionately affects women's mental and economic well-being (UN Women, 2018).

A substantial body of global mental health research demonstrate that poverty and financial insecurity are strongly associated with psychological distress, including depression and anxiety (Patel et al., 2018). In low and middle-income countries, these effects are amplified by limited access to mental health services and weak social safety nets (World Health Organization, 2022). Among women with caregiving responsibilities, economic strain has been linked not only to individual distress but also to disruptions in family functioning and child well-being (Martins & Oliveira, 2024).

Beyond material hardship, stigma operates as a critical psychosocial stressor. In many African contexts, single

*Corresponding author: ogokemba@gmail.com

motherhood is socially constructed as a deviation from normative family ideals, often associated with moral failure o social inadequacy (Machoka & Ajayi, 2024). Such stigmatization can lead to internalized shame, reduced self-worth, and social isolation, all of which are associated with poorer mental health outcomes and reduced help-seeking (Doll et al., 2021). In Kenya, these attitudes are reinforced by enduring cultural norms that define a 'complete' family as one compromising both parents, rooted in collectivist traditions and shared parenting roles (Oburu 2024).

The coexistence of traditional family ideals and rapidly changing socio-economic realities produces a form of cultural dissonance, wherein individual should navigate conflicting expectations and identities. Acculturation research suggests that such tensions can result in identity strain, psychological distress, and weaker sense of social belonging when individuals are unable to reconcile competing cultural structures (Ward & Szabó, 2023). For single mothers in Kenya, this dissonance is not merely symbolic but materially grounded, as cultural stigma intersects with economic marginalization to shape lived experience.

Taken together, the literature underscore that the mental health of single mothers cannot be understood solely at the individual level. Rather, it reflects the interplay of structural inequality, cultural norms, and psychosocial processes, necessitating a multidimensional and contextually grounded clinical response.

3. Conceptual Framework

This review adopts a non-essentialist, culturally responsive framework that integrates psychological theory with an explicit focus on structural determinants of mental health. This approach shun pathologizing single motherhood and instead situates psychological distress within the intersection of cultural expectations, socio-economic constraints, and lived experience (World Health Organization, 2022). By combining acculturation theory, attachment theory, and cognitive behavioral theory, the framework provides a multidimensional lens through which to understand both individual and relational outcomes.

A. Acculturation Theory

Acculturation theory explains how individuals negotiate tensions between competing cultural systems and expectations (Ward and Geeraert, 2016). While originally developed in the context of migration, it has been widely applied to contexts of rapid social change and cultural transition (Greenfield, 2016). In Kenya, single mothers navigate a complex interplay between traditional collectivist norms, where family is defined by dual-parenting structures, and emerging urban realities characterized by independent caregiving (Oburu 2024).

This negotiation process can result in identity strain, particularly when societal expectations conflict with lived realities. Such tensions have been associated with reduced self-esteem, internalized stigma, and psychological distress (Risman, 2025). From a clinical perspective, acculturation theory highlights the importance of supporting clients in integrating multiple identity positions in ways that are both culturally meaningful and psychologically adaptive.

B. Attachment Theory

Attachment theory provides a relational framework for understanding how caregiver well-being influences child development and family functioning (Bowlby, 1969). Maternal stress, particularly when chronic and linked to economic hardship, can affect emotional availability and responsiveness, key components of secure attachment (Griffin, 2021).

However, contemporary applications of attachment theory emphasize that family structure alone does not determine attachment outcomes. Rather, it is the presence of contextual stressors, such as poverty, social isolation, and stigma, which may disrupt caregiving processes (Brandt and Heinz, 2022). This perspective is critical in avoiding deficit-based assumptions about single motherhood and instead underscores the need to support caregiver resilience and relational stability within context.

C. Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Theory offers a framework for understanding how social stigma becomes internalized and maintained through cognitive and emotional processes (Wood et al., 2017). In the context of single motherhood, repeated exposure to societal messages, such as being perceived as 'incomplete' or 'morally inadequate', can shape maladaptive core beliefs, including feelings of failure, shame, or inadequacy.

