The Impact of Stigmatization on Behavior Change among Young Adults from First Love Kenya

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Abstract

Family reintegration is one of the processes that are critical and sensitive after children go through rehabilitation and psychological recovery. Many young people reunite with their biological parents or guardians after attaining the legal age of being termed as young adults. Since reintegration is not an event but a process, many things come to play. Several young adults who have reintegrated with their families after healing, treatment, recovery, and stabilization in the children's homes exhibit disruptive behaviour and psychological disorders after being reunited with their guardians or families. This study is anchored in reintegrative shaming theory, Goffman's Stigma theory and behavioural change theory. The study aimed to examine the impact of stigmatization on behaviour change among young adults from First Love Kenya. The study group consisted of 92 respondents: 71 young adults, one children officer, and 20 parents/guardians. Data was collected through the use of questionnaires and an interview guide. The research instruments were validated by a reliability test and was found to be credible. Upon collection, the data was analyzed using descriptive and inferential analysis. Descriptive statistics were percentages, frequency counts, mean and standard deviation. At the same time, the inferential statistics tested the hypotheses using Pearson's correlation test to correlate family reintegration and behaviour change. Regression analysis was then used to measure the effect of shaming, stigmatization, and reintegration on behaviour change. Results showed that stigmatization had a negative and significant impact on change of behaviour among young adults (β = -.39 p = .000<.05). Further, reintegration had a negative though insignificant impact on change of behaviour among young adults (p =.985>.05). The study concluded that shaming and stigmatization contributes significantly to negative change of behaviour among young adults. The study recommended the need for stakeholders to review the policies on reintegration. The focus should be on how to eliminate defensiveness and attitude of worthlessness among young adults; how to enhance social skills among young adults, and how to deal with depression, rebellion and aggression; and how to enhance confidence, self-esteem, and acceptance among young adults.

Keywords: Stigmatization, behaviour change, young adults

1.0 Introduction

Globally, many children find themselves in institution-based care due to various reasons. Tens of thousands of them are either orphaned, physically sexually abused, or neglected. According to Crombach, Bambonyé, and Elbert (2014), these children cannot access proper services such as upkeep, upbringing, balanced meals, and health services, so they run from homes to the streets. This may lead to additional behavioural and emotional problems. According to Petrowski, Cappa, and Gross (2017), over 2.7 million children under the age of 18 live under institutional care. Browne (2017), citing Bunker, Cox, Gesiriech, and Olson (2014), records that most of these children are not orphans, but 50 to 90 percent of them have at least one alive parent.

According to the United Nations General Assembly (2009), the stipulated guidelines advocate for alternative care for children and a need for them to be returned to their biological family or guardians. The reason is that the natural environment for children is very important for their growth and development. The reunion and reintegration with family are not an event but a process that occurs in several stages. The process provides the children or young adults with a sense of belonging and safety. Therefore, after undergoing treatment and psychological recovery, they reintegrate with their families. It is suspected that this phenomenon of family reintegration is complex and is affected by various socio-demographic, such as age, gender, and family setting. Reintegrating a young adult who has been away and trying to make a new transition in life is very complex. He is trying to find his new purpose in life after being institutionalized and has learned to trust external caregivers in the absence of the family or guardians. The reintegration, therefore, requires a holistic approach that will ensure the total well-being of the children (United Nations General Assembly, 2009; De Bruin Cardoso, Bhattacharjee, Cody, Wakia, Menson, & Tabbia, 2019).

According to a study done by Bunkers, Cox, Gesiriech, and Olson (2014) on a guide to faith-based action, it reveals that family reintegration over the years has had a positive impact on the family and the children's growth and development. They added that this was contrasted to those who lived in institutions. They experienced harmful effects. However, the numbers in institutions are scaling up against the government regulations of promoting home-based care.

In Kenya, Muthoni (2015) did a study on individuals aged 15 – 21 years to "establish how residential care of children affects their social relationship with the outside community after discharge." Muthoni further found out that most young people lacked basic skills to help them engage in economic activities; no institutional support was available, thus affecting their social and economic goals. After that, it affected their social and relational life. At the same time, the negativity from the community was a great setback to their progress. However, a smaller number of the sampled population recorded that their inner being would not be challenged to the setbacks (Muthoni, 2015). Contrary, the United Nations Convention on the Rights of the Child (1989) stipulated children's rights be separated from their primary caregiver and need to be returned. Article 39 states that each member state ought to:

"…take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman, or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect, and dignity of the child." After an intensive literature review, this study found that

there is limited study on post institutionalization of young adults. This informs a research gap in this study that needs to be filled. Therefore, this study will be conducted at First Love, Kenya to examine the impact of stigmatization on behavior change among the young adults who are reintegrated and reunited with their families.

