

**EFFECT OF SOCIAL SUPPORT ON THE UTILIZATION OF MATERNAL
HEALTH SERVICES AMONG TEENAGE MOTHERS IN NORTHERN
DIVISION MBALE CITY**

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S22/MUC/BPAM/043

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
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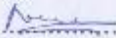


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DECLARATION

I **NAMATAKA ALICE** hereby declare that this research Report has been written out of my own efforts. It has never been submitted to any institution of higher learning for any award.

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This is to certify that this Research report has been completed under my supervision and submitted for approval and further examination for the award of a Bachelors degree of public administration and management of Uganda Christian University

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DEDICATION

I dedicate this work to my family for their kind financial and moral support to my Education.

I pray that the almighty God Bless you all

ACKNOWLEDGEMENT

My great gratitude goes to God the Almighty who has enabled me to successfully complete this wonderful exercise.

I also wish to extend my great appreciation to my supervisor, Mr. ODONGO JOSEPH

for all the guidance he has enkindled me with during this session amidst his busy schedules. I pray he may live to witness more great years on earth.

In a special way, I take this opportunity to recognize the staffs of Uganda Christian University for the wonderful work done for us. May the almighty God Bless the work of your Hands

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LIST OF ACRONYMS

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| AGOA | African Growth and Opportunities Act of the USA |
| CDM | Clean Development Mechanisms. |
| CDRN | Community development network |
| CDWCG | Community Development Workers Conditional Grant. |
| CEDOVIP | Center for domestic violence prevention |
| COPE | Complementary Opportunities for Primary Education |
| DWNRO | Disabled women's network and resource organization |
| LGDP | Local Government Development Program |
| MDG | Millennium Development Goals |
| MGLSD | Ministry of Gender, Labor and Social Development |
| NAADS | National Agricultural Advisory Development Services |
| NGO | Non-Governmental Organization. |
| NUSAF2 | Northern Uganda Social Action Fund Two |
| SDS | Social Development Sector |

ABSTRACT

Despite of a wide range of maternal health services available, many teenage mothers suffer from prenatal and post natal complications. This explains high incidences of mortality and infant deaths. This study assessed the effect of social support on utilization of maternal health services among teenage mothers in Northern Division of City, Mbale district. Specifically the study investigated the To investigate the effect of socially based emotional support on utilization of maternal health services among teenage mothers and the effect of physical support on utilization of maternal health services among teenage mothers. The study also determined effect information support on utilization of maternal health services among teenage mothers in Northern division of Mbale City. The study used cross-sectional design to analyze data from the study area with the help of both qualitative and quantitative methods. The researcher collected data from 80 respondents in the study area who were selected using simple random and purpose sampling and questionnaires together with interview guide were used to collect data from study subjects. The study found that socially based emotional trust improves utilization of maternal health services by teenage mothers and socially based emotional empathy improves utilization of maternal health services by teenage mothers. Findings also revealed that socially based emotional support help to promote love and improves utilization of maternal health services by teenage mothers and socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers. Additionally, study findings showed that physical support include taking teenage mother to hospital enhance utilization of maternal health services and physical support include helping in household chores to teenage mother enhance utilization of maternal health services. Also providing financial support to teenage mother is part of physical support and enhance utilization of maternal health services and physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health. Further, findings indicate that information support includes nutritional support for teenage mothers can help to promote uptake of maternal health services and information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers. Informational support is most beneficial for a controllable event (e.g., preparing for childbirth) help to promote maternal health services by teenage mothers and information support may decrease the impact of negative life events on health outcomes. The researcher recommended provision of a wide range of maternal health services and promote universal access including undertaking community mobilization to increase utilization.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study was intended to investigate the effect of social support on utilization of maternal services for teenage mothers in Northern Division of Mbale City of Eastern Uganda. This chapter presents details on the background to the study, problem statement, Objectives of the study, research questions, scope of the study, and significance of the study, the conceptual framework and operational definitions.

1.1 Background to the Study

The UN Sustainable Development Goal (SDG) 3 prioritizes maternal health, with target 1 working to reduce global Maternal Mortality Ratio (MMR) to less than 70 per 100,000 live births by 2030 (who, 2022). By the end of the MDGs in 2015, significant progress had been made in the area of maternal and child health. Global MMR declined to 216 deaths per 100,000 live births, representing a 37% drop since year 2000, while global under-5 mortality fell to 43 deaths per 1000 live births, a decline of 44% over the same period. Despite this progress, it has been noted that global MMR should decline by about 7.5% annually, more than twice the annual rate of reduction in the MDG period, if the SDG target should be achieved come 2030. This requires expansion of access to quality maternal health services but also identifying vulnerable groups of women for policy targeting.

Conversely, low levels of social support for teenage mothers have been associated with poor maternal and infant health outcomes. In USA, Germany and Japan, women with low social support were found to have infants with the highest levels of cephalization, indicating higher levels of asymmetric fetal growth. Teenage mothers who report inadequate social support during pregnancy may be more likely to experience depression and anxiety after the birth of their infant. In East Asian countries, Canada and Caribbean, teenage mothers with low levels of social support were approximately five times more likely to experience postpartum depression.

Social support is defined as the provision of emotional (e.g. caring), or informational (e.g. notifying someone of important information) support, physical (e.g. helping with housekeeping), tangible (e.g. practical support like financial aid), and/or psychological support for somebody by the social network of family members, friends, and community members. It is assistance from one individual or a social network that is given to another individual, which produces an instant or later positive response in the recipient. Maternal services include postpartum and postnatal care for pregnant mothers MoH (2021). Traditional models of prenatal care in the United States, where women receive individual health care services from clinical providers during pregnancy such as education, physical assessments, and guidance on preventing obstetric complications, can be important sources of support and help promote positive health outcomes for women and infants (Davis et al., 2021). Teenage mothers, however, have voiced concerns with traditional models of prenatal care, citing frustration with long wait times for new patients, fragmented care, unresponsive staff, and poor communication with providers. Teenage mothers have also reported health care providers who ignored their

Despite the importance of maternal healthcare utilization in promoting maternal health among teenage mothers, coverage in Sub-Saharan Africa is still quite low. For instance, irrespective of its crucial role in the reducing maternal mortality, large number of teenage mothers continues to give birth without professional assistance in some Sub-Saharan Africa countries, especially during their subsequent deliveries. In Ethiopia for instance, approximately 70.8% of women gave birth without any social support at home during the last child birth. Studies conducted at individual country levels have revealed that socio-economic status, availability and accessibility to health facility, knowledge on pregnancy emergencies, and educational level of mothers influence the maternal service utilization in Sub-Saharan Africa

Several interventions have been implemented by Sub-Saharan Africa countries to improve the maternal health service utilization. Ghana for example introduced one most important health financing reform in the history of the country, free maternal healthcare policy (FMHCP) in 2008 as part of the Ghana National Health Insurance Scheme (NHIS) to removing financial barriers and resultant inequalities in maternal healthcare utilization among pregnant and nursing mothers.

This policy has increased access and utilization among mothers. However, Novignon, (2019) notes that with the implementation of the policy, ANC has decreased from 70.6% in 2015 to 46.5% in 2020. Similarly, skilled birth attendance also decreased from 72.8% in 2015 to 43.8% in 2020. The majority of studies carried out in Sub-Saharan Africa on maternal healthcare utilization have not combined all the three components (ANC, PNC and skilled delivery).

In Uganda, many births in rural areas take place with the help of traditional birth attendants (TBAs) as a result of inaccessibility of formal health services (MoH, 2019). For instance, rural localities such as Karamoja, West Nile, Teso, and Bukedi regions have 50 to 60% gap in midwifery staffing which presents significant implications for utilization of assisted delivery services (UDHS, 2021). Although TBAs are trusted members and have a high social ranking in their local communities, their limited knowledge and lack of formal training have led to risky medical procedures resulting in high rates of complications and even preventable deaths. With renewed impetus following the introduction of the SDGs, the Government of Uganda implemented several policies aimed at improving healthcare access.

For example, the country implemented the National Health Sector Strategic Plan (NHSSP I) in 2000, and NHSSP II in 2005 to redirect and retool the countries health sector to improve the delivery of critical health services including maternal and preventive health (Odongo et al., 2022). Implementation of the Reproductive Health Strategy in 2007 prioritized early pre- and post-natal care, while the National Health Policy II started in 2009 reinforced investment in maternal health and nutrition. In 2015, the country implemented the Uganda Family Planning Costed Implementation Plan to improve allocation of resources to reproductive and other maternal health services (MoH, 2022). In addition, interventions from non-profit organizations within the SDGs period included the Volunteer Village Health Teams program in 2018 and the Labour and Risk Management (ALARM) program in 2020 (MoH, 2022). Improvements in antenatal visit within first trimester of pregnancy from 17 to 29%, four or more antenatal care visits from 47 to 60%, and skilled birth delivery from 42 to 74% between 2006 and 2016 can be associated with the policies implemented over the MDGs periods .

