

**EXPLORING THE EXPERIENCED EFFECTS OF ADOLESCENT MOTHERHOOD  
ON THE BEARER'S SOCIAL-ECONOMIC STATUS IN MUTUNDA SUB-COUNTY,  
KIRYANDONGO DISTRICT, UGANDA.**

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## DECLARATION

I Rosemary Katwesige hereby declare that the work in this dissertation is my original work and has not been presented for the award of a degree in any other university or higher institutions of learning.

Signature .....

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Date .....

## **APPROVAL**

We the supervisors hereby confirm that the work in this dissertation by Rosemary Katwesige entitled “Exploring the Experienced Effects of Adolescent Motherhood on the Bearer’s Social-Economic Status in Mutunda Sub-County, Kiryandongo District, Uganda” has been done under our supervision.

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Date .....

## **DEDICATION**

This work is dedicated to my beloved parents Mr & Mrs. Katusabe Johnson Amooti and Kyalisiima Morine Ateenyi for the unwavering love and support throughout this journey.

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With a grateful heart, I thank God Almighty for the gift of life, wisdom, knowledge, and understanding he blessed me with. His grace and love enabled me to complete this study. I will always bless your name, God through your begotten son, Jesus Christ.

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## **LIST OF ACRONYMS**

ABR	Adolescent Birth Rate
AM	Adolescent Motherhood
CDO	Community Development Officer
CSOs	Civil Society Organizations
KII	Key Informant Interview
MGLSD	Ministry of Gender Labor and Social Development
MoES	Ministry of Education and Sports
SDG	Sustainable Development Goal
SES	Social Economic Status
UBOS	Uganda Bureau of Statistics
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Education Fund
WHO	World Health Organization

## DEFINITION OF KEY TERMS

**Adolescent mother:** Is any female aged between 10- 19 years who becomes pregnant and parents her child.

**Adolescent motherhood:** The state of bearing and parenting a child between the age of 10 and 19 years old by an adolescent girl.

**Adolescent:** Any person aged between 10- 19 years old.

**Perineal trauma/tear:** Any damage to the area between the vagina and the anus during birth of a baby.

**Repeat pregnancy:** The incidence of two or more pregnancies before the age of 20 years old.

**Resources:** Refers to anything that has utility and adds value to one's life.

**Social-economic status:** A person's combined total measure of their social and economic position in relation to others basing on aspects like education, health, incomes, power among others.

## **ABSTRACT OF THE STUDY**

Globally, adolescent motherhood is a serious concern due to the adverse effects it possesses to the mother, child, and the society. This study explored the experienced effects of adolescent motherhood on the bearer's social-economic status in Mutunda Sub-County, Kiryandongo district, Uganda. Specifically, the study explored the experienced effects of adolescent motherhood on the bearer's education, health, and access to resources in Mutunda Sub-County. This study used a qualitative research approach, employed a phenomenological research design and used interviewing method to collect data. The study targeted adolescent mothers in Mutunda Sub-County and key informants were recruited to provide critical information to the study. The study used snowball and purposive sampling methods to select primary and secondary respondents respectively. Semi structured interview guides with open ended questions were used to collect data which was analyzed thematically. Data collected was recorded verbatim, transcribed, coded and presented. Findings from this study revealed that adolescent motherhood led to school dropout, low educational attainment, and limited career prospects. Adolescent mothers felt sad about motherhood, had poor physical health and social stigma. Adolescent mothers had limited access to finances, food and health services. It can be categorically stated that adolescent motherhood is a reality in Mutunda Sub-County with colossal implications on the bearer's social-economic status. The study recommends that policy makers and implementers should strive towards implementation of school re-entry program, introduction of vocational training courses, sensitization on uptake of sexual reproductive health services, introduction of adolescent friendly services, adequate staffing at the health centre II, community mindset change, skilling and extension of financing to uplift their social-economic status in Mutunda Sub-County.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Introduction to the Study**

This study intended to explore the experienced effects of adolescent motherhood on the bearer's social-economic status in Mutunda Sub-County, Kiryandongo District, Uganda investigate adolescent motherhood and its perceived effects on the bearer's' social-economic status in Mutunda Sub-County, Kiryandongo District of Uganda. Concepts on education, health, and access to resources were investigated. This chapter presents the background, the statement of the problem, the research purpose and objectives, research questions, the scope, significance, limitations, and the organization of the study.

#### **1.1 Background of the Study**

##### ***1.1.1 Historical background of the study***

Adolescent motherhood is a global concern due to the adverse effects it has on both the mother and child (Kayemba et al., 2023). Adolescent motherhood is undesirable situation that even in the past attracted lots of punishments and stigma. In Uganda, adolescents that got pregnant outside marriage were abandoned and left to starve to death. For example, in Rukungiri district, the girls would be thrown off a cliff at Kisizi falls whilst among the Bakiga, the girls were taken to the punishment island on Lake Bunyonyi (BBC NEWS, 2017).

The World Health Organization (WHO) estimates that 21 million pregnancies are recorded annually where approximately 55% of them are unintended (WHO, 2024). This has thus resulted into 12 million births by adolescent girls aged 15-19 years in low- and middle-income countries (Sully et al., 2019). WHO (2019) clearly illustrates that adolescent motherhood increases violence against women and girls, rapid repeat pregnancies, stigma,

rejection by partners, low education attainment, and hinders future employment. All these, coupled together, limit the achievement of Sustainable Development Goals (SDGs) for example, SDG 1: No Poverty (aims at ending extreme poverty in all its forms and everywhere), SDG 3: Good health and wellbeing (Ensures healthy lives and promotes well-being for all at all ages to promote sustainable development) and SDG 4: Quality Education (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Toska et al., 2022)). For example, the multitude of health complications experienced by adolescent mothers retards their ability to engage in education and other social economic programmes thus making it difficult to achieve SDG 5 on women's empowerment and equality on the promotion of social economic opportunities (WHO, 2021). The World Bank (2019) asserts that adolescent motherhood reduces the education, health, and economic opportunities of adolescent mothers to continue their education after childbirth thus limiting their ability to get formal employment, better remuneration, and better grades in school.

In Turkey, 3.5% of adolescent girls have children, 1.5% of these are married before the age of 15 years old and 0.2% have children before the age of 15 (Karatash, 2019). Similarly, in 2017, 14% of adolescent girls in Ghana aged 15- 19 years old had already started child bearing by 2017 with the highest prevalence being in rural areas (Senkyire et al., 2022). Niger, Mali, and Chad have the highest adolescent fertility rates, thus contributing to the highest adolescent motherhood rates in Sub Saharan Africa (WHO, 2022). Although South Africa recorded a decline in adolescent motherhood (17.9%) in 2021 from 48.7% in 2017, this percentage is still high and may increase over the years. This can be compared with the department of statistics in South Africa, which reported that in November 2021, 899,393 children were born in 2020, and of these, 34,587 were born by mothers aged 17 years and below (Wood & Hendricks, 2017).

In Africa, most adolescent mothers drop out of school which affects their opportunities to compete in gainful employment and their human capital development is compromised (Zulaika et al., 2022). This is because adolescent mothers drop out of school which puts them at the verge of getting less prestigious jobs thereby affecting their incomes and accrued benefits associated with employment (Cluver et al., 2023). This status not only affects them as individuals, but it also affects their household members, the communities they live in and national development (Makhavhu et al., 2023). Scholars Roberts et al. (2022); Steventon et al. (2022) and Ochieng-Arunda et al. (2022) demonstrated that adolescent mothers are faced with health challenges including contraction of HIV/AIDs, poor mental health, continuity of child abuse, community violence and exclusion of adolescent mothers. This assertion is similar to that of Aguillo (2022), who in his study on a sociological approach to adolescent pregnancy in the low- income population of Gran Mendoza in Argentina found out that adolescent motherhood is perceived as the leading cause of intergenerational cycles of poverty and low incomes since it lowers adolescent mothers' chances of employment. Many adolescent mothers have ended up in informal employment working as housemaids, bar attendants, "shamba" girls, and others engaged in transactional sex with low salary/wage, irregular payments or sometimes not paid at all (Kakuru, 2022).

Despite the aforementioned status, there has been slight interventions in curbing adolescent motherhood, with a slight decline in Sub-Saharan Africa. Chad, Mali and Niger have some of the highest rates of first births under 20 years with over 20% of women having their first before their 16<sup>th</sup> birthday. This largely contributes to social economic inequalities, stigma and discrimination and significant barriers to Sexual Reproductive Health services (Neal et al., 2020). The limited attention to adolescent motherhood may affect their education, health and access to resources.

In Uganda, a quarter (25%) of Ugandan women have given birth before the age of 18 years old (UBOS, 2018; UNFPA, 2021). For example, Uganda registered an increase in adolescent motherhood from 2006, when it had 71.5 births per 1000, to 83.5 births per 1000 in 2011 (Byonanebye et al., 2020). United Nations Population Fund (UNFPA) further indicates that a total of 290,219 adolescent pregnancies were recorded between January and September 2021 in different districts of Uganda (UNFPA, 2021). Adolescent motherhood in Uganda was also exacerbated by the first wave of COVID-19, with an increased rate of adolescent motherhood at 28% (UNFPA, 2021). For example, according to the UNFPA (2021) report, Lira District in Uganda recorded 49.3% of births by adolescent mothers in 2020. In Busoga region, (Kamuli district recorded 6,535 and Mayuge district 6,205) registered the highest number of adolescent mothers, of whom 45% were below 17 years old. Mukono district in North Central Uganda registered 5,535 births by adolescent mothers, Wakiso district in South Central Uganda (10,439), Kampala district (8,460), Kasese district (7,317), and Oyam district (6,449). According to UNFPA (2022) 45% of adolescent mothers in Uganda are engaged in subsistence agriculture and only 5% get into formal employment. This is attributed to the low educational attainment of adolescent mothers. UNFPA (2022) further illustrates that if no action is taken by the Government of Uganda (GOU) and other stakeholders in development, then 66% of adolescent mothers will not complete primary level education, 60% will end up as peasant farmers and more than Ushs 645 billion (181.8 million USD) will be spent by the GOU in providing health care and education for adolescent mothers and their children. A recent study entitled, “Later life outcomes of women by adolescent birth history: analysis of the 2016 Uganda Demographic and Health Survey” by Amongin et al. (2021) indicates that adolescent motherhood leads to poor social-economic and reproductive health outcomes; low school completion rates; high illiteracy rates; and are challenged with accessing health care services.

### ***1.1.2 Theoretical Background***

This study was guided by the transitions theory developed by Chick and Meleis (1986). Chick and Meleis conceptualized the process of transition as a passage from one life phase, condition, or status to another. The theory stipulated that transition was experienced in different dimensions and it varied from person to person. The dimensions followed a standard structure influenced by entry, passage and exit (Meleis, 2010). This theory clearly stipulated that awareness was very important as transitions took place. The theory assumed that transition among human beings' adolescent mothers inclusive does not occur all of a sudden but rather adolescent motherhood is a gradual process that starts with a pregnancy, birth, and postpartum, and as transition takes place, a series of events and changes occur in the life of an adolescent mother affecting her education, health, and economic engagements that affect her income levels. Since Chick and Meleis (1986) have asserted that transition increases health risks and hazards to bearer's, it will be very critical in determining all health risks and challenges adolescent mothers face in their new journey of motherhood.

### ***1.1.3 Conceptual Background***

The 2004 National Adolescent Health Policy of Uganda and the World Health Organization (WHO) define an adolescent as any person aged between 10-19 years (MOH, 2004: WHO, 2022). Adolescent pregnancy is defined as pregnancy in girls aged 10–19 years at delivery day (UN, 2016). This study defines adolescent motherhood as the state of bearing and parenting a child between age of 10 and 19 years by adolescent girls. In the context of this study, an adolescent mother was any female currently aged between 10 and 19 years of age who had given birth in the period 2018 and 2022 because this was the period in which Mutunda Sub-County started experiencing high rates of adolescent motherhood that greatly affected the social-economic status of the mothers. Social-economic status (SES) refers to an individual's

possession of normatively valued social and economic resources (Antonoplis, 2022). In context of this study, SES is a person's combined total measure of their social and economic position in relation to others basing on aspects like education, health, incomes, power, resources etc. (Worthy et al., 2020). This study focused on how adolescent motherhood affected its bearer's' social economic status with a special focus to their education, health, and access to resources.

Education plays a key role in the life of adolescent mothers because it increases their self-efficiency, literacy levels, and economic capacities and opportunities that uplifts social-economic status (Renier, 2022). Masuda and Yamuachi (2020) add that education improves on the reproductive and health outcomes of adolescent mothers. Health as defined by WHO (2006) refers to a state of complete physical, mental and social wellbeing and not just an absence of a disease. Farbio (2018) has however modified this definition by WHO as one's capacity to react to all kinds of environmental events by having all the desired emotional, cognitive, behavioral responses and avoiding the undesired ones. Good health steers social-economic status and national development through enhancing productive lives (Kindi (2021). Lastly, resources as used in this study meant anything that had utility and added value to one's life e.g., money, food, clothing, shelter and land. Thus, access to resources as used in this study meant adolescent mothers' ability to use and benefit from things within their environment that have utility and add value to their lives. This is because access to resources increases one's decision-making capacity, provide financial freedom, eliminate debt and most importantly meet their own needs and those of their family (Phillips et al., 2019). Therefore, adolescent motherhood may have several experienced effects on the bearer's social-economic status through its effects on their education, health, and access to resources (WHO, 2022).

### ***1.1.4 Contextual Background***

Statistics of Kiryandongo General Hospital (2022) reflect that Kiryandongo district has had a fluctuating rate in adolescent motherhood over the years from 2018 to date; (4298 in 2018; 4,263 in 2019; 1880 in 2020; 2,503 in 2021 and 1,735 by November 2022). There are, however, no records that explain the causes of this fluctuation. In Mutunda Sub-County, Kiryandongo District, a cumulative figure of 3,372 adolescent mothers has been recorded since 2018 (2018: 964, 2019: 858, 2020: 441, 2021: 667, and 2022: 422). These statistics are a great threat to the socio-economic status of adolescent mothers there. The Non-Governmental Organizations operating in Mutunda Sub-County have promoted programs that focus on child protection, sexuality education in schools and communities, and sensitizing parents on the value of educating adolescent mothers and the uptake of modern contraceptives to avoid unwanted adolescent pregnancies (Kiryandongo, 2022). Also, guidelines have been developed and disseminated by the Ministry of Education and Sports (MoES) in Uganda for the prevention and management of adolescent pregnancies in school settings and policies on a safe learning environment to enable the re-entry of adolescent mothers into school (MoES, 2020). Despite all these interventions, adolescent motherhood continues to be a threat to the social economic status of the bearer's thus the need to conduct this study and explore how adolescent motherhood has affected its bearer's social economic status in Mutunda Sub-County, Kiryandongo district of Uganda.