1.1 Research Problem

There are several cases of family reintegration in Kenya, and some of them have recorded positive psychological recovery. In contrast, others have gained emotional inability, affecting the process of family connectedness and young adults' well-being. According to Muthoni (2015), statistics have revealed that many young adults who are reintegrated have psychological unrest. Several young adults who have reintegrated with their families after healing, treatment, recovery, and stabilization in the children's homes exhibit disruptive behaviour and psychological disorders after being reunited with their guardians or families. This threatens the peaceful and cordial coexistence between young adults and their immediate families. Even though the government has closely worked with the children services department and non-government organizations to ensure a smooth, safe and secure reintegration, there are still cases of mistrust, anxiety, and estrangement among the young adults thus causing emotional instability among the children. They exhibit fear, intense feelings of anger, and anxiety that might trigger other long-term mental disorders with time. This thus informed the study's aim to assess the nexus between stigmatization and change of behaviour among young adults who have been reunited with their families.

2.0 Theoretical Framework

Goffman's Stigma Theory

Goffman's stigma theory was discovered by the Canadian sociologist Erving Goffman. The term "stigma describes the situation of an individual who is disgraced" (Pantelic, Sprague, & Stangl, 2019). Taking a historical view of his subject, Goffman recognized that 'shifts have occurred in the kinds of disgrace that arouse concern. According to the Canadian sociologist Erving Goffman, Goffman recognized that stigma was associated with psychological changes that arouse concern from the victim.

There are three categories of stigma: tribal stigma, nationality, religion, abominations of the body, physical disabilities, disfigurements, and individual blemishes of criminal character history, mental illness, addiction, homelessness. Link and Phelan (2001) created a more systematic set of processes linking stigmatization to outcomes and outline four procedures of stigmatization: People distinguish and label human differences, dominant cultural beliefs relate labelled persons to undesirable characteristics. Labelled persons are placed into categories to accomplish separation of 'us' from 'them 'and labelled persons experience status loss, discrimination, rejection, and exclusion. This leads to adverse outcomes such as demoralization, restricted social networks and reduced earnings.

Children are from a family setup; a child's brain evolves due to growth and development. When separated children were taken to First Love Kenya, their mental development was below the average, and they seemed to understand nature as it was then. Children's homes were different from what is happening now in a family setup. When children are separated from their families, they become misplaced, pick up new cultures and lack identity. Society will see peoples' identities through observation, interaction, and communication. An organization sets normative values, uniform preferences, comfort zones, and habits. When children are reintegrated into

their families, society, or community or families quickly note the behaviour difference. Social interaction with others will decline and isolation will be familiar. Therefore, the theory illuminates how stigma affects the victims. Social stigma leads to self-stigma- rejection, avoidance, denial, mental health problem, and isolation

Strengths of Goffman's Stigma

This theory gives a relationship between the human mind and human behaviour. Thus, this explains how the two lead to the stigma in an individual who has been affected in one way or the other. The theory can bring out the connection of how their brain works and their behaviour of the individual "Reflections on the fiftieth anniversary of Stigma marked the fiftieth anniversary of Erving Goffman's Stigma, which remains one of the most cited and influential works in the field" (Brune et al., 2014).

Criticism of Goffman's Stigma

Goffman focuses on his essentialist, a historical approach to stigma, which partially stems from his self-reliance. He views stigma as the outcome of interpersonal encounters and innate human reactions that he does not set within specific historical contexts. His work's weakness is bound up with its strength (Brune et al., 2018).

2.1 Empirical Literature Review

Stigmatization "is an act or process in which an individual is negatively labelled or characterized because of certain attributes or behaviours he or she possesses" (Allen, Vessey, & Schapiro, 2009). Several studies show that stigma usually arises from lack of awareness, lack of education, lack of perception, and the nature and complications of the mental illness, for example, odd behaviours and violence. According to Hanisch et al. (2018), "Indicate that anti-stigma interventions can lead to improved children knowledge and supportive behaviour towards children who are affected psychologically". When a victim faces stigmatization, they are bound to lose confidence, be rejected, have low self-esteem, and be stereotyped.