This notwithstanding, there is limited study on disparities in maternal health services utilization among women with varied delivery experiences. In a socio-cultural context, where pregnancy among unmarried women is stigmatized, and to some extent where pregnant teenagers disproportionately suffer emotional stress, first pregnancy is often hidden away (Okello & Okello, 2020) and thus reduces teenage mother's access to maternal health services. The 2016 Ugandan Demographic and Health Survey reports of a growing proportion of teenage mothers under 20 years in childbearing, majority of whom have earlier start to sexual activities than age at marriage, and record the highest proportion (40%) of mistimed pregnancies. In fact, early (teenage) marriage and 'informal' unions – marriage through the window – which is often associated with unplanned pregnancy, is on the rise in the country (Ojangole et al., 2022). In addition, approximately 50% of the cost of maternal health services is borne by households in out-of-pocket payments given the low coverage of health insurance (6% in 2016) (Ojangole et al., 2022). Teenage mothers would probably report lower access to maternal health services because of the enormous social support.

Present evidence of effects of social support on childbirth experience is inconsistent and little is known about its effects on childbirth experience of teenage mothers (Sigurdardottir et al., 2023, Walker et al., 2022). Also, health care providers and teenage mothers' relatives do not have enough information about social support during pregnancy and its effects on utilization of maternal services for teenage mothers. Therefore, in order to inform the care providers and mother's relatives, especially the spouse, about the importance of supporting the mother during pregnancy and its effects on utilization of maternal services for teenage mothers, this study aims to determine the correlation between perceived social support in pregnant women and their childbirth experience.

1.3 Problem statement

Maternal Health Services in Northern Division of Mbale City are under utilized. For example the study by Okilinge et al., (2022) found that there are high rates of infant and maternal deaths. In 2022, the MoH found that only 12% of pregnant mothers visited ANC Clinic. This has subsequently led to high fertility rates, prenatal and post natal complications leading to deaths

and if not addressed, teenage pregnancies and STIs coupled with population growth are like to undermine the country's efforts of socio-economic development and attainment of SDGs.

The total fertility rate Northern Division of Mbale City is estimated at 6.2 leading to 7,297 pregnancies and 7,727 expected births per year (Mbale District Local Government, 2022). Northern Division of Mbale City has an estimated contraceptive prevalence rate of 8%, uptake rate of 16% and an unmet need for family planning at 21.9% (UDHS & ICF, 2022). Despite various efforts by Ministry of Health and other partners to ensure that contraceptives are available to women in Northern Division of Mbale City like provision of better health facilities, empowerment of VHTs, effective communication through the TVs and radio stations, counseling services and free family planning service provision, most women still don't make use of the contraceptives. Furthermore, there is no study conducted about the effect of social support on utilization of maternal health services in Northern Division of Mbale City. It is therefore against this background that this study is aimed at assessing the effect of social support on utilization of maternal health services in Northern Division of Mbale.

1.4 The Purpose of the Study

The aim of the study was to analyze the effect of social support on utilization of maternal health services for teenage mothers in Northern division of Mbale City.

1.5 Objective of the study

- 1) To investigate the effect of socially based emotional support on utilization of maternal health services among teenage mothers in Northern division of Mbale City.
- 2) To assess the effect of physical support on utilization of maternal health services among teenage mothers in Northern division of Mbale City.
- 3) To establish the effect information support on utilization of maternal health services among teenage mothers in Northern division of Mbale City.

Research questions

- 1) What is the effect of socially based emotional support on utilization of maternal health services among teenage mothers in Northern division of Mbale City?
- 2) How does physical support affect utilization of maternal health services among teenage mothers in Northern division of Mbale City?

- 3) What is the effect of information support on utilization of maternal health services among teenage mothers in Northern division of Mbale City?

1.7 Scope of the study

The study scope was categorized into geographical, context and time as follows:

1.7.1 Geographical Scope

The study was conducted in selected wards in Northern division of Mbale City in Mbale district. Northern Division Local Council being one of the two Divisions in Mbale Municipality (MC) is found in Mugisu cell opposite Namakwekwe primary school and it's made up of 5 wards and 36 cells. And these include Nabuyonga which comprises of Sebei, Bawalasi, Nambozo, Hygiene Buwomjo, Gangama, Bujoloto, Wanambwa, and senkulu cell. North central comprises of hospital, Clock tower, Duka, North road, Byazala, Uhuru, Pesa and Nkonkojeru, cell. It's also bordered by Kumi District to the west and north, Bulambuli District to the east, Sironko District and Mbale District to the southeast, and Pallisa District to the south, The City headquarters at Mbale are located approximately 79 kilometers, by road, southeast of Soroti, the largest city in Teso sub region. The coordinates of the district are: 01 21N, 34 03E.

1.7.2 Content Scope

The study contained information about the effect of social support on utilization of maternal health services for teenage mothers. It specifically looked at the effect of socially based emotional support and physical support on utilization of maternal health services for teenage mothers. It also looked at the effect information support on utilization of maternal health services for teenage mothers.

1.7.3 Time Scope

The research study considered the period between 2019-2023. This period was considered because it is during this time that utilization of maternal services by teenage mothers in Northern division of Mbale City became very low (Division report, 2022)

1.8 Significance of the study

The results of the study may help to strengthen the implementation of policies for enhancing utilization of maternal services by teenage mothers

The study results may be used by government and development partners in designing policies and measures of intervention that can lead to increase in enhancing reproductive health and social rights of women.

The study results may be used as a point of reference to future researchers

The study may help health providers and stakeholders within health system to enact appropriate policies for increase utilization of maternal services by teenage mothers.

The study may contribute to the existing body of knowledge on the social support on utilization of maternal health services for teenage mothers.

1.9 Conceptual Frame work

Independent Variable

Dependent Variable

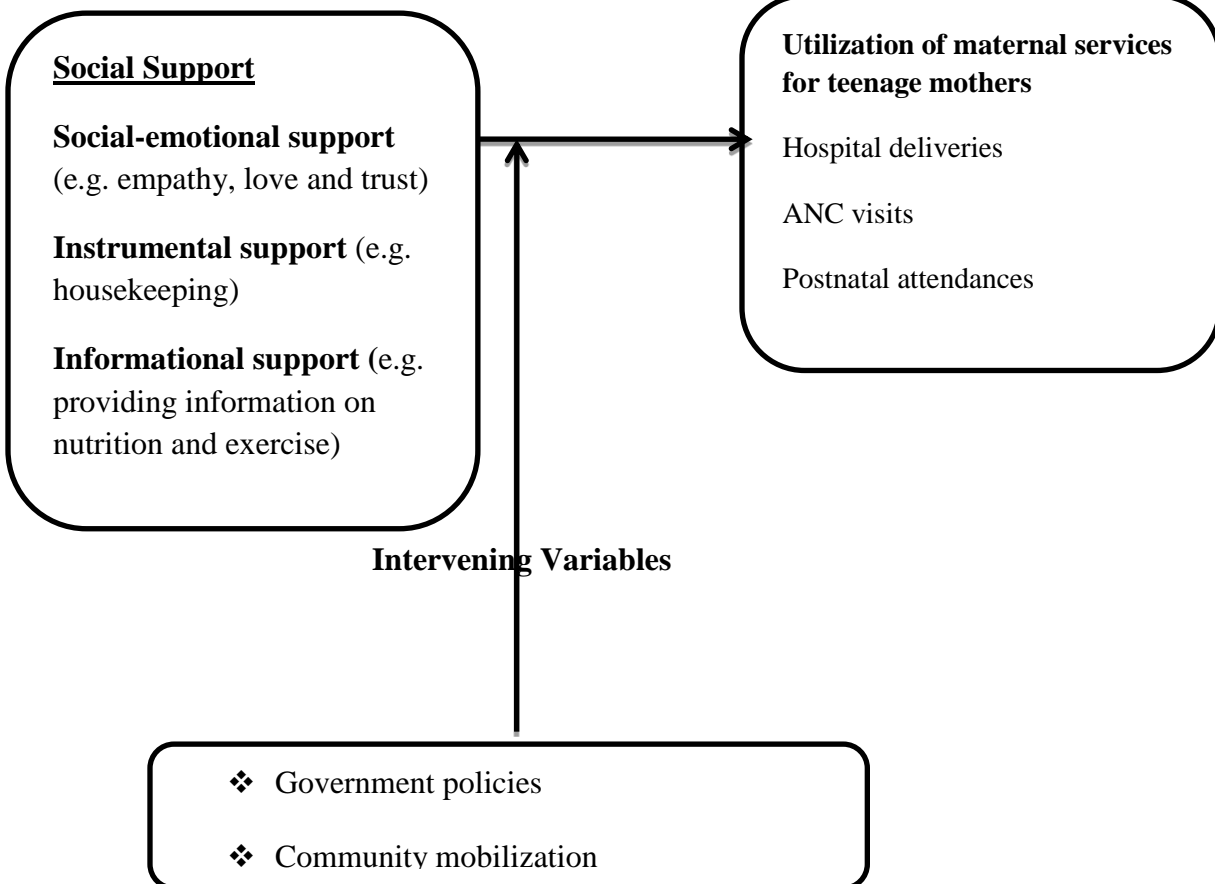


Figure 1.1 Conceptual Framework showing relationship between variables

Source: Miles & Huberman (1994, p. 18).