### **1.2 Statement of the Problem**

Worldwide, one is considered an adult at the age of 18 years. In Uganda all persons below the age of 18 are not supposed to become pregnant but rather be in school as provided by the various legal provisions. These provisions include protection of children and enhancement of their rights to education and health to enable them to enjoy a prosperous future, health, and

access to resources. For example, Education for All Declaration (EFA, 1990), the Universal Primary Education policy (UPE, 1997), the Sustainable Development Goals (SDG 1: No poverty; SDG 3: Good health and well-being; and SDG 4: Quality education), and the Convention on the Rights of the Child (CRC, 1990). Article 30 of the The Constitution of the Republic of Uganda (1995) further highlights the right to education and that all Ugandans must enjoy equal rights, opportunities and access to education without any form of discrimination, The National Development Plan III (NDP, 2020-2025) with a niche to increase household incomes and quality of life of Ugandans through economic growth and social transformation. Despite the existence of the above legal provisions and policies to protect and enhance the lives of adolescent girls, adolescent motherhood is a persisting phenomenon in Mutunda Sub-County, Kiryandongo district. Kiryandongo General Hospital (2022) has recorded a cumulative figure of 3372 adolescent mothers in Mutunda Sub-County between 2018 and 2022 (2018: 964, 2019: 858, 2020: 441, 2021: 667, and 2022: 422). These high rates may have high potential effects on adolescent mothers' education, health and access to resources and yet it is not captured in scholarly work. Several initiatives have been put up to curb adolescent motherhood in Mutunda sub-county e.g. NGOs like Windle International Uganda (WIU), Save the children, UNICEF, Masindi Child Development Federation (MACDEF), have rolled out programs that focus on child protection, sex education in schools and communities, and sensitizing parents on the value of educating adolescent mothers and the uptake of modern contraceptives to avoid unwanted adolescent pregnancies (Kiryandongo, 2022). Also, through the District Education department, all schools in Mutunda sub-county and the rest of the sub counties in the district have been urged to implement the guidelines that were developed and disseminated by the Ministry of Education and Sports (MoES) in bid to not only prevent and manage adolescent pregnancies in school settings but also enhance adolescent mothers' school re-entry (MoES, 2020). However, despite all the aforementioned interventions, adolescent motherhood is still

prevalent and has negatively affected the education outcomes of the mothers, led to poor health outcomes and limited their access to resources thus the need to carry out this study and explore further the numerous lived experienced effects of adolescent motherhood on the bearers social economic status in Mutunda sub-county, Kiryandongo district, Uganda thus the dire need to carry out this study.

### **1.3 Purpose of the Study**

This study's purpose was to explore the experienced effects of adolescent motherhood on the bearer's social-economic status in Mutunda Sub-County, Kiryandongo District, Uganda.

### **1.4 Objectives of the Study**

- i. To explore the experienced effects of adolescent motherhood on the bearer's education in Mutunda Sub-County, Kiryandongo District, Uganda.
- ii. To examine the experienced effects of adolescent motherhood on the bearer's health in Mutunda Sub-County, Kiryandongo District, Uganda.
- iii. To examine the experienced effects of adolescent motherhood on the bearer's access to resources in Mutunda Sub-County, Kiryandongo District, Uganda.

### **1.5 Research Questions**

- i. What are the experienced effects of adolescent motherhood on the bearers' education in Mutunda Sub-County, Kiryandongo district, Uganda?
- ii. What are the experienced effects of adolescent motherhood on the bearers' health in Mutunda Sub-County, Kiryandongo district, Uganda?
- iii. What are the experienced effects of adolescent motherhood on the bearer's access to resources in Mutunda Sub-County, Kiryandongo district of Uganda?

## **1.6 Significance of the Study**

**To the Education Sector:** The Ministry of Education and Sports, may adopt the findings and recommendations of this research to redesign policies, and lay strategies on how best to implement the already designed school re-entry policies for adolescent mothers so that their education rights are enhanced.

**To the Health Sector:** The Ministry of Health and Civil Society Organizations may use the findings and recommendations from this study to design adolescent friendly health and reproductive health services to enhance their health and well-being.

**To NGOs, Governments:** They may adopt the recommendations and findings from this study to come up with locally feasible and innovative programmes, policies to uplift the income and economic status of adolescent mothers. These may include trainings on economic empowerment to uplift their incomes levels and increase their access to resources like food, money, and clothing.

**To Academia:** This study will also contribute to the body of knowledge in the fields of social sciences, education, and health-related fields. Since there is little scholarly work on adolescent motherhood in the above-mentioned fields, the findings from this study will spur further discussion on adolescent mothers and social economic status.

## **1.7 Scope of the Study**

The scope of the study included its content, geographical scope, and time scope.

### ***1.7.1 Content Scope***

This study explored the experienced effects of adolescent motherhood on bearer's social-economic status in Mutunda Sub-County, Kiryandongo District of Uganda. The study

examined how adolescent motherhood affected the education, health, and access to resources of adolescent mothers.

### ***1.7.2 Geographical Scope***

This study was conducted in Mutunda Sub-County of Kiryandongo District, Uganda. Mutunda Sub-County is located in the Midwestern region. Mutunda sub-county is one of the four sub-counties found in Kiryandongo District and covers an area of 638.6 km<sup>2</sup>. Mutunda Sub-County has five parishes and 77 villages (LCMT, 2022), with a population of 74,400 people (UBOS, 2020). Mutunda Sub-County was ranked second in the district as one of the Sub-Counties with the highest numbers of adolescent mothers with the following figures and respective years: 964 in 2018; 858 in 2019; 441 in 2020; 667 in 2021; and 442 in 2022 (Primary data: Kiryandongo General Hospital, 2022). These rates were very high for a sub county for they lowered social economic status and retarded development

### ***1.7.3 Time Scope***

The study investigated adolescent mothers for the periods 2018 and 2022 in Mutunda Sub-County, Uganda. This time was sufficient to examine enough to explore the experienced effect of child birth among adolescent girls marked with 964 births in 2018 and 442 births in 2022.

## **1.8 Limitations of the Study**

This study used an interview method to collect data. The method was prone to bias and created unwillingness of participants to participate in the study due to the sensitivity of adolescent motherhood. The researcher assured adolescent mothers that the study was purely meant for academic purposes and that it would not have any effect on them. There was also the problem of language barrier. Participants had challenges speaking or understanding English since they were of the Alur dialect. The researcher could not speak nor translate it in the native language. The researcher sought services of a translator.

## **1.9 Organization of the Study**

This research report is structured as follows:

Chapter one provides the research background, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, scope of the study, limitations of the study, and organization of the study. Chapter two presents a theoretical review of the study, focusing on the Transitions Theory by Chick and Meleis (1986). The chapter further presents details of the various scholarly empirical literature reviewed in line with the concepts of; education, health, and access to resources. This chapter is summarized with summary of literature reviewed and gaps identified. Chapter three of this study presents the methodology that was be used in the study. It shows the research design, research approach, sample size, data collection methods, data processing, analysis, and data quality methods and ethical considerations for the study. Chapter four of this study illustrates data presentation, findings and a discussion. Data in this chapter was analyzed thematically and is presented in order of the research objectives. Chapter five gives a summary, conclusion and recommendations of the study.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter presents a theoretical and empirical review of relevant literature for the study.

#### 2.1 Theoretical Review

##### *2.1.1 Transitions Theory*

The transitions theory is a middle range theory that was developed by Chick and Meleis in 1986, and it proposes properties for transition and possible relationships during transition. Chick and Meleis (1986) conceptualized the term transition as a passage from one life phase, condition, or status to another by emphasizing process, time span and perception. The theorists explain that process deals with phases and sequences during transition, time span is about an ongoing but out bounded phenomenon and perception deals with the meaning of the transition to the person experiencing it (Chick & Meleis, 1986). Therefore, the theory was developed based on properties of process, awareness, engagement, perception, and dimensions on which the core assumptions of the theory were drawn.

The theory advanced that transition is a process that does not occur simultaneously but rather gradually (Chick & Meleis, 1986). The theory stipulates that whether the events that lead to the transition are anticipated or not, there is a sense of movement, development or flow associated with it. In context of this study, the process of transition in the life of an adolescent mother starts with pregnancy that lasts 9 months, delivery, post-partum (first six weeks after delivery) and personal identity (Javadie et al., 2016). Mercer (2004) describes the above process as maternal role attainment and each of these changes has a unique way it impacts a mother. Additionally, Simone (2020) has elaborated that the post-partum period, which is the

first six weeks of an adolescent mother after childbirth, usually affects the self-esteem of adolescent mothers because of the societal judgment and perceptions that worry them. Other scholars like Zanch (2019) have acknowledged that this transition has prompted living in denial. Sharpe (2015) has also used transitions theory to explain the journey of motherhood and he perceives transition in adolescent mothers as a process that starts later after having a baby, and this is attributed to the fact that many are still young and immature to cope with their new responsibilities. This can be incorporated with the works of Thongmixay et al. (2023), who have confirmed that childcare is a great challenge to adolescent mothers because they lack the relevant knowledge on childcare and are also constrained by low incomes.

The theory further advances that for transition to take place, individuals, experiencing the transition must be aware of the changes they are experiencing and have an understanding of the implications the change has caused them (Chick & Meleis, 1986). Thus, adolescent mothers experiencing transition must be aware of the changes they are experiencing and the likely perceived implications. The theorists explain that in the event that the person experiencing transition is not aware of the changes and implications associated, barriers to awareness must be removed (Chick & Meleis, 1986). Some adolescent mothers may not be aware and prepared for the various needs, demands and implications motherhood comes with, and this may call for extra help and support from parents, guardians, and friends to support them through this transition to motherhood. Chick and Meleis (1986) further elucidate that the level of awareness in an individual highly influences one's level of engagement in the social and economic spheres of life, which are not limited to education, health, and the economy. The level of engagement varies from person to person due to information asymmetry and access issues. According to Chick and Meleis (1986), the level of engagement of an adolescent mother who is aware of her physical, social, environmental, and emotional changes is not the same as that of one who is totally unaware of anything.

Another important assumption advanced by Chick and Meleis (1986) is that transition is not experienced uniformly so it varies from person to person even when some circumstances like first time parenting are similar. The theorists further add that transition has a general structure that is constituted by three non-discrete phases i.e. entry, passage and exit. The theory emphasizes the importance of exploring and describing the various effects of the change imposed in the lives of individuals and also determining the magnitude of the perceived effects, whether they are long-term or short-term. Chick and Meleis (1986) confirm that transition increases vulnerability to health hazards and risks to individuals experiencing transition. Adolescent motherhood comes with a number of health challenges, like mental illness (Medina et al., 2019), increased exposure to sexually transmitted infections (Gebrekristos et al., 2020), and physical weakness that result from the intra-perinatal tears and scissors during child delivery (Homer & Wilson, 2018).

Transitions theory has been used by a number of scholars like Erfina et al. (2019) and Zhan et al (2022). Erfina et al. (2019) has used the theory to come up with an integrative review of adolescent mothers' experiences during transition to motherhood which include physical challenges during childbirth, psychological challenges and childcare burdens which in the end have a strain on their education and economic attainments. Furthermore, Erfina et al. (2019) asserted that transition increases health challenges both during pregnancy, childbirth and breastfeeding. Zhan et al (2022) has used the theory to explain the events that occur in human life due to natural and biological changes by focusing on adolescent development, marriage, childbirth, and motherhood. However, Zhan et al. (2022) have critiqued this theory as being a limited middle-level theory that has not undergone any more reviews since 2000. They argue that the theory was developed by Meleis and Chick to mostly apply to nursing fields, yet it can actually be applied even to social sciences, just like in this study.

This study adopts the manifestation that transition resulting from pregnancy or birth may lead to health-related consequences that may result into changes in both health seeking behavior and utilization of health services (Chick & Meleis, 1986) This study will adopt the transitions theory because adolescent motherhood is a personal phenomenon that affects every adolescent differently. Therefore, this study will use the theory to understand and explore the numerous experienced effects of adolescent motherhood on the bearer's in their transition to motherhood with special interest to their education and health.

## **2.2 Empirical Literature Review**

This section presents an empirical review of the various literature reviewed in relation to the experienced effects of adolescent motherhood on the bearers education, health and access to resources.

### ***2.2.1 Experienced Effects of Adolescent Motherhood on the bearers Education***

A recent study in Oyam district, Uganda on adolescent pregnancy and educational attainment of female learners in Iceme Sub-County, Northern Uganda revealed that adolescent mothers that conceived while in school were expelled and as a result they dropped out of school (Alyai et al., 2023). Earlier findings by Okwany and Kamusiime (2017) assert that adolescent motherhood contributes to 59% of all school dropouts in Uganda, thus excluding them from their right to education. Adolescent motherhood has been cited as the core reason for girl's failure to complete school, and Kabonesa (2021) notes that, much as there has been a high completion rate of school by both boys and girls, this rate has not gone above 90%. In Uganda, 77.7% and 82% of both primary and secondary school girls respectively fell prey to sexual harassment in 2021 (Kebirungi, 2021), and 860 adolescent girls were victims of sexual violence in the first six months of COVID-19 as compared to 593 before COVID-19, and this was attributed to school closures and quarantines. This situation had tremendous effects on

education, with marked school dropout rates, poor grades, poor health, and high poverty levels (Wilberg, 2021).

Diana and Matias (2014) assert that young adolescent mothers often drop out of school, reducing their future educational outcomes like school completion and practice. The authors observed that only 31% of adolescent mothers were able to graduate from high school, and a total of 49% of adolescent mothers were less likely to continue with post-secondary education. Similarly, Lubaale (2020) demonstrates that there are more boys graduating from universities than girls, implying that school dropout rates are high for girls. For example, according to Kyambogo University records of 2018, there was variation in student graduates (53.8% males and 46.2% females), where the female drop out was attributed to pregnancy, poverty, and other responsibilities associated with child upbringing (Lubaale, 2020). The World Bank (2019) has explained that adolescent motherhood excludes adolescent mothers from education, thereby describing adolescent motherhood as an undesirable situation that reduces their opportunities to realize their full potential. In 2016, the Government of Uganda introduced the National Sexuality Framework into the curriculums as a way of preventing adolescent pregnancies and sexuality education was introduced into pre-primary, primary, and secondary schools. Vuamaiku et al. (2023) has however reported that the implementation of sexuality education has faced criticism and opposition from various stakeholders who do not believe in discussing sex with children.

Aguilo (2022), in his recent study "A sociological approach to adolescent pregnancy in the low-income population of Gran Mendoza, Argentina," found out that not all adolescent mothers feel bad about their situation; others are happy about their motherhood status because it gives them an identity and strengthens their self-representation as women in society. Adolescent motherhood affects not only the educational attainments of the adolescent mothers but even those of their children. Earlier findings by Stanfors and Scott (2013) affirm that

children of adolescent mothers have achieved low educational attainment because of limited support from their mothers due to the very disadvantaged socio-economic conditions in which they are raised that do not allow adolescent mothers the chance to provide scholastic materials, pay school fees, and offer any other support needed for their wellbeing at school.

It is also important to note that many schools in Uganda have in-effective school re-entry policies and guidelines, while other policies issued by the Ministry of Education and Sports, like the Accelerated Education Programmes, have not been implemented (Nyakato et al., 2022). Additionally, the perception that pregnant girls are considered bad influences has further deterred them from resuming their studies. This has led to the expulsion of many adolescent mothers, denying them the opportunity to successfully complete school or continue. Nyakato et al. (2022) further explain that adolescent motherhood comes with a lot of responsibilities, right from babysitting the baby to caring about the health of the child, and these childcare burdens are a big obstacle to the education of adolescent mothers in southwestern Uganda. Therefore, the ripple effect of adolescent motherhood perpetuates the inequalities that women and girls face in rural areas related to education, and this negatively impacts the attainment of fair educational outcomes, which leads to a vicious cycle of poverty and women's disempowerment.

### ***2.2.2 Experienced Effects of Adolescent Motherhood on Health***

Adolescent motherhood comes with adverse effects on the health development of both the adolescent mothers and their children (Islam et al., 2017). Adolescent motherhood compromises the mental health and well-being of adolescent mothers. The bearers in West Nile part of Uganda have explained that adolescent motherhood creates shame, fear, insecurity, and frustration (Pifua, 2022). Additionally, a cross sectional study carried out in Maiduguri Nigeria

reveals that adolescent motherhood exposes mothers to fistula, post-partum hemorrhage, sexually transmitted infections, and low birth weight for the babies (Oyeyemi et al., 2019).

A recent study carried out in Ghana by Ababio et al. (2022) disclosed that many adolescent mothers live regretful lives due to the many responsibilities that are coined in motherhood thus limiting them from seeking medical treatment for themselves and their children thus resulting into depression and stress. Their assertion is similar to that of Medina et al. (2019) where childcare burdens, responsibilities, financial obligations, and rejection by families, friends and spouses causes stress among adolescent mothers. All the above authors point out that those childcare burdens and responsibilities, stigma by adolescent mothers highly contributes to stress and poor health outcomes. However, a previous study by Yargawa and Leonardi (2015) on male involvement and maternal outcomes revealed that the involvement of men (fathers to the children of adolescent mothers) during pregnancy and post-partum increased the uptake of maternal health services, reduced child care burdens and stress, and thus led to improved maternal health outcomes for adolescent mothers. Adolescent motherhood also leads to post-traumatic stress disorder (PTSD), which is common, especially after childbirth, and if not well taken care of, could result in a mother committing suicide (Vahidi et al., 2023).