Loss of confidence "is a social rather than a technical process and tinkering with regulative rules, while tempting and politically distracting, will not address the heart of the matter" (Allen et al., 2009). This frequent loss of confidence means that doxastic conservatism usually cannot be used to retain one's beliefs, which has a psychological effect as it brings fear of further falls and a loss of confidence among the victims. Many children are living in a children's home lack confidence, though they might be talented in various disciplines. But at some point, due to their current lives, they allowed negative feedback or situations to undermine their self-esteem, which has continued to affect their performance and success every day.

Low self-esteem "is highly disadvantageous since it prevents the individual from properly using his skills and succeeding in life" (Sharma, 2019). Self-esteem is a children's subjective evaluation of their worth. It encompasses beliefs about oneself and emotional states, such as triumph, despair, pride, and shame. Low self-esteem is characterized by a lack of confidence and feeling poorly about children in a home. Children with low self-esteem often feel unlovable, awkward, or incompetent. Life, in all its variety, poses an ongoing threat to self-esteem.

Rejection "more likely and makes breakdown more likely among those rejected" (Whittaker et al., 2011). Social rejection occurs when an individual is deliberately excluded from a social relationship or social interaction. The topic includes interpersonal rejection, romantic rejection,

and familial estrangement. A child may be rejected by individuals or an entire group of people. Rejection as when we perceive our relational value may lead the child to think how much others value their relationship drops below some desired threshold. The bite in rejection becomes more painful in children in homes because it fires up some of the pain signals in their brain that get involved when we stub our toe or throw out our back, Leary explains.

Stereotype "as understood, a stereotype is a generalized view or preconception of attributes or characteristics possessed by or the roles that are or should be performed by members of a social group or an individual" (Cook & Cusack, 2011). In social psychology, a stereotype is an over-generalized belief about a particular category of people. It is an expectation that people might have about every person of a specific group.

3.0 Research Methodology

This study adopted a correlational design to examine the link between family reintegration among young adults from First Love Kenya and behaviour change. This methodological approach helped assess any relationship between family reintegration and behaviour change among young adults. This study was conducted among young adults who had graduated from First Love Kenya. The young adults lived with their families in the Kibera slums. The choice of First Love Kenya as the study context was because of the large number of children reintegrated with their families from First Love Kenya. The study focused on young adults who reintegrated from the year 2017 to 2019. The study majorly focused on this age (young adults) since they are the age group that graduates from the institution. The total population was 92 respondents: 71 young adults (aged above 18 years), one children's officer, and 20 guardians or parents. This study, therefore, used an entire population of young adults who had graduated from First Love, Kenya. All their parents or guardians and the children's officer were also included. The total sample is thus 92 respondents.

4.0 Findings and Discussion

This section provides descriptive statistical results for stigmatization variable. The third objective of the study was to examine how stigmatization impacts change of behaviour among young adults from First Love Kenya. The respondents were asked to rate the items measuring the concept of stigmatization and behaviour change. The following scale was used: strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5). The descriptive findings are shown in Table 1.

Table 1: Descriptive Statistics; Stigmatization and Behavior Change

Statement	1	2	3	4	5	M	Std Dev
When I back home my behaviour changed when I released, I have lost confidence in my family.	2(2.6%)	6(7.8%)	25(32.5%)	38(49.4%)	6(7.8%)	3.5	0.9
My behaviour changed when I realized that I have low self-esteem.	7(9.1%)	16(20.8%)	21(27.3%)	30(39%)	3(3.9%)	3.1	1.1
My behaviours changed when I realized that my family has rejected me.	10(13%)	12(15.6%)	19(24.7%)	30(39%)	6(7.8%)	3.1	1.2
Being under a children's home, away from parental home has made to be labelled as a foreigner and that has led to my behaviour change	7(9.1%)	16(20.8%)	22(28.6%)	18(23.4%)	14(18.2%)	3.2	1.2
Aggregate mean						**3.2**	**1.1**

Table 1 shows that majority of the respondents agreed with the statement that when I came back home my behaviour changed when I released, I have lost confidence in my family (mean=3.5, SD=0.9). The respondents also agreed with the statement that my behaviour changed when I realized that I have low self-esteem (mean=3.1, SD=1.1). Further, most of the respondents agreed with the statements that my behaviours changed when I realized that my family has rejected me (mean=3.1, SD=1.2). Finally, majority of the respondents agreed with the assertion that being under a children's home, away from parental home has made me to be labelled as a foreigner and that has led to my behaviour change (mean=3.2, SD=1.2). The findings suggest that most of the respondents had negative opinion towards the aspect of stigmatization. Ideally, stigmatization is expected to negatively influence the behaviour change of the young adults. The findings agreed with Whittaker et al. (2011) sentiments that rejection makes breakdown more likely among those rejected.