Form the above conceptual framework, social support as an independent variable (IV) involves social support, social-emotional support (eg., empathy, love and trust), Physical support (eg., housekeeping) and Informational support (e.g providing information on nutrition and exercise. The dependent variable in this case is utilization of maternal health services with parameters of hospital deliveries, ANC visits and postnatal attendances. The framework assumes that when drug abuse is controlled, it is likely to transform utilization of maternal services for teenage mothers. Nevertheless, this may not be automatic as other factors may come into play. These may include government policies and existence of vocational training institutions. These factors have been dully coined as intervening variables by the study and are being isolated to avoid making wrong conclusions.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the review of the past literature related to area under investigation. The review was conducted according to objectives of the research study as seen below:

2.1 Operational Definitions of key terms

Social support is defined as the provision of emotional (e.g. caring), or informational (e.g. notifying someone of important information) support, physical (e.g. helping with housekeeping), tangible (e.g. practical support like financial aid), and/or psychological support for somebody by the social network of family members, friends, and community members. It is assistance from one individual or a social network that is given to another individual, which produces an instant or later positive response in the recipient (Okiria, 2020).

Maternal services. These refers to a comprehensive range of health care and support services designed to address the physical, emotional and informational needs of women during pregnancy, childbirth and the postpartum period natal MoH (2021

Maternal health. This refers to the health of women during pregnancy, child birth and postpartum period (MoH, 2022)

Teenage mothers these are young women, typically aged 13-19 who become pregnant and give birth (Onyango et al, 2021)

2.2 Emotional support and utilization of maternal health services

This sub-theme outlines a range of emotional support that the women experienced from their husband or partner during pregnancy. This was sometimes described as how their husband's paid attention to them, encouraged them with supportive words, and allowed them space to discuss their concerns of the pregnancy. In addition, this shows that some husbands met women's needs when they were patient during pregnancy, avoiding any conflict or arguments (Mushemexza et al., 2018). Meanwhile, husbands prevented their pregnant wives from having to do hard manual

labour, such as working in a factory, as an expression of affection and care. Care can also be exemplified through the husband taking care of their wives' diets.

Healthcare providers (e.g., nurses, psychologists, or social workers) should raise awareness about the importance of providing pregnant women with the required social support (e.g., emotional, physical, and informational) through their social circles, including the husband, mother, father, and female networks. Healthcare providers should tailor social support interventions to meet individualized needs as women's needs may differ. For example, Dennis et al. (Mwit et al., 2019) found that women who participated in breastfeeding peer support interventions valued emotional support most and were less focused on education and informational support, although many social support interventions focus on informational and educational aspects. Interventions are most effective when they are developed based on the needs of the target population (Onyango, 2020). It is therefore important for healthcare providers to not adopt a one-size-fits-all approach, but rather tailor their services and interventions in order to meet the specific and diverse needs of women within their communities but this has not been based on research and data analysis results.

Moreover, healthcare providers need to screen pregnant women to know what they value in receiving emotional support and assess their level of emotional and practical support during pregnancy. This screening should be followed by encouraging the inclusion of the key support people (friends, family members, and partners) throughout pregnancy. Yawn et al. (2020) concluded that 654 of 1,897 teenage mothers had elevated screening scores indicative of depression. This is significant as it shows that many teenage mothers needed additional help and resources for mental health issues. Mental health screenings can provide valuable information to help identify those needing extra support.

When the emotional-social support expectation is unmet, women can be at greater risk for developing depressive symptoms in the postpartum period, (Negron et al., 2012). A systematic review revealed that women had difficulty verbalizing their social support needs to partners, family, and other professionals. Rather, there was a belief that social supports should be provided without a formal ask (Negron et al., 2012). That said, across a variety of demographics, women

indicated the reception of social support was a critical component of physical and emotional postpartum recovery (Negron et al., 2012).

2.3 Physical support and utilization of maternal health services

For maternal health support, physical support can be beneficial in a variety of ways, (Semmer et al., 2018). An interaction between a mother and her preferred provider is delineated by their roles. The role of the provider provides information, diagnosis, treatment, guidance, etc. The provider indicates focus on a potential problem and, therefore, provides physical support for teenage mothers. Professional interactions with other specialized pregnancy and postpartum individuals are likely grouped as physical support based on the function (Semmer et al., 2018). On the other hand, personal contact with relatives or friends likely translates to emotional support for teenage mothers.

Physical support relates to the specific functions of said relationships and is personally evaluated based on individual perception of availability of support. Physical relationships are measured by the integration and expansion of physical networks, through supportive communications, and perceptions of support availability (Glanz et al., 2020). The intention (or perception) of physical support and utilization (or reception) of functional social support could have different impacts within the conceptual frameworks, thus, domains of physical support are an important component in individual need.

Musherire et al., (2021) argued that physical support in pregnancy includes practical assistance and tangible resources provided to pregnant teenage mothers. This type of support includes tasks such as helping with household chores, running errands, providing transportation, and assisting with childcare responsibilities. Physical support aims to alleviate the physical and logistical burdens that pregnant women may face, allowing them to focus on their health and well-being during pregnancy. It plays a crucial role in ensuring that pregnant women have the necessary resources and assistance to navigate the challenges of pregnancy and prepare for the arrival of their baby.

This main theme illustrates a range of physical social support that the teenage mothers experienced during pregnancy. As part of this theme, tangible AND physical support refers to material aids, e.g., the provision of money or goods and behavioural acts, such as helping with

household chore. Alternatively; intangible form of physical support describes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health during pregnancy (Okidi et al., 2020). The first and second subthemes, "financial support from the husband and family" and "practical support from family and friends" relate to tangible support, and the third, "health information support", to intangible support.

2.4 Information support and utilization of maternal health services

Pointedly, the matching hypothesis identifies informational support is most beneficial for a controllable event (e.g., preparing for childbirth) whereas emotional support is most effective for uncontrollable events (e.g., physical range is limited due to complicated birth outcomes) (Glanz et al., 2018). This theoretical model highlights the importance of functional components of information support and the necessity for access to a variety of types of supports. The nature of the stressor will determine the appropriate support. Therefore, stress factors, relational factors, and recipient factors are important considerations for information support effectiveness (Bolger & Uchino, 2019).

Information support may decrease the impact of negative life events on health outcomes. The framework implies information support could provide knowledge and skills to avoid certain types of stress (Glanz et al., 2018). According to theoretical stress-prevention and stress buffering pathways published in 2020, stress-buffering occurs through the interpretation of the situation and resources for coping, meaning the stressful situation can be weakened or ' should reduce the typical patterns between stress and health-related outcomes (Cohen, 2921). The matching hypothesis has been called a major variant within the stress buffering model (Cutrona & Russell, 2019). This approach predicts the stress-buffering model is more effective when the category of information support matches the stressful situation or challenge that teenage mothers go through.

Both perceived and received information support is associated with positive outcomes for mothers in the postpartum period (Wilkins, 2017). Maternal health and well-being have been improved when coupled with provision of information support. Informal and formal information support can assist with the facilitation of parenthood and the development of a new routine (Barclay et al., 2018). Formal social support availability and perceived availability is linked to

enhanced parenting quality (Parkes & Sweeting, 2018). Finally, there have been positive associations with postpartum stress reduction and informal social support, given by a partner or peers, (Dennis & Ross, 2006). Ultimately, information support has positive associations for mothers in the postpartum period, specifically, when the support is derived from peers, partners, and other trusted healthcare professionals.

According to MoH, (2022), healthcare professionals were considered sources of information and advice, in addition to people such as mothers, friends, and pregnancy group members. This included positive feedback to normalize the pregnant person's experience, information about the foetus's health condition, nutrition advice and information about delivery. However, some teenage mothers never mentioned healthcare providers as routine sources of information support but occasionally referred to them when describing acute problems related to pregnancy, the health of the foetus, or delivery information. Other women, especially mothers, were routine sources of information and advice.

During the Covid-19 pandemic, some pregnant teenage mothers faced a lack of informational support from healthcare providers about the Covid-19 virus and lockdown regulations. This led them to rely upon their pregnancy group peers to discuss concerns online through social media. For example (Charvat et al., (2021). These examples give an overview of the different forms and sources of health information support in the context of the Covid-19 pandemic and beyond.