These cognitions are associated with negative emotional states, such as anxiety and depression, and may influence behavioral patterns, including withdrawal and reduced help-seeking (Magaard et al., 2017). Importantly, CBT also provides actionable pathways for intervention, enabling clinicians to support clients in identifying, challenging, and restructuring these internalized beliefs. Within this approach, it is essential to balance cognitive restructuring with contextual validation, ensuring that interventions do not minimize the real structural and cultural pressures shaping the client's experience (Rathod et al., 2019). This culturally adapted application of CBT has been shown to be effective in diverse and low-resource settings.

D. Structural Determinant of Mental Health

Beyond individual and relational processes, mental health outcomes are shaped by broader structural and systemic factors, including poverty, gender inequality, and limited access to services (World Health Organization, 2022; Patel et al., 2018). These determinants influence both the onset and persistence of psychological distress, particularly among marginalized populations.

In Kenyan context, single mothers are disproportionately affected by economic exclusion, informal labor conditions, and limited social protection systems (World Bank, 2022; UN Women, 2021). These structural constrains interact with cultural stigma to produce compounded vulnerability. By placing mental health within systems of power and inequality, this framework challenges purely individualistic interpretations of distress and calls for integrated clinical and socio-economic

responses.

4. Clinical Implications

A. Assessment

Assessment should extend beyond symptom identification to capture the broader socio-cultural and economic context shaping distress. Clinicians are encouraged to routinely assess experiences of stigma, financial strain, cultural expectations regarding family structure, and the availability of social and community support systems. This can be operationalized through culturally sensitive interviewing, incorporating open-ended questions that explore how societal attitudes toward single motherhood affect the client's self-perception and help-seeking behaviors. Attention should also be given to structural determinants such as employment instability and caregiving burden as these factors often underlie presenting symptoms. Where possible, the use of culturally adapted tools and collateral information can enhance validity. Such an approach aligns with culturally responsive care models that emphasize understanding distress within its lived and contextual realities (Bhugra & Gupta, 2010; World Health Organization, 2022).

B. Formulation

Clinical formulation should adopt a biopsychosocial-cultural perspective that integrates cultural narratives, structural stressors, and individual coping processes. In the Kenyan context, this includes recognizing how dominant norms around the 'complete' family shape identity and self-worth, while also accounting for economic constrains such as poverty and informal employment. Formulation should move away from deficit-based interpretations and instead highlight both vulnerabilities and strengths, including resilience, adaptive coping, and existing support networks. Developing a shared formulation with the client can enhance engagement and ensure that their lived experience is accurately represented. This integrative approach allows clinicians to distinguish between context-driven distress and psychopathology, while identifying meaningful targets for intervention (Wright, 2022; Patel et al., 2018).

C. Intervention

Intervention should be multi-layered, combining individual therapeutic work with community and structural supports. Cognitive-behavioral approaches are useful in addressing internalized stigma by helping clients identify and restructure maladaptive beliefs related to shame, inadequacy, or perceived failure (Steele & Newton, 2022; Pearl et al., 2023). These strategies should be implemented alongside empowerment-focused approaches that enhance agency, problem-solving, and self-efficacy within the constraints of the client's environment. Group-based interventions can further reduce isolation and normalize experiences, while peer support fosters collective resilience. Importantly, collaboration with community and faith-based institutions, central to many Kenyan social systems, can improve accessibility and cultural relevance. Evidence from global mental health research supports the effectiveness of such community-based and culturally adapted interventions, particularly in low-resource settings (Patel et al., 2018; Giebel et al., 2024). Integrating resource linkage, such as access to economic or childcare support, ensures that interventions address both psychological and material dimensions of distress.