Repeat pregnancies are at 19.9% in South Africa, 20% in Thailand, 17.3% in Germany, and 18.3% in the USA (Govender et al., 2019). In the Teso region of Uganda, 30.81% (Mulalu et al., 2022) of adolescent mothers have experienced a repeat pregnancy, which is associated with poor health outcomes for both the mother and child (Amongin et al., 2021). Makula (2021) explains that extreme household poverty, lack of sanitary pads, alcohol use, and limited access to reproductive health services are the leading causes of adolescent repeat pregnancy in Uganda. The strategic focus area 5 of the National Strategy 2022–2026–2027 has been designed to End Child Marriage and Teenage Pregnancy (UNICEF, 2022). The strategy also

aims at increasing access, uptake, and utilization of reproductive health services (Kitunzi, 2022). However, adolescent mothers continue to face increased HIV/AIDS exposure as a result of repeat pregnancies by 36.9% (Govender et al., 2019). There is no scholarly work or findings on how this affects their health and income outcomes in Mutunda Sub-County.

Acquisition of sexually transmitted infections (STIs) like HIV/AIDS, candida, and gonorrhea can occur as a result of adolescent motherhood, and they are most common post-partum (Moodley et al., 2020; Oyeyemi et al., 2019). These STIs are spread predominantly through unprotected sexual contact and Kayemba et al. (2023) asserts that adolescent mothers easily acquire STIs because they do not have adequate knowledge and information about sexual reproductive health and other health related literacy. The World Health Organization affirms that STIs can also be transmitted during pregnancy, childbirth, breastfeeding, and through infected blood or blood products, which becomes risky for adolescent mothers because they increase their risk for HIV/AIDS, neurological and cardiovascular disease, infertility, ectopic pregnancy, and stillbirths, thereby affecting their quality of life (WHO, 2020).

Findings by Homer & Wilson (2018) indicate that 70% of women during vaginal delivery endure a perineal trauma that requires stitching, especially when it is a first-time pregnancy, and there is limited antenatal care for overweight babies. Failure to properly manage intrapartum perineal trauma results in hemorrhage and puerperal sepsis. Mujjasi (2017) asserts that 70% of adolescent mother's experience perineal trauma, partly due to their poor socioeconomic status. In Ghana, 12 million girls aged 15–19 years and 777,000 girls under 15 years of age give birth annually, and 90% of all adolescent deliveries in Ghana are associated with perineal trauma, which is higher than the recommended 10% by the World Health Organization for all vaginal deliveries (Homer & Wilson, 2018). A retrospective and descriptive study, conducted in Child and mother hospital SOS Kara, Togo from January 2018 to December 2021 disclosed that 26 % of mothers suffered post-partum tear of the perineum

while 19% had narrow pelvis and this was cited as the major complication experienced after delivery (Logbo-akey et al., 2023). In Uganda, perineal tears are, mostly associated with fetal weights above 3.5 kg and long hours of labor (more than 8 hours) (Kafunjo et al., 2021).

Yussif et al. (2017) further explain that adolescent motherhood exposes the mother to giving birth by cesarean section, which affects her health. A cesarean section (CS) is a surgical procedure done to deliver babies by performing an incision on the mother's abdomen to reduce the complications that may arise from vaginal delivery. CS is recommended by WHO (2000) in circumstances where the mother has high blood pressure, prolonged labor, small pelvic bones, or any other endometrial diseases that do not support vaginal birth. Pregnancies by adolescent mothers in Brazil have an 80% chance of being delivered by CS (Eriksen & Melamed, 2016; WHO, 2022). Writings by Rosa and Gandolfo (2019) indicate that adolescent motherhood exposes adolescent mothers to a series of complications as a result of the CS, like pre- and post-procedural conditions 30 days after delivery, and in some cases, complications may surface after later years. There are about 14.5% complications associated with CS in the lives of adolescent mothers, and they include, wound infections, uterine rupture, anemia, etc.

### ***2.2.3 Access to Resources by Adolescent Mothers***

Toska et al. (2020) explain that adolescent motherhood not only lowers the social and economic status of adolescent mothers but also reduces their household incomes and economic opportunities thus increasing poverty levels in the communities. Similarly, Aguilo (2022) asserts that adolescent motherhood lowers the chances of employment, which has contributed to the intergenerational cycles of poverty. Poverty is a situation in which a person does not have enough money to meet his basic needs of life like food, shelter, clothing, and health, and it also varies from person to person (United Nations, 2020).

Adolescent motherhood makes it difficult for the bearer's to buy food for their children, cloths, cater for the children's school fees and medical bills of their children (Ababio et al., 2022). In addition, limited access to finances makes it difficult for the bearer's to access nutritional food and make a choice on the type of food to eat and feed their children. The authors above explain that adolescent mothers depend on the food given to them by people of good will and this not only worsens their nutritional outcomes but also health risks especially when men who donate the food in return want to have sex with them. A similar assertion by UNFPA (2022) in the State of the World Population 2022 report indicates that due to poverty and low incomes, adolescent mothers are not able to say no to sex or to make a choice in their reproductive lives. Low incomes limit their choices for accessing better health services for themselves and their babies. Dutta et al. (2022) explains that lack of family and partner support towards adolescent mothers affects their decision making power thus making motherhood a great challenge and problematic to them. Ngum Chi Watts (2015) had earlier explained that adolescent mothers receive very little or no financial support at all from the fathers of their children, which is a direct implication that the adolescent mothers carry the burden of financially fending for and providing for their children. All the above assertions are confirmed by Anena (2021), who believes that patriarchy increases on adolescent mothers' dependency on those who have more economic opportunities, power, resources, and influence, leaving their survival to the mercy of those in more advantaged positions.

However, Anwar and Stanistreet (2015) believe that such situations have woken up many women and adolescent mothers, and many have instead embraced the effects of adolescent motherhood positively and become more self-resilient and hardworking. NGOs like SOUL Foundation, BRAC Uganda, and Phoebe Education Fund for Orphans and Vulnerable Children (PEFO, 2017) have continuously come up with income-generating projects to equip adolescent mothers with skills, financial literacy, and spearheaded back-to-school campaigns

for adolescent mothers. Since adolescent mothers have fewer chances of school completion, adolescent motherhood reduces their chances of getting employed in professional jobs (UNFPA, 2021; UNICEF, 2022). Adolescent motherhood also increases the cost of living, thus reducing the marginal propensity to save and invest. An adolescent mother has to spend more on covering their health costs, food costs, rent, clothing, and renting agricultural farms. According to UNICEF (2022), an adolescent mother spends \$280 annually on medical bills and \$8 per hospital visit, which is about 30,000 shillings. This fee is a lot for an unemployed adolescent trying to make ends meet and for her baby to survive.

Adolescent motherhood pushes adolescent mothers into the act of practicing transactional sex just to earn some money. They engage in transactional sex because they want to earn extra income to take care of themselves and their families. Frade and Akinyemi (2018) describe transactional sex as a practice in which adolescent mothers exchange sex for money or other goods. Transactional sex is the most unsafe sex for adolescent mothers because it does not give them the chance to negotiate for condom use and safe sex, which instead exposes them to high risks of acquiring sexually transmitted infections like HIV/AIDS. Additionally, adolescent motherhood may be a barrier to the bearer's access to sexual reproductive health services and this is attributed to the negative attitudes of the health workers towards them (Letaru, 2023).

## **2.5 Summary of Literature and Research Gaps**

Objective one of this study focused on exploring the experienced effects of adolescent motherhood on the bearer's education. It has identified that adolescent motherhood contributes to 59% of school dropouts, only 31% of adolescent mothers can graduate from high school, while 49% are less likely to continue with post-secondary (Okwany & Kamusime, 2017). Childcare burdens have been identified by Nyakato et al., (2022) as the greatest

hindrance to adolescent mothers' continuity in school after childbirth, and the educational attainment of children is affected. There is still an existing gap in exploring the experienced effects of adolescent motherhood on the education of its bearer's in Mutunda Sub-County, Kiryandongo district of Uganda. Geographically, similar studies have been carried out in Northern and Southwestern Uganda but none has been carried out in Mutunda Sub-County, Kiryandongo District. Additionally, studies have been carried out in Southwestern Uganda and other countries like South Africa to assess the implementation of school re-entry programmes for adolescent mothers thus leaving a gap for Mutunda sub-county with un-answered questions of why the school re-entry has not been fully implemented. Also, there is no recent literature that categorically gives an estimate of school dropout rates by adolescent mothers in Mutunda sub-county. Existing literature and findings by scholars like Okwany and Kamusiime (2017) did not give a breakdown of these adolescent mother school dropout rates per district/Sub County including those of Mutunda Sub-County. There is no scholarly work that has been done in Mutunda sub-county to ascertain the fate of adolescent mothers' education and establish reasons why many do not return to school thus the need for this study.

An empirical literature review for objective two that examined the experienced effects of adolescent motherhood on its bearer's health revealed that repeat pregnancies are common among adolescent mothers in the Teso region (30.81%), as illustrated by Mulalu et al. (2022), but little is known about how this affects the health outcomes the adolescent mothers. Also, adolescent motherhood comes with perineal complications experienced during birth and post-partum (Logbo-akey at al., 2023). Additionally, there is no scholarly work related to programmes that target the enhancement of adolescent-friendly sexual reproductive health services, yet many adolescent mothers elsewhere in the world continue to face stigma. The study identifies a methodological gap especially in the research designs. Previous studies on adolescent motherhood have adopted case control study (Sultana, 2021), Longitudinal study

(Sharpe, 2015), explorative and cross-sectional study designs and none focused on the use of phenomenological study design and yet it is the most suitable for getting the perceptions and lived experiences of adolescent mothers thus the need for this study.

Objective three that examined the experiment effects of adolescent motherhood on its bearer's access to resources highlights that adolescent motherhood reduces the economic opportunities and household incomes of adolescent mothers (Toska et al., 2022). Since adolescent mothers receive little or no support from the fathers of their children, some have instead become more self-reliant, less dependent, and more hardworking to fend for their families. No previous studies have focused in Mutunda Sub-County to investigate the experienced effects of adolescent motherhood on the bearer's access to resources in Mutunda Sub-County, Kiryandongo district of Uganda thus the dire need to have this study done.

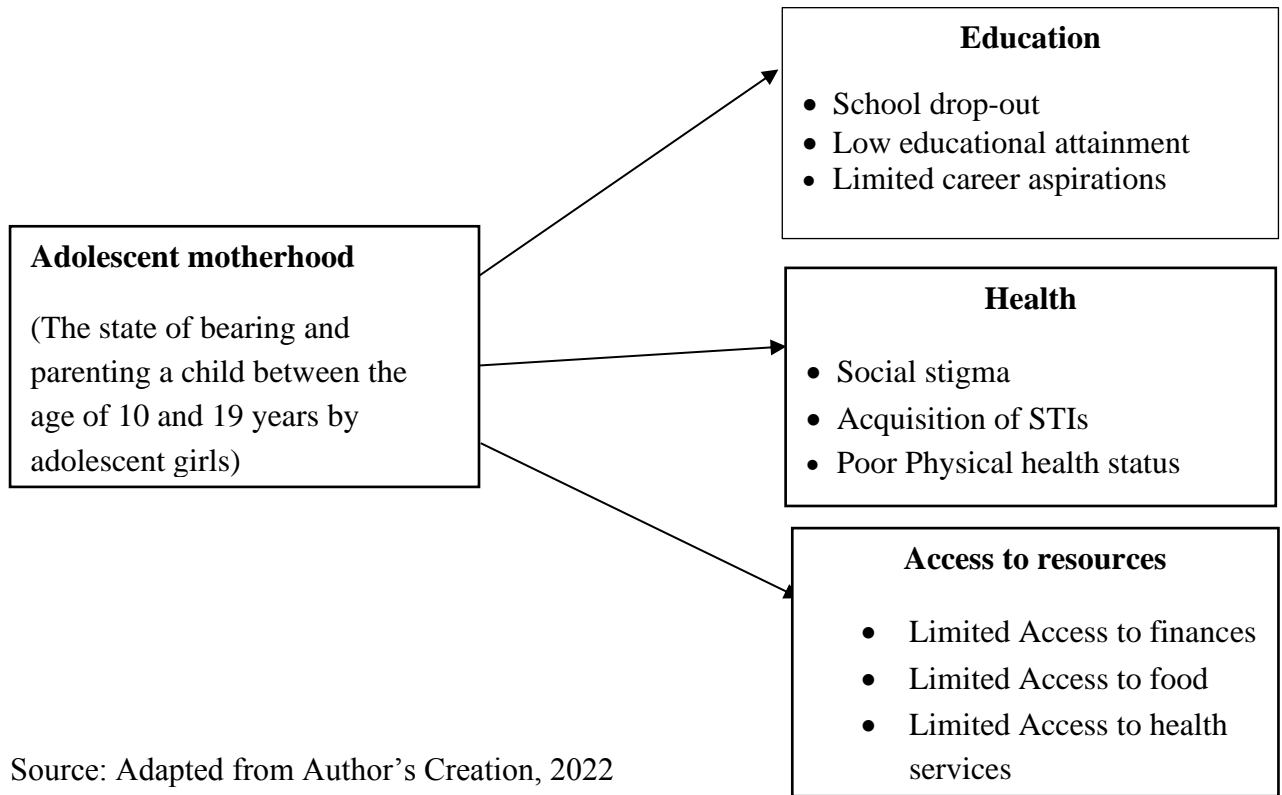
## **2.6 Conceptual Framework**

Fig. 2.1 shows a conceptual framework of the study clearly relating Adolescent motherhood and the experienced effects on the bearer's social economic status. The figure illustrates the relationship between adolescent motherhood and the experienced effects on the bearers' education, health and access to resources. Adolescent motherhood led to school dropout, low educational attainment and limited career aspirations among adolescent mothers. Furthermore, adolescent motherhood had negatively affected the health outcomes of the bearers coupled by social stigma, poor physical health and acquisition of sexually transmitted infections. To crown it all, adolescent mothers' experienced limited access to finances, food and health services. Therefore, Fig. 2.1 beneath illustrates the interrelationship between adolescent motherhood and concepts of education, health and access to resources.

## Adolescent Motherhood

## Experienced Effects on the Bearer's

### Social Economic status



Source: Adapted from Author's Creation, 2022

**Figure 2. 1: Conceptual Framework**

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter presents the research design, research approach, the study population, sampling techniques, data collection methods and tools, the process of data collection, data quality methods, data processing and analysis, and ethical considerations.

#### **3.1 Research Approach**

The study used qualitative research approach where adolescent motherhood and its experienced effects on their social economic status as a phenomenon were studied, described, and interpreted from the adolescent mother's lived experiences (Kebirungi et al., 2023). The study used the interview method of data collection which enabled the researcher to get in-depth data from respondents lived and observed experiences. Interview method was the best research method that would explore the experiences, beliefs and perceptions of adolescent mothers through allowing them to verbally express themselves (Islam & Aldaihani (2022). Semi-structured interview with open ended questions for data collection were developed and utilized.

#### **3.2 Research Design**

The study used a phenomenological qualitative research design. This research design focused on capturing rich descriptions of adolescent motherhood. The researcher used interviewing method to gather information about adolescent mothers' beliefs, perceptions, feelings experiences and convictions towards the experienced effects of adolescent motherhood regarding their education, health and access to resources (Ataro, 2020; Heotis, 2020).

### **3.3 Study Population**

#### ***3.3.1 Target Population***

This study targeted adolescent mothers in Kiryandongo district with a total of 14, 679 adolescent mothers (Kiryandongo General Hospital Database, 2022). A total of which 3372 adolescent mothers from Mutunda Sub-County constituted the sample population of this study.