The stress prevention pathway advocates the benefits of information support due to the nature of resources that reduce exposure to various stressors and evaluates the necessity of stress prevention as a function of support (Gore, 1981). First, engaging in information as part of social support support may lower perceptions that a situation is challenging, meaning information support can positively influence cognitive processes (Cohen, 2019). Information support promotes proactive coping, which encourages teenage mothers to make informed decisions that will lessen exposure to stress and secondary stressors

2.5 Conclusions

Though a number of studies were carried out on family support, however those addressing social support and utilization of maternal health services among teenage mothers in northern city division of Mbale City are still limited, even those existing studies, were done in a different geographical setting other than Northern division, at different time and using different methods (mostly mixed quantitative and qualitative approach) (such as Batte et al., 2021, Okedel, 2020).

Thirdly, even the Wights and Broomfoot volume “local revenue dilemmas” though published in 2017 consist of papers given at a conference at the Commonwealth Institute in London in 2014 and is heavily constrained by its origin as a set of short talks to a general audience and no study of this kind has ever been carried out in Mbale city of Mbale district and this makes this study timely. Therefore the lack of a comprehensive single author survey on social support and utilization of maternal health services among teenage mothers in northern city division of Mbale City makes this study timely. Not that the subject has suffered from any lack of interests but many historical scholars and publications particularly in Uganda and Africa have often been drawn more to the international scene than to the potentially more hazardous subject of secondary school management at home. Very few historical nodes have been made on the subject and the resulting literature has, however, almost exclusively taken the form of edited volumes, specialized monographs and polemical contributions to debates and this is the gap this study intends to fill.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter highlights information on the research design study area, sampling techniques, study population, research instruments, Research procedure, validity and reliability, data analysis and presentation as well as ethical considerations.

3.1 Research Design

The research study was both qualitative and quantitative using casual comparative design to analysis the relationship between social support and utilization of maternal health services. Causal-comparative design was used to explore the relationship between the study variables. The main purpose of causal-comparative design is therefore to determine reasons for the current status of management control with regards employee performance in local governments. This design helped the researcher to generate more sufficient data and relevant information that support the variables and objectives of the research study. In this design, tables graphs and explanations were used to present the required information which is related to the area of study was collected.

3.2 Area of study

The study will be carried out in industrial Division of Mbale City covering the wards of Namatala and Malukhu

3.3 Study Population

Sloven formula was used to select the sample size from the study population. The research sampled 80 (Eighty) respondents out of the 100 from the study area. The population to be studied included both male and females to avoid gender bias. This study population was chosen because it has the characteristics that provided information related to the research study. The study population included respondents from teenage mothers (80), community leaders (10) and health care workers (10). These respondents have been chosen because they possess not only vital but relevant information about the effect of social support and utilization of maternal health services.

In Northern Division of Mbale City and below is the formula used for determining the sample size as suggested by Fisher et al (1970)

3.4 Sample Size

Sloven (1967) provided a formula to calculate sample sizes from populations provided the general population size is known. The study population included respondents from teenage mothers (60), community leaders (10) and health care workers (10). Given a population size of 100 teenage mothers, community leaders and health care workers in Northern Division, Mbale City at 90% confidence level and an error margin of 5%, the number of participants in this study was determined by the formula below:

Formula

$$n = \frac{Z^2 P Q}{Q^2}$$

Where n = the desired sample size.

Z = the standard normal deviate at the required confidential level.

P = the population in the target estimated to home characteristics being measured

$$Q = 1 - P$$

D = the level of statistics significance.

Therefore: $n = \frac{Z^2 P Q}{Q^2}$

$$Q^2$$

$$n = \frac{(1.96)^2 (60) (.50)}{$$

$$(.050)^2}$$

n = 80 (Thus 80 is the total sample size)

Table 3.1: Population and Sample Size

| No | Category | Population (N) | Sample Size (n) | Sampling Techniques |
|--------------|------------------------|-------------------|--------------------|---------------------------|
| 01 | Teenage mothers | 80 | 60 | Simple Random sampling |
| 02 | Community leaders | 10 | 10 | Simple Random sampling |
| 03 | Health care workers | 10 | 10 | Purposive sampling |
| Total | | 100 | | |

Source: Primary data, 2024

3.5 Sampling Techniques

The researcher will use the following sampling techniques:

3.5.1 Purposive sampling

Purposive sampling is a non-probability sampling method. This is a form of sampling technique that allows the researcher to use cases that have the required information with respect to the objectives of the study (Creswell, 2014). In this study, subjects were therefore be handpicked they are informative and they possess the required characteristics. Purposive sampling technique was used to get health care workers. These respondents were purposively sampled because of their positions and the researcher was able to get in-depth information that helped to answer the research questions.

3.5.2 Simple Random sampling

Simple random sampling is a type of probability sampling in which the researcher randomly selects a subset of participants from a population. Each member of the population had an equal chance of being selected. Data is then collected from as large a percentage as possible of this random subset (Mugende and Mugenda, 2016). Simple random sampling was used to get 36 teenage mothers and 32 community leaders. The goal of simple random sampling technique is to give every participant a chance to participate in the study. It involved giving a number to every subject of the accessible population, placing the numbers in the container and then picking any number at random. The subject corresponding to the numbers was then included in the sample. This sampling technique enabled the researcher to get a representative sample for the research study and it allowed generalizability to a larger population with a margin of error that will be statistically determinable.

3.6 Data collection methods

The researcher used both questionnaires and interview.

365.1 Questionnaire Survey

The research used questionnaire survey data collection method. The questionnaire survey comprised closed ended questions which were answered by teenage mothers and local leaders. Questionnaires are regularly used in social research. This method allowed the researcher to cover the respondents rapidly and cheaply (Bordens & Abbott, 2014). The researcher used self-administered questionnaire as a research tool to collect data from 36 teenage mothers and 32 community leaders. The questionnaire consisted of an introductory note. Section A for respondents' demographic information, Section B, C and D had questions on study variables. The researcher got a list of 60 teenage mothers and 10 local leaders identified through simple random sampling to which the questionnaires was administered.

According to Fisher (2004), a questionnaire is used because it is easy to administer, not so expensive, and helped to collect unbiased data. The nature of the questions were in form of structured and close ended questions where by a 5 Likers scale of measurement was on closed ended questions based on a scale of strongly agree (5), agree (4), unsure (3), disagree (2),

strongly disagree (1). Questionnaires were used because they allowed respondents to provide firsthand information which is free of bias and it is also easy to use.

3.6.2 Interviews

Other data was collected through interviews with the help of an interview guide. An interview guide is a research instrument that contains a set of questions on defined issues under study that are put to respondents on face to face basis (Saunders, et al, 2019). An interview guide collects data that supports the researcher through directing an interview process towards the objectives and issues regarding the study (Etyang, 2018). The interview guide consisted of open-ended questions and it was answered by staffs of local administrative units. The interview guide helped the researcher to assess whether all questions had been asked or not. The interview guide was used to collect data from 12 health care workers because this category of study population may have more knowledge that could not be fully captured using questionnaires.

3.7 Data quality control tools

3.7.1 Validity

The validity of an instrument is defined as the ability of an instrument to measure what it is intended to measure. Validity considers how correctly the research tools measure what the researcher wants to measure. Thus, validity is about the research tool being credible or trustworthy or being accurate or correct (Etyang, 2018). After formulating the questionnaire, the supervisors and other experts reviewed the items and checked the language clarity, content comprehensiveness, and relevancy and how long the questionnaire is. To establish the validity of the instruments, the researcher used expert judgement as recommended by Gay (1997) as the best method for ensuring validity. Thus the researcher ensured that the instrument is clear, relevant, specific and logically arranged. The validity of the questionnaire was tested using the content validity test (CVI). To arrive at the relevancy of the questionnaire, the researcher designed the instrument that yielded content – valid data by first specifying the domain of indicators that are relevant to the concept being measured. A content-valid data measure contained all possible items that were used in measuring the effect of local administrative systems on rural development and transformation.