D. Supervision

Effective clinical supervision is essential to sustaining culturally responsive and ethically grounded practice. Supervisors should facilitate ongoing reflexivity by encouraging clinicians to examine their own assumptions about family structure, gender roles, and morality, particularly in contexts where two-parent households are culturally idealized. Supervision should also emphasize the integration of cultural and structural factors into case conceptualization, ensuring that clinicians do not over-pathologize contextually grounded distress. Structured supervision processes, including case discussion and reflective exercises, can support the development of cultural humility and clinical competence. Additionally, supervisors plays a key role in guiding appropriate adaptation of evidence-based interventions, balancing fidelity with cultural relevance. Such practices are critical in promoting equitable care and minimizing bias in clinical decision-making (Aarons et al., 2019).

E. Equity Impact

Culturally responsive clinical approaches to single motherhood in urban Kenya have the potential to yield significant benefits at individual, family, and community levels. Single mothers may experience improved mental health outcomes, reduced internalized stigma, and enhanced engagement with services when care is aligned with their socio-cultural realities. These benefits may extend to children through improved caregiver well-being and relational stability, as well as to communities through reduced stigma and strengthened social support systems.

However, there are potential risks if interventions are not carefully implemented. These include reinforcing deficit-based narratives about single motherhood, overemphasizing individual coping while neglecting structural barriers, and unintentionally excluding the most vulnerable populations due to accessibility challenges. To mitigate these risks, interventions should adopt a strength-based approach, integrate socio-economic support mechanisms, and ensure accessibility through community-based delivery models. Engaging clients and community stakeholders in the design and implementation of interventions can further enhance cultural relevance and equity. Continuous evaluation using equity-focused indicators, such as service uptake and client-reported cultural fit, is essential to ensure that interventions remain both effective and just (World Health Organization, 2022; Patel et al., 2018).

5. Conclusion

The mental health of single mothers in urban Kenya cannot be understood in isolation from cultural, economic, and structural realities. Addressing this issue requires a change from individual pathology toward contextually grounded, culturally responsive care. By integrating theory, evidence, and practice,

clinicians can better support this growing population while advancing equity in mental health services.

References

[1] G. A. Aarons, R. A. Askew, A. E. Green, A. J. Yalon, K. Reeder, and L. A. Palinkas, "Evidence-based practice adaptation during large-scale implementation: A taxonomy of process and content adaptations," *Journal of Children's Services*, vol. 14, no. 2, pp. 61–77, 2019.

[2] B. A. Abuya, M. Mutisya, E. O. Onsomu, M. Ngware, and M. Oketch, "Family structure and child educational attainment in the slums of Nairobi, Kenya," *SAGE Open*, vol. 9, no. 2, 2019.

[3] L. Brandt, S. Liu, C. Heim, and A. Heinz, "The effects of social isolation stress and discrimination on mental health," *Translational Psychiatry*, vol. 12, no. 1, p. 398, 2022.

[4] D. Bhugra and S. Gupta, "Culture and its influence on diagnosis and management," in *Principles of Social Psychology*, 2010, pp. 117–131.

[5] J. Bowlby, *Attachment and Loss*. New York, NY, USA: Basic Books, 1969.

[6] S. Clark, M. Henderson, and C. Kabiru, "Single motherhood and stress in a Kenyan slum: The importance of paternal and kin support," *Journal of Family Issues*, vol. 45, no. 1, pp. 74–102, 2024.

[7] C. M. Doll, C. Michel, M. Rosen, N. Osman, B. G. Schimmelmann, and F. Schultze-Lutter, "Predictors of help-seeking behaviour in people with mental health problems: A 3-year prospective community study," *BMC Psychiatry*, vol. 21, no. 1, p. 432, 2021.

[8] C. Giebel *et al.*, "Community-based mental health interventions in low- and middle-income countries: A qualitative study with international experts," *International Journal for Equity in Health*, vol. 23, no. 1, p. 19, 2024.

[9] P. M. Greenfield, "Social change, cultural evolution, and human development," *Current Opinion in Psychology*, vol. 8, pp. 84–92, 2016.