### **3.4 Sample Size and Sampling Techniques**

#### ***3.4.1 Sample Size***

A sample size for this study was 24 adolescent mothers. Hennink and Kaiser (2022) explained that any sample size between 5 and 24 respondents in qualitative studies, was sufficient for the study to reach data saturation. 24 adolescent mothers aged 19 years and below were preferred because they were the ones facing social economic challenges related to motherhood and were the right choice to provide credible information towards the study. More information was obtained from eight (8) key informants who provided in-depth, insightful and detailed information towards the study. These included; 2 (two) Head Teachers, 1 (one) Community Development Officer (CDO), the In-charge Mutunda Health Centre II, one Midwife, Parish Chief, Chairperson Local Council I, and Secretary for Women Affairs

#### ***3.5.2 Sampling Techniques***

This study used snowball sampling technique to identify adolescent mothers who became pregnant while in school as an inclusion criterion. Adolescent mothers who became mothers when they were already out school did not qualify for the study. Snowball sampling technique was used. This technique enabled participants in the study to provide referrals to other adolescent mothers who gave similar information about the study (Julia, 2022). The fact that adolescent motherhood was perceived as undesirable situation with stigma associated with it

in the community, snowball sampling was preferred due to its ability that enabled the researcher to start with known adolescent mothers who later helped in the identification of others. (Lubaale & Kebirungi, 2022). The study also used purposive sampling to identify 8 (eight) key informants. Key informants provided in-depth and detailed information about adolescent motherhood (Obilor, 2023).

### **3.6. Data Collection Instruments**

#### ***3.6.1 Interview Guide for Adolescent Mothers***

The study used a semi-structured interview guide with open ended questions to collect data from 24 adolescent mothers. The guide gave room for follow-up questions to better understand the phenomenon- adolescent motherhood (Roulston & Choi, 2018). Islam and Aldaihani (2022), also elaborate that semi-structured interview guide with open ended questions gives room for flexibility and an in-depth understanding of the phenomenon.

#### ***3.6.2 Interview Guide for Key Informant Interviews***

A Key Informant Interview (KII) guide was developed to collect data from 8 (eight) key informant respondents namely: 2 (two) Head Teachers, 1 (one) Community Development Officer (CDO) the In-charge Mutunda Health Centre II, one Midwife, Parish Chief, Chairperson Local Council I, and Secretary for Women Affairs. KIIs were important because they provided valuable knowledge due to their status and expertise about the study participants and the area of study (Lokot, 2021).

### **3.7 Procedure for Data Collection**

After the approval of Academic Supervisors and the Directorate of Research and Graduate Training at Kyambogo University, the researcher was granted an introductory letter to take to the field. The researcher introduced herself and the objectives of the study to the Local Council

Chairpersons (I & III) and the parish chief in Mutunda Sub-County who gave her the permission to collect data in Mutunda Sub-County. The researcher conducted interviews with 24 adolescent mothers, who were the primary respondents for the study and 8 key informant interviews (secondary respondents).

### **3.8 Data Quality**

#### ***3.8.1 Truth Value***

The researcher accurately and clearly presented the participants' perspectives through reflection, where the researcher looked back and analysed issues again to ensure that there was no bias (Daniel, 2019). The recorded interviews were revisited by the researcher so that the participants' accounts and perspectives were maintained.

#### ***3.8.2 Trustworthiness***

This involved coming up with protocols and procedures for the study to be considered worthy of consideration by readers. This study was worthwhile as it contributed to the knowledge base in the social sciences.

#### ***3.8.3 Neutrality***

This was the degree to which the findings from the study reflected participants' views and not those of the researcher (Daniel, 2019). This was to ensure that the data and findings resulting from the study were not the researcher's imaginations but rather those from the data collected.

#### ***3.8.4 Credibility***

This was to establish whether the findings from this study would represent plausible information that was drawn from the participant's original data during interviews and a correct interpretation of their original views without any alterations or bias. It further established whether the findings were dependable, relevant and congruent (Daniel 2019).

## **3.9 Data Processing and Analysis**

### ***3.9.1 Data Processing***

Qualitative data was collected from the field using the interview guides and the Interviews were recorded verbatim. Data was transcribed, coded, interpreted, and presented. After the collection of the data, it was transcribed with the exact words and feelings expressed during the interviews. Every research question was assigned a theme, and codes were assigned to the various responses given. The results were later interpreted by critically looking at the content of the responses given under every theme and identifying similarities and contrasts in the various responses to a specific question. After interpretation, the researcher prepared a research report where she presented and discussed all the findings of the study, drew conclusions, and suggested recommendations.

### ***3.9.2 Data Analysis***

Islam and Alhadaini (2022) described data analysis as a process of making sense of data collected and examining patterns and themes in a data set through interpretation, identification and understanding of a phenomenon deeper. In simple terms, data analysis was a process for obtaining raw data and converting it into useful information for decision-making by users. This study used thematic analysis which was a method of qualitative data analysis where the researcher closely identified common themes, ideas, and patterns of meaning that came up during discussion (Caulfield, 2022). This method of data analysis was the most preferred because it brought out the participant's views, opinions, and experiences from a given set of qualitative data. During analysis, the researcher familiarized herself with the data, generated codes from the data generated themes from the codes, reviewed the themes, defined and named the themes, and finally presented the study findings.

### **3.10 Ethical Considerations**

This study was guided by Arifin's (2018) study on ethical considerations for qualitative studies. The first one was anonymity of the participants who were assured that their details like age, names, marital status, number of children and personal experiences was to be kept confidential and strictly used for purposes of this study. The participants were assigned numbers between A1 and A24 to ensure their anonymity. Secondly, written consent was obtained from adolescent mothers who were in the range of 18 and 19 years old. Where an adolescent mother was below the age 18 years old, written assent was obtained from her parents (Breaux & Smith, 2023). All the participants involved in this study participated voluntarily without being forced or put under pressure to provide information. It was also made clear to the participants that they were free to withdraw from, or leave, the study at any point without feeling an obligation to continue.

## **CHAPTER FOUR**

### **DATA PRESENTATION, FINDINGS AND DISCUSSION**

#### **4.0 Introduction**

This chapter presents the findings of the study. The aim of the study was to explore the experienced effects adolescent motherhood on the bearer's education, health and access to resources. The Specific objectives were to; explore the experienced effects of adolescent motherhood on the bearer's education; examine the experienced effects of adolescent motherhood on the bearers' health; and examine the experienced effects of adolescent motherhood on the bearer's access to resources in Mutunda Sub-County, Kiryandongo district of Uganda.

#### **4.1 Participant Demographics**

24(twenty-four) adolescent mothers (AM) participated in this study and only those that were enrolled in school at time of getting pregnant were considered for participation. To ensure anonymity of the participants, adolescent mothers were assigned numbers between A1 to A24 in order of the interviews. All the adolescent mothers the researcher interviewed, first experienced motherhood between the ages of 13 and 17 years old; 3(17 years), 9(16 years), 9(15 years), 2(14 years) and 1(13 years). By the time of this study, all the 24 AM were below the age of 19 years old i.e. 8 (18 years), 3(19 years), 6(17 years), 6(16 years) and 1(15 years). Of the 24 AM interviewed, 22 AM had one child while two AM had two children as illustrated in Table 4.1.

**Table 4. 1: Participant’s Demographics in Mutunda Sub-County, Kiryandongo District of Uganda**

<b>Participant ID</b>	<b>Current Age</b>	<b>Motherhood Age</b>	<b>Marital status</b>	<b>Number of children</b>	<b>Level of education</b>
A1	18	17	Married	1	Primary four
A2	18	17	Separated	1	Primary seven
A3	18	16	Married	1	Primary five
A4	19	16	Married	1	Primary five
A5	19	17	Never married	1	Primary seven
A6	16	15	Never married	1	Primary four
A7	17	15	Never married	1	Primary five
A8	16	15	Never married	1	Primary five
A9	19	16	Married	2	Primary four
A10	18	16	Married	1	Primary seven
A11	18	16	Separated	1	Primary five
A12	18	16	Never married	1	Senior four
A13	18	16	Never married	1	Primary six
A14	17	16	Never married	1	Primary seven
A15	17	15	Never married	1	Primary five
A16	15	13	Never married	1	Primary four
A17	16	15	Never married	1	Primary five
A18	16	15	Never married	1	Primary six
A19	17	15	Married	1	Primary five
A20	16	14	Separated	1	Primary four
A21	18	15	Never married	2	Senior two
A22	17	16	Never married	1	Primary six
A23	16	14	Never married	1	Senior one
A24	17	15	Never married	1	Primary five

*Source: Extracted from Primary Data 2023*

#### ***4.1.1 Marital Status of Participants***

The marital status was categorized into married, separated and never married

##### **4.1.1.1 Married**

Findings of this study revealed that 6 (six) participants were married and were living with the fathers of their children at the time the study was conducted. Participants got married immediately they realized they were pregnant and after delivery.

*I decided to get married to him because my grandmother could not afford taking care of me and my pregnancy, I had to move in with him. I gave birth from Katulikire Health Centre II and my son is now 2 years. My husband changed immediately we got married and he keeps beating me every now and then. **A10, Nyamahasa Parish, 5<sup>th</sup> August 2023.***

Another adolescent mother A19 recounts of how she got married after delivery;

*My husband, who is a boda-boda rider was 17 years old when I gave birth. Immediately after giving birth, my parents told me to go to my husband's house and that is how I ended up being married to him. **A19, Nyamahasa Parish, 12<sup>th</sup> August 2023.***

The assertions above imply that most of the adolescent mothers were married to fellow male adolescents and formed young families. They both became victims of early marriage and suffered domestic violence in their homes due to lack of provisioning. An interaction with the Local council one (LC1) chairperson revealed that some of the girls were married off because their families were unable to take care of them because of poverty. Marrying off AMs was used as a strategy for them

to have access to basic necessities like food. The LC1 chairperson further stated that the culture in the communities of Mutunda Sub- County perceived girls as a source of wealth. The community was not bothered whether the women sustained their marriages or separated from their husbands.

#### **4.1.1.2 Separated**

Findings of this study revealed that 3 (three) adolescent mothers had separated with their husbands (fathers of their children) and returned to their biological homes. The separation was due to poor living conditions and domestic violence as stated:

*My husband used to beat me every time he returned back home drunk and I could not bear it anymore thus returned to my parents' home. A11, Nyamahasa Parish, 5<sup>th</sup> August 2023.*

This implied that domestic violence was a common phenomenon for adolescent mothers although many preferred not to speak about it for fear of being judged. An interaction with the Secretary Women Affairs confirmed that the few adolescent mothers that opted for marriage did not stay in the marriage due to domestic violence suffering. Further revelations of the study indicated that the adolescent mothers got separated because their partners were not taking proper care of them. Another 18-year-old adolescent mother recounts how she first got married but later left the marriage because the man could not provide for her and the baby.

*When I got pregnant, my husband ran away with me to his village in Zombo district. Life was not very good and I was suffering because we could spend some days without food. When my baby became 6 months old, I returned to my parents' home. A2, Diima Parish, 2<sup>nd</sup> August 2023.*

The above situation implies that men lured adolescent mothers into marriage even when they were not able to properly take care of them. This condition was reported to have led to spousal separations due to hardships that sometimes caused socioeconomic, emotional and psychological trauma.

#### **4.1.1.3 Never Married**

Majority (15) of the adolescent mothers were never married, they lived at the homesteads of either their parents or guardian's majority of which were single female headed households. The creation of such households was due to non-provisioning of the household where the head of household (husband/ fathers) abandoned/ rejected or run away from his children for fear of being arrested.

17-year-old Adolescent mother A15 revealed in an interview that the father to her child denied the pregnancy and her parents rejected her as well.

*When I told him that I was pregnant, he denied the pregnancy. Even after I gave birth, he still said the baby is not his. He advised me to find a father for my child. He was the only boyfriend I had sex with, I wonder when he says that my son is not his biological child. A15, Diima Parish, 11<sup>th</sup> August 2023.*

*In my P7 vacation, our neighbor's son started luring me into loving him and he got me pregnant. When I told him, he ran away and went into hiding in Gulu where some of his mother's relatives live. My mother beat me for bringing shame to the family. A5, Nyamahasa Parish, 4<sup>th</sup> August 2023.*

*The father of my baby abandoned us and went to West Nile; he is there but has never sent me any kind of help. I am suffering now because he left us.*

**A6, Nyamahasa Parish, 4<sup>th</sup> August 2023.**

*The man ran away the moment he knew that my parents had reported to the LCI.*

*Since then, I have never seen him again and I have not heard from him too. I do not know any of his family because he had not introduced me to them.*

**A14, Diima Parish, 11<sup>th</sup> August 2023.**

Therefore, the adolescent mothers in this category were not married to the fathers of their children because they had been rejected, abandoned and denied leaving them disappointed, helpless, lonely and with the responsibility of fending for themselves and their children.

***4.1.2 Level of Education***

Findings of the study revealed that 19 (nineteen) AM had stopped at primary education and had not progressed further i.e. 5(Primary Four), 9(Primary Five), 3(Primary Six, 4(Primary Seven), 1(Senior One), 1(Senior Two) and 1(Senior Four). 3(Three) AM were in secondary i.e., S1, S2 and S4 by the time they became mothers.

**4.2 Experienced Effect of Adolescent Motherhood on Education**

When asked about the experienced effect of adolescent motherhood on their education, AM said they had dropped out of school with low education attained. All respondents reported that their future career aspirations and goals had been negatively affected due to minimal opportunities for re-entry in school as shown in Table 4.2.

**Table 4. 2: Experienced Effects of Adolescent Motherhood on Education**

S/N	Effect of AM on Education	Actual Response	Percentage (%)
1	Low educational attainment	24	100
2	School dropout	24	100
3	Career	24	100
	<b>Total</b>	<b>24</b>	<b>100</b>

Source: Primary Data 2023

#### **4.2.1 Low Education Attainment and School Drop out**

The study findings revealed that 19 (nineteen) had dropped out in primary level and 3 (three) were pursuing secondary education at time of getting pregnant.

**Table 4. 3: Participants Class at Time of Getting Pregnant in Mutunda Sub-County, Kiryandongo District of Uganda.**

S/N	Class at time of getting pregnant	Actual response	Percentage (%)
1	Primary Four	5	21
2	Primary Five	9	38
3	Primary Six	3	13
4	Primary Seven	4	16
5	Senior One	1	4
6	Senior Two	1	4
7	Senior Four	1	4
	<b>Total</b>	<b>24</b>	<b>100</b>

Source: Extracted from Primary data, 2023

Table 4.3 above illustrates the various classes the adolescent mothers stopped at time of getting pregnant and all the 24 (twenty-four) AM had not enrolled back into school to further their studies i.e. 5 (Primary Four), 9(Primary Five), 3(Primary Six, 4(Primary Seven), 1(Senior One), 1(Senior Two) and 1(Senior Four). All the twenty-four (24) AM the researcher interacted with had dropped out of school and none returned to school after childbirth thus bringing an end to their educational journey. Although some had plans of continuing with vocational education, others completely had

given up on achieving their educational dreams and aspirations. This was largely blamed on limited funds to facilitate their return to school.

*I stopped in primary seven because that is when I got pregnant. I had sat PLE at Kakwokwo Primary School and even when results came back, I didn't bother knowing how I performed. A5, Nyamahasa Parish, 4<sup>th</sup> August 2023.*

*During my 1<sup>st</sup> term holidays in my S1, I met my boyfriend from his house so many times and by the time I went back to school for 2<sup>nd</sup> term, I did not know he had made me pregnant. When I went back to school for 2<sup>nd</sup> term, I started being sickly and later the school nurse checked and found that I was pregnant. I was expelled from school and my father was very annoyed with me. That marked the end of me being in school. A23, Diima Parish, 13<sup>th</sup> August 2023.*

18-year-old A2 dropped out of school in primary seven and that marked the end of her educational journey;

*I became pregnant during my primary seven vacation and my father got angry at me. I have no plans of returning to school due to money issues. My other siblings also need financial support in school. A2, Diima Parish, 2<sup>nd</sup> August 2023.*

AM further reported that motherhood came with a lot of responsibilities and childcare burdens which could not permit them to return to school.