3.7.2 Reliability

A tool's reliability shows the extent to which it is free of errors and for that makes sure that there is continuous valuation across time and also across the various items in the instrument. This therefore means that a tool's reliability shows how stably and consistently the tool evaluates the idea thereby helping to measure the worthiness of a measure (Sekaran & Bougie, 2016). Reliability of the instruments was obtained by using the test- retest reliability. Fraenkel and Wallen (1996) argue that for most educational research, stability of scores over a period of two months is usually viewed as sufficient evidence of test-retest reliability. Therefore the researcher was pre-test and retests the instruments on participants not among those in the study sample. The researcher computed the reliability for multi-item opinion questions using SPSS computer software. The items were tested using Cronbach Alpha to get a reliability figure of 0.79 which is above the recommended reliability of 0.7 (Kaplan and Saccuz, 1993)

3.8 Data collection procedure

The researcher selected and presented a research topic to the department of education which was approved. Thereafter the researcher developed a research proposal. After approval of the research proposal, the researchers obtained an introductory letter from the Head of department which was presented to the relevant authorities in the study area for data collection. Thereafter the researcher writes a report which to be presented to the department for further examination

3.9 Data Presentation and Analysis

3.9.1 Quantitative data analysis

Any data that is presented in numerical form like statistics, percentages among others are referred to as Quantitative data. Quantitative data got from questionnaires was computed into frequencies, counts and percentages. The initial step in preparing this data is coding. This involved allotting numbers to the respondents' responses in order that they can be fed into a database (Sekaran & Bougie, 2016). Responses were fed into a data base after they are coded. Raw data was entered using the SPSS Data Editor. Data was presented using different methods such as simple frequency tables which will ultimately help to measure the effect of social support on utilization of maternal services among teenagers. This was because data presentation requires clear portrayal of the findings presented, and the listed methods above clearly fulfill that purpose.

3.9.2 Pearson Correlations and Regression Analysis

Pearson Correlations and regression analysis was used to analyze and measure the degree of relationship between social support and utilization of maternal health services because it is the most appropriate and presents minimal interference by the researcher and it give no room for manipulation of data. This type of inferential statistics was easy to compute and interpret and they also help in making conclusions. Descriptive statistical techniques (frequencies and percentages) were used to analyze field data from questionnaires and assist in the interpretation of data.

3.9.3 Qualitative data analysis

On the other hand, qualitative data gathered from open-ended questions in the interview guides was arranged into themes and presented in narrative format. A style called content analysis was used to test the validity and authenticity. Data in form of words is Qualitative data. The initial step in analysing this data is cutting it down through coding and categorization. Data reduction is the procedure of choosing, ciphering and placing data into categories. Coding is the analytic procedure by which the qualitative data that the researcher had gathered was cut down (Sekaran & Bougie, 2016). The intention of ciphering is to help the researcher to make conclusions that are meaningful on the data. Codes are labels assigned to units of text. These are then placed in groups made categories. Categorisation is the procedure of organising, arranging and classifying coding units. Codes and categories can be formulated both inductively and deductively. Data display was be comprised of displaying data that had been reduced in an organised, digested way. Drawing of conclusions was the last activity of analysis in the process of analysing data qualitatively.

3.10 Ethical considerations

The following ethical considerations were looked at by the researcher during the research.

3.10.1 Informed consent and voluntary participation: The researcher sought consent from the respondents to involve in the research not just forcing them to participate. Informed consent is the basis of ethical research (Denzin & Lincoln, 2016). The people participating in the study

made aware of what the study is about, its purpose, usage of the data, and any consequences that could arise from it (Fleming, 2018). The researcher furnished the respondents with information on the reason for the research and the procedure of collecting data. The participants were allowed enough time to ask questions and have any concerns addressed. The respondents exercised free will in deciding whether to participate in research activity or not. All people to be involved in the research will give written informed acceptance.

3.10.2 Confidentiality: Confidentiality is looked at by Walford (2018) to mean information that is private and is not to be divulged to others. Whatever has been said in confidence must remain confidential. The researcher assured the respondent that information offered by the respondent will not be passed on to another party (third party) without consent of the respondent. Their identity and response was made confidential and anonymised through the use of numbers or through pseudonyms.

3.10.3 Anonymity: Anonymity, termed more appropriately as pseudonymity, is defined by Wiles (2013) as a major means used by the researcher to safeguard the confidentiality of responders by using pseudonyms. Anonymisation is one of the kinds of confidentiality, comprising of identity concealment of research responders (Saunders, Kitzinger, & Kitzinger, 2015). The researcher ensured that all respondents are anonymous implying that their identities are not known and not salient in the study. Withholding the identity of respondents is a guarantee that their statements are authentic (Taylor, 2015).

3.10.4 Plagiarism: The researcher will ensure that all written work was original and without any borrowed and manipulated texts, results or even expressions. The researcher will make sure that, all words and publications of the author will be given their due acknowledgement (Mugenda & Mugenda, 2016). The researcher will subject the written works to the turn it in software and make sure it is 15% or less compliant of plagiarism material.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

4.0 Introduction

This chapter presents information on data presentation, analysis and interpretation which based on the objectives of the research study

4.1 Response rate

A total of 80 respondents were targeted with 69 teachers and 6 school administrators participated in the study. However, the questionnaire was used to collect data from teachers and school administrators. The results of questionnaire return rate were presented in the table 4.1 below:

Table 4.1 Questionnaire return rate

| Respondents | Returned | Not returned |
|-----------------------|------------------|---------------------|
| Teachers | 69 (100%) | 0(0%) |
| School administrators | 6 (100%) | 0(0%) |
| Total | 75 (100%) | 0(0%) |

Primary data, (2024)

The table 4.1 above shows that all the questionnaires were returned by teachers and school administrators. This shows that data was collected from all the intended teachers and school and therefore this was a good representation as proposed by the researcher. The researcher made a follow up of the distributed questionnaires so as to ensure that respondents returned them.

4.2 Background characteristics of the respondents

The first part of this chapter is a presentation and analysis of preliminary data obtained from the study. It includes the background information of the respondents and the variables involved are age (in years), gender of respondents, educational level and marital status. Data obtained has been presented in tables below.

Table 4.2: Frequency and percentage distribution of respondents' background information

| Variables | Category | Frequency | Percent (%) |
|------------------------|-----------------|------------------|--------------------|
| Age | 21- 29 | 17 | 21 |
| | 30-39 | 20 | 25 |
| | 40-49 | 43 | 54 |
| Marital Status | Single | 18 | 23 |
| | Married | 26 | 55 |
| | Widow | 21 | 33 |
| | Separated | 15 | 19 |
| Education level | Primary | 31 | 39 |
| | Secondary | 38 | 48 |
| | Post-Secondary | 11 | 14 |
| Sex | Male | 51 | 64 |
| | Female | 29 | 36 |

Source: *Primary Data (2024)*

The respondents were asked to indicate their sex by ticking the appropriate column they belonged. The purpose was to find out the number of males and females who actually participated in the study.

Table 4.2 contains the age distribution of respondents who participated in the study. The purpose was to find out the average age of respondents in the study area. Table 2 show that the majority 54% of the study respondents were between 40 to 49 years of age. The findings of the study imply that since majority of the respondents were 40 years above, this mean that they were mature enough and information acquired from them was reliable and trustable.

Findings in table 4.1 above show that the majority (55%) of respondents were married. Marital status has an implication on data collected for the research study as married people gave their opinions from an informed point of view on issues associated with early childhood education.

Further, according to the findings of the study in table 4.1 shows that majority of the respondents have attained some level of education whose opinions and views regarding access to reproductive health can be trusted. This is in line with Umar (2021) who argued that it is important in social investigation research to involve people that have attained an acceptable level of literacy and numeracy in order to be in position to understand and interpret content in the questionnaire and give valid responses.

The study findings revealed that out of the 80 respondents who participated in the study, majority 64% were males. The finding means that there are more male than females who participated in the study, studies have revealed that males and females have different attitudes and views towards individual economic well-being and since females are home makers, they tend to remain at home and this explains their low level of access to reproductive health (Singer, 2020).

4.3 Socially based emotional support and utilization of maternal health services for teenage mothers

The first objective in this study was to determine socially based emotional support on utilization of maternal health services for teenage mothers. The findings from respondent's opinion accompanying variables under this objective were summarized as follows:

Table 4.3: Showing socially based emotional support on utilization of maternal health services among teenage mothers

| Statements | SD (%) | D (%) | N (%) | A (%) | SA (%) | Mean | Std. Deviation |
|---|-------------------|------------------|------------------|------------------|-------------------|-------------|---------------------------|
| Socially based emotional trust improves utilization of maternal health services by teenage mothers | 3 | 9 | 16 | 49 | 3 | 3.500 | .8859 |
| In my area socially based emotional empathy improves utilization of maternal health services by teenage mothers | 5 | 6 | 14 | 38 | 17 | 3.700 | 1.083 |
| Socially based emotional support help to promote love and improves utilization of maternal health services by teenage mothers | 2 | 12 | 22 | 41 | 1 | 3.387 | .8786 |
| Socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers | 1 | 3 | 5 | 49 | 22 | 4.100 | .7730 |
| Emotional stress can be reduced by socially based emotional and enhances utilization of maternal health services by teenage mothers | 2 | 1 | 23 | 49 | 5 | 3.675 | .7252 |
| Average Mean | | | | | | 3.60 | 0.806 |

Source: primary data, (2024)

Table 4.3 above shows a summary of respondent opinion on socially based emotional support on utilization of maternal health services among teenage mothers. The finding from respondent's opinion accompanying variables under this objective were discussed and explained as follows:

Socially based emotional trust improves utilization of maternal health services by teenage mothers

The study investigated whether socially based emotional trust improves utilization of maternal health services by teenage mothers. According to the findings in table 4.3 above, 49% of the respondents agreed that socially based emotional trust improves utilization of maternal health services by teenage mothers, 3% disagreed, 16% were neutral, while 9% disagreed and 3% strongly agreed to the statement.