[10] K. Griffin, "Expanding the knowledge on adult children of single parents: The role of single parenting and stigma on attachment, relationship beliefs, and relationship self-efficacy," University of La Verne, 2021.

[11] Kenya National Bureau of Statistics, *Kenya Demographic and Health Survey 2022*, KNBS, 2023.

[12] Kenya National Bureau of Statistics and ICF, *Kenya Demographic and Health Survey 2022: Key Indicators Report*, KNBS & ICF, 2023.

[13] B. N. Machoka, C. W. Kabiru, and A. I. Ajayi, "Adolescent pregnancy, social exclusion and (dis)empowerment of girls in an urban informal settlement in Kenya," *PLOS Global Public Health*, vol. 4, no. 9, p. e0003742, 2024.

[14] J. L. Magaard, T. Seeralan, H. Schulz, and A. L. Brütt, "Factors associated with help-seeking behaviour among individuals with major depression: A systematic review," *PLOS ONE*, vol. 12, no. 5, p. e0176730, 2017.

[15] P. C. Martins and V. H. Oliveira, "Child well-being, family functioning, and contextual strain: A study of multi-assisted low-income families," *Children*, vol. 11, no. 12, p. 1533, 2024.

[16] P. Oburu, "Cultural values, parenting and child adjustment in Kenya," *International Journal of Psychology*, vol. 59, no. 4, pp. 522–530, 2024.

[17] V. Patel *et al.*, "The Lancet Commission on global mental health and sustainable development," *The Lancet*, vol. 392, no. 10157, pp. 1553–1598, 2018.

[18] R. L. Pearl, C. Bach, and T. A. Wadden, "Development of a cognitive-behavioral intervention for internalized weight stigma," *Journal of Contemporary Psychotherapy*, vol. 53, no. 2, pp. 165–172, 2023.

[19] S. T. Parashak, "Object relations and attachment theory: Creativity of mother and child in the single parent family," in *Family Art Therapy*. Routledge, 2011, pp. 65–93.

[20] S. Rathod, P. Phiri, and F. Naeem, "An evidence-based framework to culturally adapt cognitive behaviour therapy," *The Cognitive Behaviour Therapist*, vol. 12, p. e10, 2019.

[21] F. Risman, "The dynamics of cultural acculturation in multicultural societies," *Journal of Social, Culture & Humanitarian Research*, vol. 1, no. 1, pp. 10–18, 2025.

[22] J. M. Steele and C. S. Newton, "Culturally adapted cognitive behavioral therapy as a model to address internalized racism among African American clients," *Journal of Mental Health Counseling*, vol. 44, no. 2, pp. 98–116, 2022.

[23] "Raising alone: The hidden toll of Kenya's single motherhood," *Nation Africa*, Nov. 12, 2025.

[24] UN Women, Gender equality and women's empowerment in Kenya, 2021.

[25] C. Ward and N. Geeraert, "Advancing acculturation theory and research: The acculturation process in its ecological context," *Current Opinion in Psychology*, vol. 8, pp. 98–104, 2016.

[26] C. Ward and Á. Szabó, "Acculturation, cultural identity and well-being," *Nature Reviews Psychology*, vol. 2, no. 5, pp. 267–282, 2023.

[27] L. Wood, R. Byrne, and A. P. Morrison, "An integrative cognitive model of internalized stigma in psychosis," *Behavioural and Cognitive Psychotherapy*, vol. 45, no. 6, pp. 545–560, 2017.

[28] UN Women, Promoting women's economic empowerment: Recognizing and investing in the care economy, 2018.

[29] World Bank, Kenya Economic Update: Navigating the Pandemic, 2022.

[30] World Health Organization, Integrating Mental Health into Primary Care: A Global Perspective, 2019.

[31] World Health Organization, World Mental Health Report: Transforming Mental Health for All, 2022.

[32] A. J. Wright, "Deliberate context-driven conceptualization in psychological assessment," *Journal of Personality Assessment*, vol. 104, no. 5, pp. 700–709, 2022.