*After giving birth, I had nobody to leave my child with to enable me attend school again. My mother was busy with her garden work and could not help me take care of my baby. Also, our conditions of life at home are not good at all as we struggle*

*to get money and food so I decided to stay and take care of my child. A16, Diima Parish, 10<sup>th</sup> August 2023.*

Another Adolescent mother A12 whose child is currently 20 months old got pregnant during her senior four vacation and efforts to enroll back have not yielded much;

*When my senior four results came back, I had passed in 3<sup>rd</sup> grade, unfortunately I was already pregnant and my father was already very disappointed with me and refused to pay for me to enroll for secondary education. A12, Nyamahasa Parish, 12<sup>th</sup> August 2023.*

An adolescent mother A16 aged 15 years old at the time of this study said that she had thoughts of going back to school but only after changing to another school for fear of being stigmatized by teachers and other students. A Key Informant (KI) revealed that adolescent motherhood had significantly contributed to the high school dropout rates by adolescent girls and this was blamed on burdens associated with child care, poverty and the stigma associated with being an adolescent mother. He further added that the stigma received from teachers and fellow students had made many adolescent mothers shy away from going back to school for fear of being nick named as “*Maama primary 4 (four)*” or “*maama primary 5 (five)*” loosely translated to mean the mother of primary four or mother of primary five. Another key informant, however, revealed that AM received less support from parents with regards to their school re-entry and this worsened their educational outcomes;

*Due to adolescent motherhood, the enrollment in upper primary that is between primary five and primary seven is low compared to the enrollment of girls in lower primary. This is because girls in the above-mentioned classes are already of*

*reproductive age and some are already engaged in sexual intercourse that results into adolescent pregnancies and eventual drop out from school.* **Key Informant,**

**Nyamahasa Parish, 14<sup>th</sup> August 2023.**

An interaction with a KI at Diima primary school divulged that adolescent motherhood affected retention of the girl child in school. This is because over 30 girls annually drop out of school due to adolescent motherhood. The KI further added that some adolescent mothers returned to school after delivery because their school had school re-entry program. However, the program was being affected by low concentration levels of adolescent mothers due to several responsibilities associated with child care especially when the child is sick or when there is limited domestic support. Such challenges lead student mothers to eventually drop out of school.

KIs at Nyabwengi and Diima primary schools, reported that as part of the implementation plan for the school re-entry programme, schools had setup special rooms for nursing mothers and offered specialized meals to boost milk production. However, this programme had received lots of criticism from the parents who want it banned because they assume it was enticing more young adolescent girls into getting pregnant so that they get the same ‘special treatment’.

#### ***4.2.2 Career Aspiration***

All the twenty-four (24) adolescent mothers had future career aspirations which they wanted to attain after school completion as illustrated in Table 4.4;

**Table 4. 4: Career Aspirations of Adolescent Mothers in Mutunda Sub-County, Kiryandongo District of Uganda**

S/N	Career Aspirations	Actual response	Percentage (%)
1	Hairdresser	6	25
2	Teacher	5	21
3	Nurse	3	12
4	Fashion and design	9	37
5	Welder	1	5
	<b>Total</b>	<b>24</b>	<b>100</b>

Source: Extracted from Primary data, 2023

Table 4.4 illustrates that adolescent mothers had various career aspirations before motherhood. Unfortunately, adolescent motherhood had made it difficult for them to attain their various career aspirations after school completion. Of the 24 AM, 6(Six) wanted to become professional hairdressers, 5(teachers), 3(nurses), 9(fashion designers) and 1(welder). Adolescent mother A12 had an aspiration of enrolling into vocational institute after senior four and pursue a certificate course in welding. She felt that motherhood had frustrated her achieving her dream career of a welder.

*I feel very disappointed with myself because I became a mother. My dream was to become a welder and have a workshop of my own in future so that I have a good life, build a home and live happily. I feel sad because the boy that got me pregnant never married me and I am just at home. A12, Nyamahasa Parish, 12<sup>th</sup> August 2023.*

Another adolescent mother hoped to sail through school and become a teacher in future so that she would help her grandmother who was in her advanced age. Unfortunately, with motherhood, this appears unattainable;

*I am now 18-year-old adolescent mother. I was in primary six by the time I became pregnant. Before pregnancy, I had wanted to become a teacher so that I am able to help my grandmother and contribute to the welfare of my family. Now I cannot do much and I rely on my grandmother for everything, in-case an opportunity arises, I would learn tailoring.* **A13, Nyamahasa Parish, 7<sup>th</sup> August 2023.**

#### **4.2.3 Help Needed to Pursue Educational Goals**

The adolescent mothers in this study revealed that they needed both financial help and enrollment in vocational courses to enable them achieve their educational goals and career aspirations as shown in table 4.5;

**Table 4. 5: Help Needed by Adolescent Mothers to Pursue their Educational Goals**

<b>S/N</b>	<b>Help needed to pursue educational goals</b>	<b>Actual response</b>	<b>Percentage (%)</b>
<b>1</b>	Financial help to enroll back to school	12	50
<b>2</b>	Enrolment in vocational training courses	12	50
	<b>Total</b>	<b>24</b>	<b>100</b>

Source: Primary Data, 2023

##### **4.2.3.1 Financial Help**

12 (twelve) adolescent mothers reported the need for financial support to enable them continue pursuing their career goals and aspirations. The verdicts indicated that the main support required was towards provision of school fees and scholastic materials. AM reported that they had been neglected by their parents who were unwilling to spend more money on their education. AMs called out to well-wishers or sponsors to support them financially so that they resume school.

*When my baby makes 3 years old, I pray I get someone to support me with tuition fees and scholastic materials like books, pens, mathematical set etc. so that I can*

*go back to school. My mother is willing to remain and take care of my son. A17, Diima Parish, 10<sup>th</sup> August 2023.*

*I am looking for a sponsor to pay for me my education so that I return to school and complete my secondary school education and join a nursing school where I can become a nurse. A23, Diima Parish, 13<sup>th</sup> August 2023.*

The financial support required by AM would enable them complete their education and acquire vocational skills with an end result of self-employment, increased incomes, sustenance and attainment of career aspirations. This would enable them achieve their career aspirations and goals, be self-employed and have more income.

#### **4.2.3.2 Enrollment in Vocational Training Courses**

Twelve (12) adolescent mothers reported the need for enrollment in vocational training courses, hands on courses like tailoring, hairdressing and welding. AM reported that such skills, would lead to their dreams being fulfilled as stated:

*My long-term goal was to do a welding course from any vocational training course in Uganda. Unfortunately, my father lost interest in paying for me school fees to enable me further my education. He was disappointed in me that I got pregnant. i wish I could have opportunity to get enrolled for a welding course at Kiryandongo technical institute. A12, Nyamahasa Parish, 7<sup>th</sup> August 2023.*

*I want to be enrolled and trained in fashion and design where I have my own sewing machine and make different designer dresses for people. A2, Diima Parish, 2<sup>nd</sup> August 2023.*

Enrollment in vocational training courses would enable AM with a niche and passion for vocational education, skills and occupations to not only acquire skills but also work in the comfort of their homes as they take care of their children.

#### 4.3 Experienced Effects of Adolescent Motherhood on Health

**Table 4. 6: Experienced Effects of Adolescent Motherhood on the Bearer’s Health in Mutunda Sub- County, Kiryandongo District of Uganda**

S/N	Theme	Actual response	Percentage (%)
<b>1</b>	<b>Perceived Feeling about motherhood</b>		
	Excited and happy	2	8
	Sad	18	75
	Mixed feelings	4	17
	Total	24	100
<b>2</b>	<b>Perceived effects of Adolescent motherhood on health</b>		
	Poor physical health	24	100
	Social stigma	24	100
	Total	24	100

Source: Primary Data, 2023

##### 4.3.1 Mode of delivery

AM reported that they gave birth to their babies through vaginal delivery and caesarian section as presented in Table 4.7;

**Table 4. 7: The Mode of Delivery of Adolescent Mothers in Mutunda Sub-County, Kiryandongo District of Uganda.**

S/N	Mode of delivery	Actual response	Percentage (%)
<b>1</b>	Vaginal delivery	15	63
<b>2</b>	Cesarean section	9	37
	<b>Total</b>	<b>24</b>	<b>100</b>

Source: Primary Data, 2023

#### 4.3.1.1 Vaginal Delivery

Majority 15 (fifteen) AM reported that they delivered vaginally. Out of 15 AM, 5 were delivered and attended to by Traditional Birth Attendants (TBA). Among the AM that gave birth with the help of TBA reported that her baby boy came unexpectedly earlier than the Expected Date of Delivery (EDD) as stated:

*I was planning to go to hospital a few days to my EDD but surprisingly my labor pains were quick and started a week to my EDD, so when the labor pains intensified my mother called our neighbor that helps deliver children. I only went to the hospital when I took the baby for immunization. **A18, Nyamahasa Parish, 12<sup>th</sup> August 2023.***

The other 10 (ten) AMs gave birth from the health Centre II i.e., Mutunda Health Centre II, Nyabwengi Health Centre II and Katulikire health Centre II (irrespective of where one received their antenatal from). Some reported that they had perineal tears that required stitching after childbirth as stated:

*I gave birth from Mutunda health centre II but it was very painful because I had tears and so the nurse stitched me. Luckily enough, my mother was there to help take care of me and my baby. **A21, Diima Parish, 13<sup>th</sup> August 2023.***

On the other hand, AMs who had no major issues during childbirth, were discharged from health centers on the following day. It was reported that all child births conducted in the health centers were free of charge.

#### **4.3.1.2 Caesarean Section (CS)**

Nine (9) AM gave birth by Caesarean Section with the help of a gynecologist or midwife at Kiryandongo General Hospital. The midwife explained that the high-risk adolescent mothers received antenatal care services from the health Centre and only went to Kiryandongo General Hospital for delivery. AM in this category were referred to give birth from Kiryandongo general Hospital. Caesarean section delivery was done at a cost of Ushs. 110,000 (one hundred ten thousand shillings). Adolescent mothers that delivered by Caesarean Section reported that the experience was painful that created wounds and general weakness to them as stated by the youngest mother aged 15 years old:

*I delivered from Kiryandongo General Hospital because I was very young by then and the incision made me feel very weak, there was too much pain and my incision wound took 9 (nine) months to heal. I was not supposed to do any serious work but because of the situation at home, I had to resume digging for money at 3 months.*

**A16, Diima Parish 10<sup>th</sup> August 2023.**

Another mother reported similar experience and with her, the wound took 3 months to heal and the pain was unbearable. She further reported that she gets recurring back pain due to the anesthesia procedure as stated:

*I was operated from Nyapyeya Hospital and my wound took 3 months to heal. During that time, I was in pain and the anesthesia left my left body paralyzed for over 6 months.* **A24, Diima parish, 13<sup>th</sup> August 2023.**

#### **4.4 Feelings about Motherhood**

Adolescent mothers had different feelings about motherhood and these were categorized as excited and happy, sad and mixed feelings.

##### ***4.4.1 Excited and Happy***

Adolescent motherhood brought a sense of excitement and happiness to the bearers who described motherhood as an accomplishment in life. Of the 24 AM, 2(two) adolescent mothers felt happy and excited about motherhood. The AM perceived motherhood as a blessing from God.

*I feel happy that I have this baby, there are so many people out there who want children but they do not have them. For me God has blessed me with this one. A17, Diima Parish, 10<sup>th</sup> August 2023.*

*My baby will soon make 2 years and she means the whole world to me. When I look at her, I feel happy because I have someone that will soon call me “Maama”. I am currently pregnant and I have already started doing shopping for the baby. My husband and his grandmother like me so that also makes me happy. A19, Nyamahasa Parish, 12<sup>th</sup> August 2023.*

##### ***4.4.2 Sad***

The study revealed that 18 (eighteen) adolescent mothers were sad and not happy about motherhood. Adolescent motherhood brought sadness to adolescent mothers because they were suffering and miserable. They had lost opportunities, dropped out of school, were neglected, denied and lacked resources to sustain them and their children. A2 who separated with the father of her baby shortly after giving birth felt that motherhood had shattered all her dreams because it

came in at a very wrong time. She described the pregnancy as being unplanned which led to her early marriage.

*This baby came in by mistake and was never planned, when I realized that I was pregnant, I tried abortion but it didn't work so I decided to get married. We were living in Gulu with my husband but I was suffering in the marriage so I decided to leave the marriage. I was never happy about my situation throughout pregnancy and after childbirth because the child was unplanned, that is why I wanted to leave there the baby but unfortunately, he was still very young. A2, Diima Parish, 2<sup>nd</sup> August 2023.*

The AM in this study all became mothers between the ages of 13 and 17 years old. In the laws of Uganda, these are still considered children for they are below 18 years old. Triggered by the 2<sup>nd</sup> wave of Covid-19, Adolescent mothers A3 recounts that;

*I got pregnant during the second wave of Covid-19 and I was only 16years old then. My fellow pupils of primary five kept laughing at me because I had a baby and this made me sad. A3, Nyamahasa Parish, 3<sup>rd</sup> August 2023.*

Being abandoned and rejected by the fathers of their children brought a lot sadness to adolescent mothers especially because they were struggling to provide for the children all by themselves with absent fathers. A4 whose first child is 36 months old and currently experiencing a repeat pregnancy said her 1<sup>st</sup> husband ran away the moment he realized that she was pregnant and only resurfaced after he heard that she had given birth.

*My 1<sup>st</sup> husband was reported to police when he got me pregnant and he decided to run away. I struggled throughout pregnancy and it's of recent I heard that he is*

*back and yet he doesn't provide anything for his child. A4, Nyamahasa Parish, 3<sup>rd</sup> August 2023.*

Other adolescent mothers felt sad about motherhood due to the stigma they frequently got from the health centre both during their antenatal days, child birth and after child birth. Many were not happy with the way the midwives kept yelling, shouting and reminding them how they got pregnant and gave birth very young.

*The midwife at the health Centre is always talking and making me a point of discussion every time I go to the hospital. Somehow I hate myself for the great mistake I made. A1, Diima Parish, 2<sup>nd</sup> August 2023.*

#### **4.4.3 Mixed feelings**

Whilst adolescent motherhood made some bearer's sad and others excited, 3(three) AM found motherhood to be both exciting and sad at the same time.

*Sometimes I am mad at myself because motherhood spoilt my education and yet my friends are still at school, but then sometimes I am also happy when I see my baby. My baby gives me so much joy. A19, Nyamahasa Parish, 12<sup>th</sup> August 2023.*

*I was expelled from school because of this baby and I was very disappointed with myself for having a baby while in school. But every time people carry my baby, they tell me she is beautiful and this makes me happy and proud. A24, Diima Parish, 13<sup>th</sup> August 2023.*

These mothers acknowledged that the presence of their children with them took away their pain and gave them a special kind of joy because they knew they had a responsibility of raising the child properly so that in future they do not end up like them.

#### 4.5 Poor Physical Health

Verdicts of this study revealed that adolescent motherhood resulted into poor physical health of the adolescent mothers characterized by; back and lower abdominal pains (18), blood clots (2) retained placenta (3) and eclampsia (1) as shown in Table 4.8

**Table 4. 8: Poor Physical Health Experienced by Adolescent Mothers**

S/N	Experienced poor physical health	Actual response	Percentage (%)
1	Back and lower abdominal Pain	18	75
2	Blood clots	2	8
3	Retained placenta	3	13
4	Eclampsia	1	4
	<b>Total</b>	<b>24</b>	<b>100</b>

Source: Primary data, 2023

##### 4.5.1 Back and Lower Abdominal Pain

18(eighteen) adolescent mothers experienced back and lower abdominal pains after delivery. This was as a result of prolonged labor, delivery, stitches and anesthesia procedures.