Therefore from the above findings, it is noticeable that socially based emotional trust improves utilization of maternal health services by teenage mothers with similar findings obtained from interviews conducted with district officials. In support of this finding Greinert (2019) opined that socially based emotional trust improves utilization of maternal health services by teenage mothers

Socially based emotional empathy improves utilization of maternal health services among teenage mothers

The study also investigated whether socially based emotional empathy improves utilization of maternal health services among teenage mothers and from the findings, 23% who were the majority agreed that socially based emotional empathy improves utilization of maternal health services among teenage mothers, 1% strongly agreed, 22% were neutral and 30% disagreed while 4% strongly disagreed to the statement.

From the above findings it means that socially based emotional empathy improves utilization of maternal health services among teenage mothers. Even the data collected from interviews show that socially based emotional empathy improves utilization of maternal health services among teenage mothers. Greinert (2017) equally agrees with the findings that socially based emotional empathy improves utilization of maternal health services among teenage mothers

Socially based emotional support help to promote love and improves utilization of maternal health services by teenage mothers

On whether socially based emotional support help to promote love and improves utilization of maternal health services by teenage mothers, 38% of the respondents agreed to the statement noting that socially based emotional support help to promote love and improves utilization of maternal health services by teenage mothers, 6% disagreed, 14% were neutral and 17% strongly agreed and 5% strongly disagreed.

This finding imply that socially based emotional support help to promote love and improves utilization of maternal health services by teenage mothers as majority of the respondents (38%) agreed and data collected from interviews also show that socially based emotional support help to promote love and improves utilization of maternal health services by teenage mothers. In line with the above findings, Bray, et al. (2019) opined that socially based emotional support help to promote love and improves utilization of maternal health services by teenage mothers with similar results from interviews.

Socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers

This variable investigated whether socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers and results show that 41% and 1% of the respondents agreed and strongly agreed to the statement noting that socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers while 22% were neutral. However, 2 % strongly disagreed to the statement.

Therefore, the findings of the study imply that socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers. Even findings obtained from interviews show that socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers. This is in line with the findings of

Okiiria and Okiidi (2017) who opined that socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers

Emotional stress can be reduced by socially based emotional and enhances utilization of maternal health services by teenage mothers

Respondents were also asked to find out whether emotional stress can be reduced by socially based emotional and enhances utilization of maternal health services by teenage mothers. Table 4.6 above shows 49% of the respondents who agreed that emotional stress can be reduced by socially based emotional and enhances utilization of maternal health services by teenage mothers, 22% of the respondents strongly agreed and 5% were neutral. 3% agreed and 1% of the respondents strongly disagreed that emotional stress can be reduced by socially based emotional and enhances utilization of maternal health services by teenage mothers

The above findings of the study therefore imply that emotional stress can be reduced by socially based emotional and enhances utilization of maternal health services by teenage mothers and similar results were obtained from face to face interviews. In a related study, Gupta (2019) further commented that emotional stress can be reduced by socially based emotional and enhances utilization of maternal health services by teenage mothers.

Results from the interview analysis varied depending on the respondent. Some of the views were in agreement with the quantitative analysis and others were in disagreement as detailed below:

One interviewee Magoona Rogers said that:

“Lack of socially based emotional support prevents teenage mothers from utilizing maternal health services”

Yet another interviewee Muzaki Carolin also revealed that:

“Socially based emotional empathy improves utilization of maternal health services among teenage mothers”.

4.4 Physical support and utilization of maternal health services among teenage mothers

The second objective in this study was to investigate how physical support and utilization of maternal health services among teenage mothers. The findings from respondent’s opinion accompanying variables under this objective were summarized as follows:

Table 4.3: Showing effect of physical support on utilization of maternal health services among teenage mothers

| Statements | SD (%) | D (%) | N (%) | A (%) | SA (%) | Mean | Std. Deviation |
|---|---------------|--------------|--------------|--------------|---------------|-------------|-----------------------|
| Physical support include taking teenage mother to hospital enhance utilization of maternal health services | 3 | 15 | 10 | 50 | 2 | 3.5 | .8859 |
| Physical support include helping in household chores to teenage mother enhance utilization of maternal health services | 4 | 15 | 1 | 38 | 22 | 2.8 | .9473 |
| Providing financial support to teenage mother is part of physical support and enhance utilization of maternal health services | 5 | 3 | 14 | 51 | 7 | 3.7 | 1.0838 |

| | | | | | | | |
|---|---|---|----|----|----|------------|--------------|
| Physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health | 2 | 9 | 2 | 54 | 13 | 3.4 | .8786 |
| Physical support include improves functionality of relationship with family members and this enhance utilization of maternal health services | 2 | 1 | 23 | 49 | 5 | 1.0 | .7252 |
| Average Mean | | | | | | 3.5 | 0.871 |

Source: primary data, (2024)

Physical support include taking teenage mother to hospital enhance utilization of maternal health services

The researcher investigated whether physical support includes taking teenage mother to hospital and whether it enhances utilization of maternal health services. From the study findings presented in table 4.3 above shows that physical support include taking teenage mother to hospital and it enhance utilization of maternal health services as majority of respondents (50%) of the respondents agreed to the statement noting that physical support include taking teenage mother to hospital and it enhance utilization of maternal health services. 2% strongly agreed and 10% of the respondents was neutral, 15% disagreed and 3% strongly disagreed.

As evidenced from the above findings, majority of the respondents (50%) strongly agreed that physical support include taking teenage mother to hospital and it enhance utilization of maternal health services and similar data was obtained from interviews. As Abagi (2017) noted that physical support include taking teenage mother to hospital and it enhance utilization of maternal health services

Physical support include helping in household chores to teenage mother enhance utilization of maternal health services

Respondents were asked whether physical support include helping in household chores to teenage mother can help to enhance utilization of maternal health services and 38% of the respondents agreed noting that physical support include helping in household chores to teenage mother can help to enhance utilization of maternal health services, 22% of the respondents agreed, while other respondents who constituted 1% were neutral, 15% who were the majority agreed and 4% strongly disagreed that physical support include helping in household chores to teenage mother can help to enhance utilization of maternal health services

Therefore from above findings, physical support include helping in household chores to teenage mother can help to enhance utilization of maternal health services with similar results obtained from interviews. This is in support of the study done by Bayrak (2020) he opined that physical support include helping in household chores to teenage mother can help to enhance utilization of maternal health services.

Providing financial support to teenage mother is part of physical support and enhances utilization of maternal health services

Also, respondents were asked on whether providing financial support to teenage mother is part of physical support and enhances utilization of maternal health services, according to the findings, 8.8% of the respondents disagreed that providing financial support to teenage mother is part of physical support and enhance utilization of maternal health services, 28.8% of the respondents were neutral, whereas 48.8% agreed and 13.8% strongly agreed that providing financial support to teenage mother is part of physical support and enhances utilization of maternal health services

Furthermore, results from interviews also indicated similar opinions that providing financial support to teenage mother is part of physical support and enhances utilization of maternal health service. The above findings are in agreement with Khan (2021) where he observed that providing financial support to teenage mother is part of physical support and enhances utilization of maternal health services

Physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health

The study further investigated whether physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health and from the research findings in table 4.7, 54% of the respondents agreed noting that physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health, 13% disagreed, 2% were neutral, while 9% of the respondents disagreed and 2% of the respondents strongly agreed that physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health.

The findings of the study imply that physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health. This discovery is in line with the findings of Okumbe (2019) who opined that physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health.

Physical support include improves functionality of relationship with family members and this enhance utilization of maternal health services

The study also investigated whether physical support include improves functionality of relationship with family members and this enhance utilization of maternal health services. It was discovered that physical support include improves functionality of relationship with family members and this enhance utilization of maternal health services as strongly agreed and agreed by 12% and 40% of the respondents respectively. Only 7% of the respondents disagreed with 14% strongly disagreed to the statement that Physical support include improves functionality of relationship with family members and this enhance utilization of maternal health services and 8% of the respondents were neutral.

The above findings thus show that physical support include improves functionality of relationship with family members and this enhance utilization of maternal health services. Kaplan (2023) equally agrees with the findings where he opined that physical support include

improves functionality of relationship with family members and this enhance utilization of maternal health services

Results from the interview analysis varied depending on the respondent. Some of the views were in agreement with the quantitative analysis and others were in disagreement as detailed below:

One interviewee Muhonde Miisi said that:

“In Northern City division, health care providers are rude and they look at teenage mothers like dogs”

Yet another interviewee Wampoya Jenipher also revealed that:

“Teenage mothers are reluctant to go for maternal healthcare services of distance”.