The parents/guardians were asked to indicate whether the child faced stigmatization when she/ he came back home. Majority of the participants noted that indeed the child faced stigmatization. One of the participants, P1 noted that … *"She faced stigmatization because she was from a different environment, and the norms and traditions that are there were not the same as in their home"*

Another participant, P2 observed that … *"Because of the behaviour nobody wanted to interact with him at home and he felt isolated"*

Further, participant, P8 reiterated that … *"she feels she is not wanted by her family members"*

However, participant, P4 noted that *"No, she was welcomed home well and she was very happy to be at home"*. This implied that the child did not experience stigmatization.

The children's officer was asked to explain whether there was any evidence of stigma among the children who came back. The officer noted that children were stigmatized by family and community. The officer also stated the children were perceived as non-community members. As a result, these children lack a sense of belonging.

Descriptive Analysis for Behaviour Change

The respondents rated statements on the dependent variable (behaviour change). The following scale was used: strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5). The descriptive findings are shown in Table 2.

Table 2: Descriptive Statistics; Behaviour Change

Statement	1	2	3	4	5	M	Std Dev
I am able to change my behaviour based on my personal beliefs.	3(3.9%)	8(10.5%)	22(28.9%)	38(50%)	5(6.6%)	3.5	0.9
My attitude has led to my positive behaviour change.	0	11(14.3%)	11(14.3%)	39(50.6%)	16(20.8%)	3.8	0.9
My perception about reuniting with my family has led to my behaviour change.	3(3.9%)	9(11.7%)	15(19.5%)	28(36.4%)	22(28.6%)	3.7	1.1
I have acknowledged that I need to change my behaviour to relate with my family members.	3(3.9%)	3(3.9%)	25(32.5%)	27(35.1%)	19(24.7%)	3.7	1.0
Aggregate mean						**3.7**	**1.0**

Table 2 shows that most of the respondents agreed with the statement that I am able to change my behaviour based on my personal beliefs (mean=3.5, SD=0.9); and my attitude has led to my positive behaviour change (mean=3.8, SD=0.9). Further, the respondents agreed with the statement that my perception about reuniting with my family has led to my behaviour change (mean=3.7, SD= 1.1); and I have acknowledged that I need to change my behaviour so as to relate with my family members (mean=3.7, SD=1.0). The findings imply that most of the respondents had a positive opinion towards the concept of behaviour change.

Table 3: Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	5.756	0.281		20.492	0.000
	Shaming	-0.245	0.089	-0.341	-2.743	0.008
	Reintegration	-0.002	0.111	-0.003	-0.018	0.985
	Stigmatization	-0.39	0.099	-0.444	-3.95	0.000

a Dependent Variable: Behaviour change

Results also showed that stigmatization had a negative and significant impact on change of behaviour among young adults from First Love Kenya (β = -.39 p = .000<.05). This implied that stigmatization leads to negative change of behaviour. The findings supported Pletson (2005) argument that reintegration of the children from home into their family might lead to poor social skills. Similarly, Gillen (2015) observed that depression can lead to decreased reintegration into previous roles and occupations and to decreased quality of life.

5.0 Conclusion

The study examined how stigmatization impacts change of behaviour among young adults from First Love Kenya. Majority of the respondents agreed that when they came back home their behaviour changed and had lost confidence in their family, their behaviour changed when they realized that they had low self-esteem. Further, majority of the respondents agreed that their behaviour changed when they realized that their family had rejected them, and that being under a children's home, away from parental home had made them to be labelled as a foreigner and that had led to their behaviour change.

The correlation findings indicated that stigmatization had a negative and significant relationship with behaviour change among young adults from First Love Kenya. Further, the regression analysis results revealed that stigmatization had a negative and significant impact on change of behaviour among young adults from First Love Kenya.

6.0 Recommendations

1. There is need for stakeholders to review the policies on reintegration focusing on how to address the issue of stigmatization.

2. The focus should be on how to enhance confidence, self-esteem, and acceptance among young adults.

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