*After delivery, I had lower abdominal pain that lasted 6 months and it affected my general engagement in activities. I normally gets a burning sensation on my back every time I bend.*

**A22, Diima Parish, 13<sup>th</sup> August 2023.**

Adolescent mothers further experienced back pain after delivery which keeps reoccurring. Adolescent mother A7 whose baby is now 17 months old reported that she has been having reoccurring back pains from the time she gave birth. Another mother A10 revealed that her back

pain lasted for 4(four) months which intensifies every time she does heavy labor-intensive tasks. A key informant at Mutunda Health Centre II explained that adolescent mothers were very young to bear children and this had resulted into deformity of the girl's pelvic area as stated;

*Due to poverty, these girls start engaging in heavy work like agriculture, domestic chores immediately after delivery and as a result, they develop pelvic deformity. **Key Informant, Diima Parish, 10<sup>th</sup> August 2023***

The KI further reported that limited rest after delivery and early resumption of work was the major cause of the reoccurring back pains among adolescent mothers. Pain killers were prescribed after delivery but some adolescent mothers could not afford them due to limited finances and stock outfall at the health centre as asserted;

*After delivery, the midwife prescribed and told me to buy medicines for the back pain since the health Centre was out of stock on some drugs. I however could not afford to buy the drugs and I had the back pain for a whole 5 months till it healed naturally. **A11, Nyamahasa Parish, 5<sup>th</sup> August 2023.***

#### **4.5.2 Blood clots**

During child birth, 2(two) mothers experienced blood clots in the wombs resulting into unbearable post-partum pain. Whereas others had the opportunity of this being noticed and handled at the hospital, others couldn't afford being taken back to the hospital and had to treat it with local medicine. Adolescent mother A9, a mother of 2 and currently expecting her 3<sup>rd</sup> baby said she got a blood clot in the womb after the birth of her 2<sup>nd</sup> baby.

*After the birth of my 2<sup>nd</sup> baby, I was discharged from hospital but little did I know that I had blood clots. I felt horrible pain not until my mother in-law got for me some local herbs to expel the clots from my womb. A9, Nyamahasa Parish, 5<sup>th</sup> August 2023.*

*I developed blood clots after delivery and I was re- admitted at the hospital for 4(four) days. My mother was worried about me and baby wasn't breastfeeding very well during that time. A20, Nyamahasa Parish, 12<sup>th</sup> August 2023.*

#### **4.5.3 Retained Placenta**

The study disclosed that 3 (three) mother had challenges with their placenta moving out scientifically termed as a retained placenta. 17-year-old A15 whose baby is currently 18 months old was a victim of this.

*I was over bleeding after giving birth and the placenta had also refused to come out, this resulted into serious unbearable pain and I blacked out only for me to find myself re-admitted into hospital. A15, Nyamahasa Parish, 9<sup>th</sup> August 2023.*

Another adolescent mother A11 who was 18 years old recounts that her placenta refused to come out which resulted into being forcefully pulled out an experience she describes as being very painful. She also added that at the time of birth she was only 16 years old so she was stitched.

#### **4.5.4 Eclampsia**

One (1) adolescent mothers in this study revealed that they suffered eclampsia after birth which required emergency admission. AM A4 recounts how she got eclampsia after delivery;

*I delivered vaginally but was stitched, my stiches took 5 days to get healed and for the pain to reduce. Shortly after getting stitched developed convulsions and fever and the midwife immediately put me on drip. I spent one week as they treated me. During that same time, my baby also got malaria and we were all admitted. This was a horrible experience for me. A4, Nyamahasa Parish, 3<sup>rd</sup> August 2023.*

#### **4.6 Social Stigma**

All the 24 (twenty- four) in this study reported adolescent motherhood as a situation that highly led to social stigma, discrimination and unfair treatment from the society they lived in. They felt stressed by becoming mothers and this came as result of the too many responsibilities arising from child care, judgment from people and abandonment by both parents and spouse. The communities in Mutunda Sub-County were fond of judging adolescent mothers and talking behind their backs of how the mothers were unfortunate.

*I get stressed because everywhere I pass people say I gave birth early because I had early sexual encounter. All my friends do not want to associate with me because I am a mother and considered a bad influence. A10, Nyamahasa Parish, 5<sup>th</sup> August 2023.*

Additionally, Adolescent mother A11 whose baby is 20 months old also added that her friends have made her a laughing stalk and had been stigmatized.

*The older women in this village have stopped their children from talking and associating with me because they think I am going to spoil their children and they also get pregnant and become mothers like me. My friends laugh at me every time*

*they see me carrying my baby. This makes me feel very sad and I cry every time they say this to me. A11, Nyamahasa Parish, 5<sup>th</sup> August 2023.*

#### 4.7 Access to Resources by Adolescent Mothers

Adolescent mothers revealed in Table 48 the major economic activities they carried out to earn a living, their perceived effects of adolescent motherhood on resource accessibility and the necessary support required to improve their access to resources as illustrated;

**Table 4. 9: Resource Accessibility by Adolescent Mothers in Mutunda Sub-County, Kiryandongo district of Uganda**

S/N	Theme	Actual Response	Percentage (%)
1	<b>Current economic activity</b>		
	Agriculture	22	92
	Making snacks	2	8
	<b>Total</b>	<b>24</b>	<b>100</b>
2	<b>Perceived effect on Resources accessibility</b>	<b>Actual response</b>	<b>Percentage</b>
	Limited access to finances	24	100
	Limited access to food	24	100
	Limited access to health services	24	100
	Total	24	100
3	<b>Support received</b>	<b>Actual response</b>	<b>Percentage</b>
	Fathers to children support	7	29
	No support received	8	33
	Support from relatives	9	38
	Total	24	100
4	<b>Support required to increase resources accessibility</b>	<b>Actual response</b>	<b>Percentage</b>
	Financial support	20	83
	Equip and stock health Centre	4	17
	<b>Total</b>	<b>24</b>	<b>100</b>

Source: Primary Data, 2023

#### **4.7.1 Current Economic Activity**

This study revealed that the 24 (twenty-four) adolescent mothers were currently engaged into two economic activities that is small scale agriculture and making of snacks.

##### **4.7.1.1 Agriculture**

The findings of the study revealed that 22 (twenty-two) adolescent mothers were engaged in agriculture as an activity to earn them some income. These were largely engaged in cultivation through weeding and tilling other people's land and they got paid Ushs. 1000 for every 10\*100 ft. dug. On average, they earned between Ushs 1,000 (one thousand shillings) and 5,000 (five thousand shillings only) and this money was used to buy food, access health services, buy clothes for the children and save some of it. Whereas many did not have gardens of their own, some had been given small pieces of land by their parents to grow food crops for subsistence use.

*I cultivate people's gardens where I earn just Ushs 1000 from it. I use this money to buy medicine and mukene for us to eat. This money is very little to satisfy all my needs.*

**A11, Nyamahasa Parish, 5<sup>th</sup> August 2023.**

*I am into agriculture where I dig for people and I am paid Ushs. 5000. I always use this money to buy food since I have no garden of my own to grow my food.*

**A16, Diima Parish, 10<sup>th</sup> August 2023.**

*I dig and they pay me Ushs 2000 which I use to buy food and cloths. When I am able to cultivate a bigger piece and save more money, I rent a garden where I grow*

*my own crops. Renting quarter an acre here is Ushs. 25000. A4, Nyamahasa Parish, 3<sup>rd</sup> August 2023.*

Verdicts from all the above adolescent mothers implied that adolescent mothers heavily relied on cultivating for people and the money paid was very little to either sustain them or address all their needs. Other adolescent mothers however had no say over the money got from the sale of produce from the gardens. The adolescent mothers that faced this challenge were those that were married and so their partners took charge of the money.

*My husband and I have gardens where we grow food crops. I do most of the garden work but whenever I sell produce from the garden, my husband collects all the money and I have no choice over it. I am unable to get proper health care for myself and the baby. A1, Diima Parish, 2<sup>nd</sup> August 2023.*

#### **4.7.1.2 Making of snacks**

The findings of the study revealed that two (2) adolescent mothers supplemented their incomes got from agriculture though making snacks that is “mandaazi” and pancakes. This was sold to the nearby schools during break time and also at the trading centre in the evening.

*I am staying with my aged grandmother because I separated with the father of my child. I work extra hard to provide for our household. After birth, I started frying pancakes and it earns me a profit of about Ushs. 2000 (Two thousand shillings). A10, Nyamahasa Parish, 5<sup>th</sup> August 2023.*

*I fry mandaazi which I sell to school children and it earns me shs 4000 profit on sale. I save part of the money and use the rest to take care of myself and the baby.*

**A12, Nyamahasa Parish 7<sup>th</sup> August 2023.**

#### **4.7.2 Resources Accessibility**

This study results reveal that adolescent motherhood adversely affected the manner in which the bearer's accessed resources of finances, food and health services and many had been either cut off or having it very difficult to access the resources.

##### **4.7.2.1 Limited Access to Finances**

AM in this study reported that adolescent motherhood had worsened their access to finances as they got employed majorly in agriculture as "Shamba girls". They were paid Ushs 1000 (one thousand shillings only) per every 10 by 100 cultivated. Utmost they were able to make Ushs 5000 (five thousand shillings) from every cultivation. The wage earned was reported as very little to sustain them and purchase basic necessities like cloths, smearing oil for and powder for the baby, and food. Although some mothers could make a choice and decide how to use the money earned, some suffered domestic violence especially when they abstained from giving the money to their husbands. Adolescent mother A13 aged 18 years of age confessed that;

*My husband takes away all the money I make and might only give me a small proportion of it or sometimes none and yet I toil so hard to get this money so that I address my personal needs. A13, Nyamahasa Parish, 7<sup>th</sup> August 2023.*

In bid to make more extra money, some AM had become very resilient and hardworking. Some had gone an extra mile to start up small businesses to add to the little they earn from cultivating people's gardens.

*I cook 'mandazi' every morning which I sell to primary school children and I make a profit of 4000 shillings daily. I also have my own garden where I dig and get money to take care of myself and my baby since I do not know the whereabouts of his father.***A12, Nyamahasa Parish, 7<sup>th</sup> August 2023.**

Some adolescent mothers had gone an extra mile to rent some pieces of land where they grow food crops like maize, sunflower and cassava for sale to supplement their incomes. Renting a piece of land cost Ushs. 25,000 (twenty-five thousand shillings only) and having an extra garden supplemented their food production and income.

#### **4.7.2.2 Limited Access to Food**

The study disclosed that adolescent motherhood had made it challenging for its bearer's to access food and a balanced diet. They were excluded and had no decisions making power on the how many meals or food type to eat. The frequency of meals and meal type eaten largely depended on the decisions made by the head of household where they lived. Adolescent mother A22 asserted that she ate one meal in a day and this was either lunch or dinner.

*We eat once in a day but also this is determined if we have the money to buy food. Most times we sleep hungry or take porridge especially if we have harvested maize from the garden. Our porridge has no sugar because we cannot afford sugar.***A22, Diima Parish, 13<sup>th</sup> August 2023.**

This not only had an effect on the adolescent mothers but their children as well. The study further found out that the children to adolescent mothers were not being fed on any special nutritional baby food so their survival largely depended on breastmilk. Whereas other mothers had some little food to eat, 5(five) AM in the study confessed that they had not eaten for days and were starving and hungry.

*I have a 4 months old baby I am breastfeeding but I last had a meal 4 days ago, I feel very hungry and sometimes I just survive on roasted maize and water. Such a situation has affected my breast milk production and also made me weak. A14,*

**Diima Parish, 11<sup>th</sup> August 2023.**

The study further made it known that some mothers especially those that were married had a choice in determining the food type eaten. This was because their husbands had shunned their responsibilities of providing and fending for their families.

*My husband and I have a quarter and acre of land where I grow crops like maize and beans. Sometimes I sell and get money from the crops and I use the money to buy sauce for the family. A2, Diima Parish, 2<sup>nd</sup> August 2023.*

#### **4.7.2.3 Access to Health Services**

Adolescent motherhood affected the manner in which the respondents accessed reproductive health services. Much as a few accessed antenatal services during pregnancy and adhered to medical advice given by the midwives, some AM delivered from home because they had no money to pay for their transportation to the hospital. In addition to that, majority (100%) AM were constrained in getting drugs and other specialized treatments. The health Centre's had stock outfall most of the times which necessitated them buying the prescribed medicines from nearby drug

shops and clinics. A key informant reported that that adolescent mothers lacked the relevant knowledge on the various sexual reproductive health services (SRHS) especially various family planning methods, and they lacked awareness on ongoing reproductive health programmes being rolled out by government.

*These adolescent mothers lack knowledge and information on reproductive health services and immunization programmes. Family planning services have not found very good reception and so they are not being utilized. **Key Informant, Nyamahasa Parish, 14<sup>th</sup> August 2023.***

Another KI confirmed that adolescent mothers did not want to adopt family planning services due to the negative attitudes and perceptions about the family planning services.

*The “Alur” community in Mutunda Sub-County does not subscribe to family planning due to the common slogan of produce and fill the world. They also hold a belief that family planning makes people barren so many do not use it. **Key Informant, Nyamahasa Parish, 5<sup>th</sup> August 2023.***

However, earlier engagement and interaction with some AM revealed that adolescent mothers faced a lot of hostility from the midwives whenever they went for reproductive health services like antenatal and family planning services.

*The nurses are very hostile to me whenever I come for antenatal and they are always blaming me for getting pregnant again when my 1<sup>st</sup> child is not 2 years yet. **A21, Diima Parish, 13<sup>th</sup> August 2023.***

## **4.8 Support Received**

Verdicts from the study elucidated that adolescent mothers got some financial and material support from both the fathers of their children and relatives.

### ***4.8.1 Support from Fathers of the Children***

The study findings disclosed that 7(seven) adolescent mothers got some financial and material support from the fathers of their children. Although the financial support did not come on time, at least once in a while they received this money to help support taking care of the children. A19 who is married acknowledged that her husband supported her with money to buy some food and also take care of the child's health needs.

*He gives me money when I ask for it and if there is any medicines to buy for the baby, he goes to the clinic and buys them. A19, Nyamahasa Parish, 12<sup>th</sup> August 2023.*

### ***4.8.2 Support from Relatives***

Findings from this study concealed that 9 (nine) adolescent mothers often got additional support from their relatives like their parents, siblings and guardians to help them provide for themselves and their children. These mostly gave them financial support to buy medicines from the children, buy food and as well buy clothes for the children.

*My mother has been supportive from the time I gave birth. She is the one that buys for my baby cloths and when he is sick, she takes him to the hospital. A16, Diima Parish, 10<sup>th</sup> August 2023.*

*It is my grandmother that gives me money to buy clothes for the baby and myself. And when we are sick, my grandmother pays the money at the clinic. A5, Nyamahasa Parish, 4<sup>th</sup> August 2023.*

#### **4.8.3 No Support Received**

Eight (8) adolescent mothers in this study revealed that they did not receive any support from the fathers of their children as they had been abandoned and neglected. Failure to get any kind of support from them implied that they were solely responsible for the welfare of themselves and the children.

*The father to my baby got me pregnant and ran away to live with his relatives in Gulu. He has never sent me any money or even come to see his baby who is now 9 months old. A5, Nyamahasa Parish, 4<sup>th</sup> August 2023.*

A5 was not alone in this frustration, A21 was also abandoned by the father of her child and he went to West Nile Uganda.

*He abandoned me when I was still pregnant and he went to Nebbi. He has never sent me any kind of support even when I gave birth. A21, Diima Parish, 13<sup>th</sup> August 2023.*

#### **4.9 Support Required to Increase Resource Accessibility**

The AM in the study revealed that they needed financial support, equipment and stocking of health facility in order to increase and widen on their access to resources.

#### **4.9.1 Financial Support**

20 (twenty) AM sought for financial help in form of money to help them access better health care services, buy food, buy clothes for their children, and rent land where they can grow their crops for commercial purposes. A15 explained that financial support would enable her clear the outstanding bill she had at the clinic.