4.5 Information support and utilization of maternal health services among teenage mothers

The third objective in this study was to determine information support and utilization of maternal health services among teenage mothers. The findings from respondent’s opinion accompanying variables under this objective were summarized as follows:

Table 4.3: Showing effect of information support on utilization of maternal health services among teenage mothers

| Statements | SD (%) | D (%) | N (%) | A (%) | SA (%) | Mean | Std. Deviation |
|--|-------------------|------------------|------------------|------------------|-------------------|-------------|---------------------------|
| Information support includes nutritional support for teenage mothers can help to promote uptake of maternal health services | 9 | 6 | 5 | 67 | 3 | 3.4 | .8786 |
| Information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers | 1 | 3 | 2 | 58 | 21 | 4.1 | .7730 |
| informational support is most beneficial for a controllable event (e.g., preparing for childbirth) help to promote maternal health services by teenage mothers | 17 | 16 | 11 | 44 | 22 | 3.6 | .7252 |
| Information support may decrease the impact of negative life events on health outcomes. | 3 | 2 | 5 | 42 | 28 | 3.5 | .8098 |
| Information support is associated with positive outcomes for mothers in the postpartum period. | 5 | 14 | 6 | 38 | 17 | 3.4 | 1.0838 |
| Average Mean | | | | | | 3.4 | 0.870 |

Source: Primary date (2024)

Five items were used to determine information support and utilization of maternal health services among teenage mothers in Northern Division of Mbale City, Mbale district from the respondents (Table 4.4) as shown above.

Information support includes nutritional support for teenage mothers can help promote uptake of maternal health services

Results in table 4.4 above show that 67% of the respondents agreed with the statement noting that Information support includes nutritional support for teenage mothers can help promote uptake of maternal health services, 3% agreed, 5% of the respondents were neutral and 6% disagreed while 9% of the respondents strongly disagreed that Information support includes nutritional support for teenage mothers can help promote uptake of maternal health services

Thus from the above findings, it is true information support includes nutritional support for teenage mothers can help promote uptake of maternal health services as majority of respondents (42.5%) agreed to the statement. Similar findings were obtained from face to face interviews with district officials where it was found that information support includes nutritional support for teenage mothers can help promote uptake of maternal health services. In support of these findings, research by Musaaazi, (2019) found that information support includes nutritional support for teenage mothers can help promote uptake of maternal health services.

Information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers

On whether information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers. The study found that 58% of the respondents agreed with the statement noting that information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers while 21% strongly agreed and 2% were not sure. Other respondents who constituted 3% disagreed and 1% strongly disagreed.

The findings therefore imply that information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers. Even the findings obtained from interviews show that information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers. Okojie (2020) also argued that information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers

Informational support is most beneficial for a controllable event (e.g., preparing for childbirth) help to promote maternal health services by teenage mothers

It was agreed by 44% of the respondents that informational support is most beneficial for a controllable event (e.g., preparing for childbirth) help to promote maternal health services by teenage mothers. 22% agreed while 11% were neutral. Other respondents who constituted 22% disagreed and 17% strongly agreed that informational support is most beneficial for a controllable event (e.g., preparing for childbirth) help to promote maternal health services by teenage mothers

The above findings thus imply that schools should find ways of involving parents in supporting learners in early childhood institutions. Results obtained from interviews also show that informational support is most beneficial for a controllable event (e.g., preparing for childbirth) help to promote maternal health services by teenage mothers Abdullah (2018) also opined that informational support is most beneficial for a controllable event (e.g., preparing for childbirth) help to promote maternal health services by teenage mothers

Information support may decrease the impact of negative life events on health outcomes.

Further, the study investigated whether information support may decrease the impact of negative life events on health outcomes. It was agreed by 42% of the respondents noting that information support may decrease the impact of negative life events on health outcomes. 2% disagreed, 5% were not sure, while 3% strongly disagreed to the statement that information support may decrease the impact of negative life events on health outcomes.

From the research findings, the majority of the respondents (42%) agreed that Information support may decrease the impact of negative life events on health outcomes. and similar findings

were found by Ojangole et al., (2020) that information support may decrease the impact of negative life events on health outcomes.

Information support is associated with positive outcomes for mothers in the postpartum period.

The researcher also investigated whether information support is associated with positive outcomes for mothers in the postpartum period. From the findings therefore, 38% of the respondents agreed that information support is associated with positive outcomes for mothers in the postpartum period, 17% of the respondents strongly agreed while 6% of the respondents were neutral, 14% of the respondents disagreed and 5% of the respondents strongly disagreed.

The study finding means that information support is associated with positive outcomes for mothers in the postpartum period. as agreed by 38% and this is in line with the data collected from face to face interviews. Research by Maria (2018) also found similar results where she argued that information support is associated with positive outcomes for mothers in the postpartum period.

Results from the interview analysis varied depending on the respondent. Some of the views were in agreement with the quantitative analysis and others were in disagreement as detailed below:

One interviewee Muhaye Norah said that:

“Lack of information by teenage mothers about the available maternal health services in northern city division makes them reluctant to go to health centers”

Yet another interviewee Wamono Zilibabeli also revealed that:

“teenage mothers know the king of maternal health care services available but partner refusal is the problem”.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary, conclusion, and recommendations about the study. It also looks at areas for further research.

5.1 Summary

The study found that socially based emotional trust improves utilization of maternal health services by teenage mothers. This was sometimes described as how their husband's paid attention to them, encouraged them with supportive words, and allowed them space to discuss their concerns of the pregnancy. Results of the research study show that socially based emotional empathy improves utilization of maternal health services by teenage mothers and healthcare providers (e.g., nurses, psychologists, or social workers) should raise awareness about the importance of providing pregnant women with the required social support (e.g., emotional) through their social circles, including the husband, mother, father, and female networks.

It was revealed by the findings of the research study that physical support include taking teenage mother to hospital enhance utilization of maternal health services and physical support relates to the specific functions of said relationships and is personally evaluated based on individual perception of availability of support. According to the findings of the study, information support includes nutritional support for teenage mothers can help to promote uptake of maternal health services and information support describes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health during pregnancy. Study findings also show that information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers and information support promotes proactive coping, which encourages teenage mothers to make informed decisions that will lessen exposure to stress and secondary stressors.

5.2 Conclusions

From the findings of the study, the following conclusions have been made:

5.2.1 Socially based emotional support and utilization of maternal health services for teenage mothers

As study findings show, socially based emotional trust improves utilization of maternal health services by teenage mothers. This however is sometimes described as how their husband's paid attention to them, encouraged them with supportive words, and allowed them space to discuss their concerns of the pregnancy.

As revealed in study findings, socially based emotional empathy improves utilization of maternal health services by teenage mothers and healthcare providers (e.g., nurses, psychologists, or social workers) should raise awareness about the importance of providing pregnant women with the required social support (e.g., emotional) through their social circles, including the husband, mother, father, and female networks.

As stated in study findings, socially based emotional support help to promote love and improves utilization of maternal health services among teenage mothers and healthcare providers need to screen pregnant women to know what they value in receiving emotional support and assess their level of emotional and practical support during pregnancy.

It is true according to the findings that socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers

As discovered that emotional stress can be reduced by socially based emotional and enhances utilization of maternal health services by teenage mothers and women indicated the reception of social support was a critical component of physical and emotional postpartum recovery.

5.2.2 Physical support and utilization of maternal health services among teenage mothers

As found in study findings, physical support include taking teenage mother to hospital enhance utilization of maternal health services and physical support relates to the specific functions of said relationships and is personally evaluated based on individual perception of availability of support.

Physical support include helping in household chores to teenage mother enhance utilization of maternal health service where physical support in pregnancy includes practical assistance and tangible resources provided to pregnant teenage mothers and this was revealed in study findings.

Also providing financial support to teenage mother is part of physical support and enhances utilization of maternal health services and physical relationships are measured by the integration and expansion of physical networks, through supportive communications, and perceptions of support availability and this was clearly stated in the findings of the study.

It was also discovered that physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health and physical support aims to alleviate the physical and logistical burdens that pregnant women may face.

5.2.3 Information support and utilization of maternal health services among teenage mothers

Information support includes nutritional support for teenage mothers can help to promote uptake of maternal health services and information support describes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health during pregnancy and this was revealed by the study.

As stated in study findings, information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers and information support promotes

proactive coping and encourages teenage mothers to make informed decisions that will lessen exposure to stress and secondary stressors.