*Right now, my baby is sick and they need Ushs 15,000 (fifteen thousand shillings) for treatment and I have only been able to raise Ushs 5,000 (five thousand shillings). So, if given financial support, I will be able to clear the debt at the clinic.*

**A15, Diima Parish, 11<sup>th</sup> August 2023.**

They further required financial support to enable them start up income generating activities. They believed that being empowered through trainings on various income generating activities would enable them make their own money, plan for it and take charge. They were interested in starting up small business-like roasting maize, making snacks, hair braiding and tailoring, and poultry. A key informant confirmed that this could be attainable because government had rolled out a number of projects like the Parish Development Model (PDM) to alleviate households from poverty through giving them some loan of Ushs 1,000,000 (one million shillings). Having their own income would make it easy for them to start several other money-making initiatives so that they are able to access health services and food without any constraints.

#### **4.9.2 Equip and Stock the Health Centre**

The study revealed that 20 (twenty) adolescent mothers suggested that the health Centre's should be fully stocked with medicines to ease their access to health. The adolescent mothers said that often times, there was less or no stock of drugs at the hospital.

To supplement this, a KI reported that there was understaffing at the health centre that had only one midwife.

*We are understaffed at the health centre since we have only one midwife. Right now, she is also pregnant and weak, she needs extra help. Government should recruit more midwives in the health centre because we have more demand as well.*

**Key informant, Diima parish, 15<sup>th</sup> August 2023.**

#### **4.10 Discussions of the Study**

This study aimed at exploring the experienced effects of adolescent motherhood on the bearer's social-economic status in Mutunda Sub-County, Kiryandongo district, Uganda. This study adopted the transitions theory by Chick and Meleis (1986) which guided and informed the study on the experienced effects of adolescent motherhood on the lives of the adolescent mothers. Three concepts of education, health and access to resources were examined and the discussion herein is presented accordingly;

##### ***4.10.1 Experienced Effects of Adolescent Motherhood on Education***

Findings from the study revealed that adolescent motherhood led to school drop out of the girls and all of them did not return to school after delivery. They did not return to school due to child care burdens, stigma from teachers and fellow learners, unsupportive parents and limited finances to cater for tuition and other scholastic materials. Similar findings by Gunes and Tsaneva (2020) in Mexico indicate that early childbearing contributed to school drop out by 28% and decreased chances of obtaining high school diplomas by 12%. In Laos South East Asia, a recent explorative qualitative design found that fear of stigmatization and school regulations barred AM from continuing their education (Thongmixay et al., 2023). These results can be incorporated with those from South Western Uganda where Nyakato et al., (2023) in their study on “Actions to prevent pregnant girls from School dropout” cited negative perceptions & shaming, and child care burdens as some of the major barriers to school re- entry for adolescent mothers.

The study further reported that 50% of the adolescent mothers in Mutunda Sub-County wished to go back to school but many demonstrated having financial difficulties since their parents were disappointed and no longer willing to support them financially through school. Earlier

findings by Jochim et al., (2023) revealed that lower household poverty was a constraint to adolescent mothers return to school as many of the households were struggling financially. As a result, adolescent mothers have been excluded from the right to education as stipulated by Okwany and Kamusiime (2017) who in their study on “Foregrounding the tensions and silences in education policies for student-mothers in Uganda and Kenya” found out that school dropout by adolescent mothers in Uganda was at 59%. This study’s findings were similar earlier findings conducted in other countries like Mexico where adolescent mothers quit school to either get married or due to pressure from parents and limited support (Kagawa et al., 2017). Similar to that are findings from Uganda by Kyotalengerire (2023) who recently published in the New Vision newspaper that adolescent mothers’ school dropout not only affected their national contribution to the country’s development but also support towards their families.

The study further revealed that the schools in Mutunda Sub-County were implementing the school re-entry policies for adolescent mothers and the head teachers from both schools the researcher interacted with affirmed that they had designated some space for the mothers to breast feed, special meals for them to increase milk production and also given them more time to write their exams. However, they were constrained to fully implement this policy due to limited financing and criticism from the parents and the community. This is in total agreement with the assertion of Capurso et al., (2020) who calls out for schools to provide an environment for psycho-social empowerment of the adolescent mothers. A recent study in Jamaica explains that by further explains that prevalent cultural norms in schools and the wider community were the greatest hindrance to school re-entry for adolescent mothers (Amo-Adjei et al., 2023). However, these verdicts contradict with those of Nyakato et al., (2022) and Zuilkowski et al., (2019) earlier revealed that the Accelerated school re- entry programme for adolescent mothers was not being

implemented in Uganda and Zambia respectively due to inadequate financing towards the programme and critic.

Furthermore, the study findings revealed that due to school dropout and failure of adolescent mothers to return to school and pursue their careers, motherhood interrupted and affected their future careers and ambitions. As young girls with dreams, motherhood had shuttered down their dreams thus also narrowing down the professional jobs. An interaction with the adolescent mothers showed that before motherhood set in, many of the adolescent mothers had dreams of becoming teachers, nurses, teachers, fashion designers and hairdressers. This can be collaborated with the recent New Visions' publication on "The Economic and Social Burden of Teenage Pregnancy in Uganda" which revealed that adolescent motherhood denied the girls a chance to remain in school consequently having a toll on their future careers, dreams and aspirations (Kyotalengerire, 2023).

Findings emanating from this study elucidate that adolescent motherhood worsened the illiteracy levels of adolescent mothers as many of them had not completed primary education. Majority of the adolescent mothers dropped out of school between primary four (21%) and primary five (38%) and by time of the interview, they could not neither read nor write English. As a result, adolescent mothers were left of information asymmetry in regards to ongoing programmes of the government, crucial sexual reproductive health services and lacked knowledge on the value of using contraceptives. This was consistent with findings by Itimitang and Nsidibe (2020) on determinants of adolescent child bearing in Oghara Kingdom, Delta state in Nigeria where adolescent child bearing was positively associated with levels of education. In Oghara Kingdom, the authors reported that most adolescent girls started childbearing between the ages 13-17 years old and majority (64%) had attained only primary education. This corroborates with findings in

India where illiteracy of adolescent mothers had affected the manner, response and knowledge about sexual reproductive health services like family planning, antenatal, among others (Sultana et al., 2021). Sultana and colleagues described education as being a very important in improving social economic status of adolescent girls as it helps in reducing incidences of adolescent and repeat pregnancies.

#### ***4.10.2 Experienced Effects of Adolescent Motherhood on Health***

Findings from this study indicate that adolescent motherhood contributes to poor physical health accompanied by back and abdominal pains, blood clots, deformity and general weakness by adolescent mothers. These findings can be collaborated with those of Neal et al., (2020) who asserted that adolescent mothers aged less than 16 years old were at higher risk for health complications that not only affect them but also their babies .Scholars Govender et al. (2020) in their article on understanding pregnancy, motherhood and future aspirations by adolescent mothers in KwaZulu- Natal South Africa explained that transition to motherhood is a very stressful experience for adolescent mothers. The transitions theory by Chick and Meleis (1986) adopted in this study has been used to explore and describe the health risks associated with adolescent motherhood in Mutunda Sub-County both during their pre- and post-partum.

The state of motherhood had various feelings to the adolescent mothers in this study and majority (75%) felt sad, 17% had mixed feelings and only 8% were excited and happy about motherhood. 75% were not happy about adolescent motherhood because it was unplanned and shattered their dreams. They had dropped out of school, were abandoned, rejected and not happy with their new state. Govender et al., (2020) in their descriptive qualitative study in KwaZulu- Natal, South Africa found out that adolescent mothers were living in denial, loneliness and disappointment due to rejection, abandonment, anxiety and stress. Similar findings by Gbogbo

(2020) in Ghana further revealed that adolescent motherhood brought sadness, anxiety, stress and depression due to social stigma received from their peers, the community and parents. However, Van Vugt and Versteegh (2020) in their study in the Netherlands on transitions to motherhood among vulnerable (young) people revealed that motherhood made them more resilient and the baby was thought to fill a void, bring to feelings of hope and healing to the mothers. This was reason why despite the AM feeling sad about motherhood, still decided to keep the pregnancy and have the baby.

Furthermore, this study reported that majority (63%) of the adolescent mothers (15 of them) were never married and were currently living in the custody of their parents which were single headed. Pottinger et al. (2023) in their journal of child and family studies revealed that adolescent mothers living in single parent headed household were at higher chance of experiencing stigma than those in multigenerational households. Similar to that, the study revealed that adolescent mothers faced stigma from the health care providers and this had made some shun going to the hospitals for fear of being judged and shouted at. Earlier literature in the transitions theory indicated that the process of transition affects the access and utilization of health services (Chick & Meleis, 1986). This corroborates with findings by Govender and colleagues who reported that adolescent mothers in KwaZulu- Natal faced discrimination and stigmatization by health workers which negatively affected the manner in which they accessed health services (Govender et al., 2020). This coincides with findings of Kumar and Haung (2021) who in their study on *“Impact of being an adolescent mother on subsequent maternal health, parenting, and child development in Kenyan low-income and high adversity informal settlement context”* revealed that adolescent motherhood created a barrier and stigma towards the low income adolescent mothers in Kenya

consequently affecting the manner in which they access health services. He further adds that stress and stigma exacerbate parenting stress.

Most adolescent mothers felt sad about motherhood for it had shuttered down their dreams, they had increased responsibilities, and they had been abandoned by parents and men that got them pregnant. They termed it as a very regretful experience of their lives which had a toll on their mental health and led to stress and worry. Previous studies in Addis Ababa, Ethiopia on ‘Psychosocial effects of teenage pregnancy’ indicate that adolescent motherhood worsens stress due to rejection by friends, relatives or friends leading to self-depression and emotional trauma and in the end exposes them to poor mental health status (Gselamu et al., 2019).

Findings from the study revealed that adolescent mother’s physical health was compromised as complications arose during birth among which included a physical deformation and retained placenta and this had to be forcefully expelled from the body. Sultana (2021) confirms that one of the perinatal outcomes of adolescent pregnancy and labor is a retained placenta that often requires removal (Zie et al., 2021). This is similar to recent findings in West Nile region of Uganda where gynecologist at Arua hospital and victory women hospital Arua confirmed that adolescent motherhood poses great health risks and complications like physical deformations and prolonged labor which are as a result of adolescent mother’s bodies being young to sustain a pregnancy (Adiga, 2023).

#### ***4.10.3 Access to Resources by Adolescent Mothers***

Findings from this study indicated that adolescent motherhood affected the manner in which the bearer’s accessed resources like income and other basic needs of like shelter, food, health services, and clothing. Majority of the adolescent mothers got informal employment in the agricultural

sector where they worked as cultivators “shamba girls” and were paid very little. They said the little earned was supposed to cater for their Medicare, buy food, clothing and for their general wellbeing. This can be collaborated with the works of Ngum et al., (2022) who affirmed that adolescent motherhood brought financial strain to the bearers yet they had many competing needs and wants for themselves and their babies. Earlier findings by Darin- Mattson et al., (2017) indicate that access to finances and income was important in the lives of adolescent mothers as it highly contributed to their health status through enabling their access to health care resources. He further added that there was a direct relationship between health and income.

Additionally, this study’s findings elaborate that adolescent motherhood has constrained the bearer’s access to health services that highly retards their maternal and child outcomes. Limited finances had affected the access to reproductive and specialized treatments including delivery. Some delivered from home because they could not afford transport to the health centre. Several literatures cite long travelling periods, expensive transportation, and healthcare workers’ negative attitudes were a great barrier to adolescent mothers’ access to health services (Yasuoka et al., 2018; Sumankuuro et al.,2018).

The study revealed that adolescent motherhood had limited on the bearer’s access to nutritional food. Adolescent mothers had no access to food and also had no choice in determining the nutritional food to take in. Many of them had little or nothing to eat and also feed their babies on. This is consistent with the findings of Ababio et al., (2022) who revealed that adolescent motherhood put its bearers in a state of not being able to afford or make a choice in having nutritional food and a balanced diet. Limited access to nutritional food can be linked with adolescent mother’s limited access to finances and land which makes it difficult to grow their own food or buy the desired food of their choice like meat, fish, rice, milk, porridge among others.

Furthermore, findings from this study indicated that adolescent motherhood affected the manner in which the bearer's accessed resources like income and other basic needs of like shelter, food, health services, and clothing. Majority of the adolescent mothers got informal employment in the agricultural sector where they worked as cultivators "shamba girls" and were paid very little. They said the little earned was supposed to cater for their Medicare, buy food, clothing and for their general wellbeing. This can be collaborated with the works of Ngum et al., (2022) who affirmed that adolescent motherhood brought financial strain to the bearers yet they had many competing needs and wants for themselves and their babies. Earlier findings by Darin- Mattson et al., (2017) indicate that access to finances and income was important in the lives of adolescent mothers as it highly contributed to their health status through enabling their access to health care resources. He further added that there was a direct relationship between health and income.

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nutritional food and a balanced diet. Limited access to nutritional food can be linked with adolescent mother's limited access to finances and land which makes it difficult to grow their own food or buy the desired food of their choice like meat, fish, rice, milk, porridge among others.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter presents an overall view key salient finding emanating from this study from which various development actors and stakeholders can draw action areas and programs from implementation to uplift the social-economic status adolescent mothers n Mutunda Sub-County.

#### **5.1 Summary of the study**

Salient findings from the study indicated that adolescent motherhood in Mutunda Sub-County occurred between the age of 13 and 17 years old with majority of them not being married due to abandonment, rejection and neglect by their partners. Most bearer's of adolescent motherhood in this study first became pregnant while in primary five and all the participants of the study had dropped out of school that directly shuttered their career ambitions. The study further revealed that the adolescent mothers had no plans of enrolling in formal school setting due to fear of being stigmatized, childcare burdens and the absence of finances to pay. They however made it clear that they would be willing to get enrolled for vocational training courses like hairdressing, fashion and design. Adolescent motherhood brought sadness to its bearer's as many describes it as being an undesired and unplanned situation that affected their physical and mental health outcomes. Subsequently, the study concealed that adolescent mothers had challenges in accessing finances, food and health services for not only themselves but also their children.

#### **5.2 Conclusion of the Study**

It is now clear and evident that adolescent motherhood has a negative effect on its bearer's social-economic status in Mutunda Sub-County. The study revealed that most pregnancies by adolescent

girls were unplanned a core reason why many ended up being abandoned and neglected. Also, the slow uptake and appreciation of the role of education was another core reason for the escalating rates of adolescent motherhood in Mutunda Sub-County. Adolescent motherhood had affected their education thus leading to their school dropout, low educational attainment, and affected their career growth. In the same vein, it can now be confidently stated that adolescent motherhood has compromised health outcomes of adolescent mothers through worsening their physical and mental health. Poor health and education outcomes have limited on adolescent mother's access to resources in terms of their finances, food and health services. All these put together negatively retard and lower the social economic status of adolescent mothers thus limiting their participation and engagement in their political, social and economic spheres of life.

### **5.3 Recommendations of the Study**

Based on the conclusion that adolescent motherhood negatively implicates the social-economic status of its bearer's, the researcher proposes the following to the various stakeholders in ensuring that the social economic status of adolescent mothers is improved in relation to their education, health and access to resources.

#### ***5.3.1 The Ministry of Education and Sports (MoES)***

**Strengthen school re-entry programme:** MoES should provide all necessary support to schools in ensuring that the school re-entry programs for adolescent mothers is properly ensured and implemented. This should be incorporated with regular monitoring and follow ups of enrolled adolescent mothers so that they are supported till completion of their education. Additionally, it should be made mandatory for all schools in Mutunda Sub-County to designate a breastfeeding room where adolescent mothers can with ease put their babies to sleep as they attend class. This

can be supplemented with increased funding to schools that are most affected by adolescent motherhood so that they have all necessary infrastructure to enable proper implementation of school Re- entry programme.

**Introduce vocational training courses and programs:** Special vocational training courses for adolescent mothers who drop out of school before completion of primary seven should be introduced and implemented in Mutunda Sub-County. This will be to equip them with vocational skills in field of hairdressing, tailoring, welding so that they are empowered and achieve their educational goals.

**Sensitization:** Teachers and other learners in the schools in Mutunda Sub-County should be sensitized on how to effectively manage situations where they have adolescent learners. This will help in breaking the stigma surrounding adolescent mothers that is portrayed by teachers and fellow learners. More to this, sensitization workshops, radio talk shows should be organized by the education department at Kiryandongo district local government for mindset change of parents towards education of adolescent mothers so that they are given second chances and full support through their education after delivery.

### ***5.3.2 The Ministry of Health (MOH)***

**Adolescent friendly services:** The District Health Officer (DHO) Kiryandongo general hospital should put in place adolescent friendly services and safe spaces in Mutunda Sub-County where adolescent mothers can easily access counselling and reproductive health services like antenatal services, delivery, family planning services and immunization services. This will help in reducing on the stigma received when they go to general clinics for reproductive health services with older women.

**Adequate Staffing:** Also, more than two midwives should be deployed at the health centers of: Mutunda health centre II, Nyabwengi health Centre II and Katulikire Health Centre II to attend to emergencies of adolescent mothers or in instances where there are more than two girls delivering at the same time.

**Financing and equipment:** The DHO should increase healthcare financing towards equipment and infrastructure in the health Centre's in Mutunda Sub-County. This will cater for the procurement of more labor beds, gloves, scissors, solar lights and well-functioning theatre wards to handle caesarean mothers. Additional to this, standby well fueled ambulances with a driver should be made available to make referral and emergency cases of adolescent mothers easier.

**Uptake of sexual reproductive health services:** Adolescent girls and mothers should be encouraged and sensitized on the value of taking up contraceptives and other reproductive health services. This will help in reducing on adolescent pregnancies and repeat pregnancies among the mothers. These services should be readily available in all health centers. For example, condoms, Post Exposure Prophylaxis (PEP) for victims of sexual violence and reduce exposure to HIV/AIDS, Intrauterine device (IUD), Combined Oral Contraceptives (COC) pills and Injecta plan for birth control. Additionally, Health centers should be well equipped with medicines at all times to make it easy for adolescent mothers to access health services at all times when either them or their babies are unwell.

### ***5.3.3 Kiryandongo District Local Government (KDLG)***

**Government program awareness:** The Community Development Officers and parish chiefs in Mutunda Sub-County should sensitize and encourage adolescent mothers to be part of government programmes that aim at improving their livelihoods. For example, the Parish Development Model

(PDM), Youth Livelihood Programmes (YLP), Development Response to Displacement Impact Project (DRDIP) and NutriCash. Many adolescent mothers are ignorant that they too can be beneficiaries of such programmes so as to improve their access to resources like incomes, food, Medicare among others.

#### ***5.3.4 Non-Governmental Organizations (NGOs)***

**Skilling:** NGOs should work with the community development officers in extending projects and programmes that aim at addressing and skilling of adolescent mothers. These can be projects on crafts making, liquid soap making, and financial literacy skills. They should further encourage them to form Village Savings and Credit Associations (VSLAs) where they can save the little, they earn and invest in more profitable income generating activities.

**Legal redress:** NGOs operating in Mutunda Sub-County should offer legal redress, advice and advocacy services to adolescent mothers so that the perpetrators of rape and defilement are brought to book and arrested. Additionally, they should advocate for the rights of those suffering domestic violence and early marriage. NGOs like World Food Programmes, UNICEF, and Save the Children among others should spearhead the campaigns in supporting adolescent mothers with humanitarian aid like food, cloths, shelter to improve on their health outcomes and social status.

**Scholarships:** In partnership with the office of the District Education Officer of Kiryandongo District, NGOs like Brac Uganda, UNICEF and MasterCard Foundation should offer scholarships to adolescent mothers who still have interest in enrolling back in school. This will enable those who wish to continue with formal education go back to school and complete.

### ***5.3.5 The Community***

**Mindset change:** There is need for a mindset change among the parents so that they change their perceptions and attitudes towards adolescent mothers. This should come with preaching against early marriage especially where the parents initiate for dowry the moment, they learn that their daughters are pregnant. Parents should also be taught the importance of girl child education so that they stop seeing their daughters as a source of wealth.

### **5.4 Areas for Further Research**

Civil society organizations and other academicians should explore the perceptions of the adolescent fathers and how their social economic status has been affected by adolescent fatherhood

The Ministry of Education and Sports should conduct a study on the implementation of school re-entry programme for adolescent mothers and thorough investigation into the negative attitudes and perceptions towards the program

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## APPENDICES

### Appendix I: Kiryandongo General Hospital Database on Adolescent mothers (10-19) years

Period	sub counties	10-19 years
2018	Bweyale Town Council	1400
	Kigumba Sub-County	621
	Kigumba Town Council	70
	Kiryandongo Sub-County	520
	Kiryandongo Town Council	493
	Masindi Port Sub-County	230
	<b>Mutunda Sub-County</b>	<b>964</b>
2019	Bweyale Town Council	1512
	Kigumba Sub-County	685
	Kigumba Town Council	59
	Kiryandongo Sub-County	451
	Kiryandongo Town Council	507
	Masindi Port Sub-County	191
	<b>Mutunda Sub-County</b>	<b>858</b>
2020	Bweyale Town Council	478
	Karuma Town Council	47
	Kigumba Sub-County	245
	Kigumba Town Council	178
	Kiryandongo Sub-County	186

	Kiryandongo Town Council	191
	Masindi Port Sub-County	114
	<b>Mutunda Sub-County</b>	<b>441</b>
2021	Bweyale Town Council	615
	Karuma Town Council	40
	Kigumba Sub-County	495
	Kigumba Town Council	68
	Kiryandongo Sub-County	238
	Kiryandongo Town Council	201
	Masindi Port Sub-County	179
	<b>Mutunda Sub-County</b>	<b>667</b>
2022	Bweyale Town Council	487
	Karuma Town Council	17
	Kigumba Sub-County	290
	Kigumba Town Council	60
	Kiryandongo Sub-County	202
	Kiryandongo Town Council	134
	Masindi Port Sub-County	123
	<b>Mutunda Sub-County</b>	<b>422</b>

Source, Kiryandongo General Hospital 2022

## Appendix II: Adolescent Mother’s Interview Guide

Dear respondent

My name is Rosemary Katwesige a Master of Arts in Development Studies student of Kyambogo University and I am currently carrying out a study entitled “Exploring the experienced effects of Adolescent Motherhood and on the Bearer’s Social- Economic Status in Mutunda Sub-County, Kiryandongo District , Uganda.” You have been selected to participate in this study because you are well positioned to provide necessary information relevant for this study. All information provided here will be treated with highest level of confidentiality and will only be used for purposes of this study. I request for your consent so that we can have a discussion for about 45 minutes.

### Interviewee Details

Participant’s marital status :

Participant’s age :

Participants number of children :

Parish :

<b>Objective 1: Experienced Effects of Adolescent Motherhood on the Bearers Education</b>		
<b>No.</b>	<b>Primary question</b>	<b>Responses and observations</b>
<b>1.1</b>	Which class and school were you before becoming a mother?	
<b>1.2</b>	What effect did adolescent motherhood have on your education? (probe on how did it affected your future career, education attainment, goals)	

1.3	What help would you need to pursue your education goals?	
<b>Objective 2: Experienced Effects of Adolescent Motherhood on the Bearers Health</b>		
2.1	How did you give birth? Briefly explain your experience and feeling about motherhood	
2.2	What effect did adolescent motherhood impose on your life?	
2.3	How best can the situation in 2.2 above be addressed?	
<b>Objective 3: Access to Resources by adolescent mothers</b>		
3.1	What are you currently doing to financially sustain your life	
3.2	What resource accessibility challenges do you face as an adolescent mother? How easily do you access health services, financial resources, food, basic needs for yourself and the baby?	
3.4	Do you receive any support from the father of your child, or any other person?	
3.5	What kind of support would you require to increase on your access to the above-mentioned resources and uplift your social economic status	

We have come to the end of our discussion, thank you for your participation

### **Appendix III: KII- Health**

Dear Respondent

My name is Rosemary Katwesige a Master of Arts in Development Studies student of Kyambogo University and I am currently carrying out a study entitled “Exploring the experienced effects of Adolescent Motherhood and on the Bearer’s Social- Economic Status in Mutunda Sub-County, Kiryandongo District, Uganda.” You have been selected to participate in this study because you are well positioned to provide necessary information relevant for this study. All information provided here will be treated with highest level of confidentiality and will only be used for purposes of this study. I request for your consent so that we can have a discussion for about 30 minutes.

1. What is the prevalence of adolescent mothers in Mutunda Sub-County? How old has the youngest mother been? Why are the numbers high in Mutunda compared to other sub counties and town councils within Kiryandongo district?
2. On average, how many adolescent mothers are recorded in a day at the hospital?
3. Do all mothers attend antenatal and deliver from hospitals? What are some of the reasons why some adolescent mothers do not want to deliver from the hospital?
4. How do most of the mothers deliver? Is it normal delivery or cesarean?
5. Are there any serious post-natal complications the adolescent mothers face?
6. What health effects does adolescent motherhood come with and how do they affect the mothers
7. What reproductive health services are given to adolescent mothers in Mutunda Sub-County? do they embrace them? Are there any barriers that prevent them from accessing them?

8. How best can policy makers and government combat adolescent motherhood in this community?
9. Give any recommendations you have for policy makers, parents, government and NGOs in regards to supporting the health needs of adolescent mothers.

Thank you for your time!!

## **Appendix IV: KII- Education**

Dear respondent

My name is Rosemary Katwesige a Master of Arts in Development Studies student of Kyambogo University and I am currently carrying out a study entitled “Exploring the experienced effects of Adolescent Motherhood and on the Bearer’s Social- Economic Status in Mutunda Sub-County, Kiryandongo District, Uganda.” You have been selected to participate in this study because you are well positioned to provide necessary information relevant for this study. All information provided here will be treated with highest level of confidentiality and will only be used for purposes of this study. I request for your consent so that we can have a discussion for about 30 minutes.

1. How prevalent is adolescent motherhood in Mutunda Sub-County in particular.
2. What do you think are the leading causes of adolescent motherhood among school going girls in Mutunda Sub-County?
3. Basing on this schools’ enrolment, how many students drop out of school per year/ term as a result of adolescent motherhood?
4. What challenges do adolescent mothers who return to school face? How best are you helping them remain in school?
5. Are there school friendly policies put in place by the education department in Kiryandongo district to encourage adolescent mothers remain and return to school? If yes, mention about them.
6. Are there any NGOs in partnership with KDLG with special programmes in support of adolescent mothers’ welfare in school? What do they do?

7. How best can learners and teachers change their perceptions on adolescent mothers in school?
8. Make any special recommendations policy makers, governments, NGOs could use to improve on their education outcomes of adolescent mothers in Mutunda Sub-County.

Thank you very much for your time!

## **Appendix V: KII- Community Development Officer**

Dear Respondent

My name is Rosemary Katwesige a Master of Arts in Development Studies student of Kyambogo University and I am currently carrying out a study entitled “Exploring the experienced effects of Adolescent Motherhood and on the Bearer’s Social- Economic Status in Mutunda Sub-County, Kiryandongo District, Uganda.” You have been selected to participate in this study because you are well positioned to provide necessary information relevant for this study. All information provided here will be treated with highest level of confidentiality and will only be used for purposes of this study. I request for your consent so that we can have a discussion for about 30 minutes.

1. What common economic activities do adolescent mothers get engaged in here? Briefly explain the challenges some face
2. What programmes and projects have been implemented by both government and CSOs to uplift the social economic status of adolescent mothers?
3. What are some of the challenges faced during implementation of these programmes?
4. What recommendations would you recommend to be put in place so that adolescent mothers easily access resources?

Thank you for your time!!!

## **Appendix VI: KII; Parish Chief**

Dear Respondent

My name is Rosemary Katwesige a Master of Arts in Development Studies student of Kyambogo University and I am currently carrying out a study entitled “Exploring the experienced effects of Adolescent Motherhood and on the Bearer’s Social- Economic Status in Mutunda Sub-County, Kiryandongo District, Uganda.” You have been selected to participate in this study because you are well positioned to provide necessary information relevant for this study. All information provided here will be treated with highest level of confidentiality and will only be used for purposes of this study. I request for your consent so that we can have a discussion for about 30 minutes.

1. Describe the situation of adolescent mothers in Mutunda Sub-County?
2. What have been the reasons for the increasing numbers of adolescent mothers
3. As a Sub-County, how is this a threat to the lives of the mothers, their household and even the community?
4. How has adolescent motherhood affected the education outcomes of the mothers, their goals, aspirations and future careers?
5. What challenges do adolescent mothers face in Mutunda Sub-County?
6. How best do you think the challenges above can be addressed to improve the social economic status of adolescent mothers?

Thank you for your time!!!

## **Appendix VII: KII- Local Council 1**

Dear Respondent

My name is Rosemary Katwesige a Master of Arts in Development Studies student of Kyambogo University and I am currently carrying out a study entitled “Exploring the experienced effects of Adolescent Motherhood and on the Bearer’s Social- Economic Status in Mutunda Sub-County, Kiryandongo District, Uganda”. You have been selected to participate in this study because you are well positioned to provide necessary information relevant for this study. All information provided here will be treated with highest level of confidentiality and will only be used for purposes of this study. I request for your consent so that we can have a discussion for about 30 minutes.

1. Why does this community have many adolescent mothers?
2. As local council, how do you manage this situation
3. What challenges do adolescent mothers face in respect to their education, health and access to resources
4. What have the local NGOs around done to help in addressing some of challenges faced above?
5. Is early marriage common for adolescent mothers? Why is it common?
6. Mention any recommendations and strategies to help improve the social economic status of adolescent mothers

Thank you for your time

## **Appendix VIII: KII- Secretary Women Affairs**

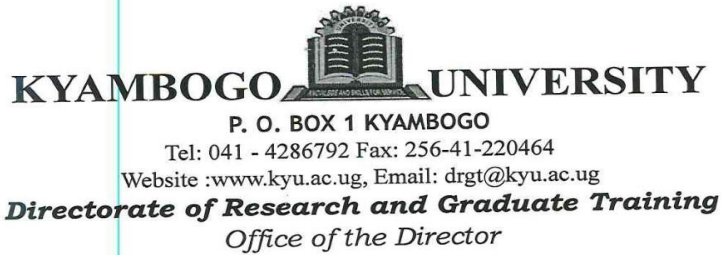
Dear respondent

My name is Rosemary Katwesige a Master of Arts in Development Studies student of Kyambogo University and I am currently carrying out a study entitled “Exploring the experienced effects of Adolescent Motherhood and on the Bearer’s Social- Economic Status in Mutunda Sub-County, Kiryandongo District, Uganda”. You have been selected to participate in this study because you are well positioned to provide necessary information relevant for this study. All information provided here will be treated with highest level of confidentiality and will only be used for purposes of this study. I request for your consent so that we can have a discussion for about 30 minutes.

1. Briefly comment on the state of adolescent motherhood in this community and why adolescent motherhood is rampant in this community?
2. As the secretary women affairs, how do you manage this situation?
3. How has the education, health and resource accessibility of adolescent mothers been affected?
4. What is the cause for domestic violence among married adolescent mothers and how do you handle them at community level?
5. What have the local NGOs around done to help in addressing some of challenges faced above?
6. Mention any recommendations and strategies to help improve the social economic status of adolescent mothers

Thank you for your time

## Appendix IX: Letter of Introduction



Date: 31<sup>st</sup> July 2023

**TO WHOM IT MAY CONCERN**

**RE: KATWESIGE ROSEMARY**

Dear Sir/Madam,

This is to introduce to you the above-named student **Reg: No 21/U/GMADS/14225/PE** pursuing Master of Arts in Development Studies, Department of Development Studies, Kyambogo University.

She intends to carry out research on **“Adolescent Motherhood and its Effects on the Bearer’s Social Economic Status in Mutunda Sub- County, Kiryandongo District of Uganda”** in partial fulfillment of the requirements for the award of A Master of Arts in Development Studies.

The purpose of this letter therefore is to request you to grant her permission to carry out her study in your institution.

Any assistance rendered to her will be highly appreciated.

Yours sincerely,

  
Prof. Bosco Bua  
**AG. DIRECTOR**