Informational support as found by the study is most beneficial for a controllable event (e.g., preparing for childbirth) help to promote maternal health services by teenage mothers where engaging in information as part of social support may lower perceptions that a situation is challenging, meaning information support can positively influence cognitive processes

Additionally, information support may decrease the impact of negative life events on health outcomes where the framework implies information support could provide knowledge and skills to avoid certain types of stress by helping to adopt theoretical stress-prevention and stress buffering pathways.

5.3 Recommendations

Socially based emotional trust improves utilization of maternal health services by teenage mothers

In my area socially based emotional empathy improves utilization of maternal health services by teenage mothers

Socially based emotional support help to promote love and improves utilization of maternal health services by teenage mothers

Physical support include taking teenage mother to hospital enhance utilization of maternal health services

Physical support include helping in household chores to teenage mother enhance utilization of maternal health services

Providing financial support to teenage mother is part of physical support and enhance utilization of maternal health services

Physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health

Information is good for diagnosis, treatment and guidance improves response to maternal health services by teenage mothers

Informational support is most beneficial for a controllable event (e.g., preparing for childbirth) help to promote maternal health services by teenage mothers

Information support may decrease the impact of negative life events on health outcomes.

Information support is associated with positive outcomes for mothers in the postpartum period.

5.4 Areas for further study

- 1) Effect of religion on utilization of maternal health services for teenage mothers
- 2) Socio-demographic factors associated with utilization of maternal health services among teenage mothers
- 3) Effect of service providers and utilization of maternal health services among teenage mothers

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APPENDICES

APPENDIX I: QUESTIONNAIRE GUIDE FOR PARENTS AND LOCAL PEOPLE

NAMATAKA ALICE

REG.No: S22/MUC/BPAM/043

Bachelor of Public administration and management (Candidate)

RESEARCH PROJECT-UGANDA CHRISTIAN UNIVERSITY, MBALE

Consent letter

I am **NAMATAKA ALICE** a student of Uganda Christian University, currently undertaking a research on a topic ‘analyze the effect of social support on utilization of maternal health services for teenage mothers in Northern division of Mbale City. You are privileged to participate in this research and your selection has been based on random sampling. Please feel free as you respond because the information you give will only be used for academics purposes, treated confidential and will be held anonymous before publication.

Thank you

NAMATAKA ALICE

(Researcher)

SECTION A: REpondent'S BIO - DATA

INSTRUCTIONS

Please fill in the blank spaces or tick (✓) in the boxes provided where necessary.

1. Name: (optional)

.....

2. Age: 15 – 30 31 – 45 46 – 60 60 +

3. Sex: Male Female

4. Marital status: Single Married Divorced Separated Widowed

5. Location:

Cell Parish Sub – county

6. Levels of education:

None Primary Secondary Tertiary and above

Other (please specify)

.....

.....

7. Religion: Protestant Catholics Muslims Born again

Others (please specify).....

SECTION B: QUESTIONNAIRE FOR TEENAGE MOTHERS AND COMMUNITY LEADERS

| | | | | |
|-------------------|----------|-----------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |

| Socially based emotional support on utilization of maternal health services among teenage mothers | | | | | | |
|--|---|---|---|---|---|---|
| 1. | Socially based emotional trust improves utilization of maternal health services by teenage mothers | 1 | 2 | 3 | 4 | 5 |
| 2. | In my area socially based emotional empathy improves utilization of maternal health services by teenage mothers | 1 | 2 | 3 | 4 | 5 |
| 3. | Socially based emotional help to promote love and improves utilization of maternal health services by teenage mothers | 1 | 2 | 3 | 4 | 5 |
| 4. | Socially based emotional help to reduces worry and improves utilization of maternal health services by teenage mothers | 1 | 2 | 3 | 4 | 5 |
| 5. | Emotional stress can be reduced by socially based emotional and enhances utilization of maternal health services by teenage mothers | 1 | 2 | 3 | 4 | 5 |
| Physical support and utilization of maternal health services among teenage mothers | | | | | | |
| 8. | Physical support include taking teenage mother to hospital enhance utilization of maternal health services | 1 | 2 | 3 | 4 | 5 |
| 9. | Physical support include helping in household chores to teenage mother enhance utilization of maternal health services | 1 | 2 | 3 | 4 | 5 |
| 10. | Provide financial support to teenage mother is part of physical support and enhance utilization of maternal health services | 1 | 2 | 3 | 4 | 5 |
| 11. | Physical support includes directive guidance, such as information, advice, constructive feedback, and affirmation about the teenage mothers' health | 1 | 2 | 3 | 4 | 5 |
| 12. | Physical support include improves functionality of relationship with | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|--|---|---|---|---|---|
| | family members and this enhance utilization of maternal health services | | | | | |
| Information support on utilization of maternal health services among teenage mothers | | | | | | |
| 15. | Information support includes nutritional support for teenage mothers | 1 | 2 | 3 | 4 | 5 |
| 16. | Information is good for diagnosis, treatment and guidance | 1 | 2 | 3 | 4 | 5 |
| 17. | informational support is most beneficial for a controllable event (e.g., preparing for childbirth) | 1 | 2 | 3 | 4 | 5 |
| 18. | Information support may decrease the impact of negative life events on health outcomes. | 1 | 2 | 3 | 4 | 5 |
| 19. | information support is associated with positive outcomes for mothers in the postpartum period | 1 | 2 | 3 | 4 | 5 |

THANK YOU FOR YOUR TIME

?

APPENDIX III
INTERVIEW GUIDE FOR HEALTH CARE WORKERS

- 1) What is your occupation?
- 2) How does social support affect the utilization of maternal health services among teenage mothers?
- 3) What is the effect of socially based emotional support on utilization of maternal health services for teenage mothers in Northern division of Mbale City?
- 4) How does physical support affect utilization of maternal health services for teenage mothers in Northern division of Mbale City?
- 5) What is the effect of information support on utilization of maternal health services for teenage mothers in Northern division of Mbale City?

Thank you

APPENDIXES IV: WORK PLAN SCHEDULE

| Duration Activity | J | F | M | A | M | J | J | A | S | O | N | D |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|
| Developing Questionnaires | | | | | | | | | | | | |
| Data collection | | | | | | | | | | | | |
| Data processing and analysis | | | | | | | | | | | | |
| Writing Draft and Final Report | | | | | | | | | | | | |
| Submission of Report | | | | | | | | | | | | |

APPENDIX 3: BUDGET ESTIMATES

| Item | Quantity | Unit Cost | Total Cost |
|-----------------------------|-----------|---------------|------------------|
| Stationary | | | |
| Ruled paper | 2 reams | 10,000/= | 20,000/= |
| Note book | 4 | 3,000/= | 12,000/= |
| Printing | 37 pages | 500/= | 18,500/= |
| Photocopying | 74 pages | 150/= | 11,100/= |
| Pens | 10 | 500/= | 5,000/= |
| Bag | 1 bag | 35,000/= | 35,000/= |
| Sub Total | | | 101,600/= |
| Date collection | | | |
| Transport | 5 days | 20,000/= | 100,000/= |
| Sub Total | | | 201,600/= |
| Report writing | | | |
| Secretarial services | | | |
| Typing | 64 pages | 500 per page | 32,000/= |
| Printing | 64 pages | 150 per page | 9,600/= |
| Photocopying | 150 pages | 150per page | 22,500/= |
| Binding | 3books | 20,000/= each | 60,000/= |
| Sub Total | | | 124,100/= |
| TOTAL SUM | | | 325,700/= |



UGANDA CHRISTIAN
UNIVERSITY
A Centre of Excellence in the Heart of Africa
MBALE UNIVERSITY COLLEGE

Office of the Academic Registrar

To TOWN CLERK
NORTHERN CITY DIVISION . MBALE CITY

Dear Sir/Madam,
Re: Academic Research
Christian greetings!

We are honored to introduce to you Mr. Mrs./Miss HAMATARA ALICE
Of Registration Number; S221MUC/EPAM/043 pursuing a Masters'
Degree/Postgraduate Diploma / Bachelor's Degree PUBLIC ADMINISTRATION AND MANA
GEMENT

He/ she is required to carry out an academic research on the topic

THE EFFECT OF SOCIAL SUPPORT ON THE UTILIZATION OF
MATERNAL HEALTH SERVICE AMONG TEENAGE MOTHERS IN NORTHERN DIVISION MBALE CI

and thereafter produce a well bound hard cover research report (MAROON) in color for undergraduate and three (BLACK) copies for Postgraduate students as a University requirement for the award of a degree/diploma in the academic discipline that he / she is pursuing.

We shall be grateful for the help you may offer to him or her accordingly.

Thank you.

Yours faithfully,

[Handwritten signature]

28 FEB 2024

Mr. Akampurira Timothy
Academic Registrar

[Handwritten signature]
PRINCIPAL ASSISTANT
CLERK
13 MAR 2024
NORTHERN CITY DIVISION
MBALE CITY

