

EFFECT OF TEENAGE PREGNANCY ON FAMILY STABILITY IN BUBAARE SUBCOUNTY, RUBANDA DISTRICT

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DECLARATION

I hereby certify that I am the author of the report and confirm that it has not yet been submitted for consideration for another degree or professional certification. Furthermore, this work explicitly acknowledged both my contributions to this work as well as those made by the other writers.

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APPROVAL

This report titled effect of teenage pregnancy on family stability in Bubaare sub-county, Rubanda District by Akatukunda Noreen is approved as fulfilling part of the requirements for the award of the degree in Social Work and Social Administration of Uganda Christian University.

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DEDICATION

This research report is dedicated to my parents Mr. Asiimwe Davis and Ms. Shallon Niwamasiko who have been supporting me throughout my studies. May they live longer and may God bless you.

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I extend my thanks to a number of people who unreservedly, contributed towards the accomplishment of this research work. In a special way I would like to acknowledge the assistance and role played by my brothers and sisters to the successful completion of this research. To you I say thank You.

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May the Almighty God bless you all.

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ABSTRACT

The study assessed the impact of teenage pregnancy on family stability in Bubaare Sub-County, Rubanda District. The objectives of the study were; to investigate the causes of teenage pregnancy among teenagers in Bubaare Sub-County, to assess the effects of teenage pregnancy on family stability in Bubaare Sub-County and to identify coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County. A qualitative research approach was used and data was collected using interviews and questionnaires. The study findings on causes of teenage pregnancy among teenagers in Bubaare Sub-County were; peer pressure contributes to teenage pregnancy, lack of sex education leads to teenage pregnancy, poverty drives many teens into early sexual activity. The study findings on effects of teenage pregnancy on family stability in Bubaare Sub-County were; teenage pregnancy increases economic burden on families, teenage pregnancy leads to school dropout. The study findings on coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County were; families seek counseling services to handle teenage pregnancies. The study recommended that policymakers should develop and implement comprehensive sexuality education policies that are age-appropriate and culturally sensitive to address the root causes of teenage pregnancy.

In conclusion, the study revealed that teenage pregnancy significantly affects family stability in Bubaare Sub-County, Rubanda District through increased economic burdens, emotional stress, school dropout, family conflicts, and reputational damage. The findings highlighted key contributing factors such as peer pressure, poverty, lack of sex education, broken family structures, and media influence. In response, families employ coping strategies including seeking counseling, involving

religious leaders, relying on extended family support, prioritizing education for the teenage mother, and, in some cases, resorting to early marriages.

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Teenager pregnancy is still a major problem in the world, affecting people individually, in families, and in communities. It interferes with teenagers' typical transition into adulthood, which frequently results in financial difficulties, psychological suffering, and social disapproval. Families with teenager moms may experience significant instability, especially in rural areas with socioeconomic difficulties like Bubaare Sub-County, Rubanda District. With an emphasis on the causes, effects, and coping mechanisms of impacted families, this study sought to evaluate the effect of teenage pregnancy on family stability.

1.2 Background of the Study

1.2.1 Historical Background

With historical roots ingrained in gendered, cultural, and economic dynamics, teenage pregnancy has long been acknowledged as a socioeconomic and public health concern. The phenomenon of teenager childbirth has affected marginalized people worldwide, especially in low- and middle-income nations. International agencies like the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) have reported increasing rates of teenage pregnancies throughout the years, particularly in regions with poor access to economic, medical, and educational possibilities (UNFPA, 2021).

Family stability has been greatly impacted by teenage pregnancy in South America, which is influenced by poverty, cultural norms, and restricted educational opportunities (Del Mastro, 2023). Although early motherhood was normalized in

extended family structures in pre-colonial communities, colonization brought rigid religious beliefs that punished unmarried pregnancy. Increasing urbanization and economic disparity during the 20th century contributed to a rise in teenager pregnancies, particularly in underprivileged areas. These pregnancies frequently caused unstable family structures by interfering with economic and educational prospects. Issues like poverty, gender inequity, and lax enforcement of policies continue to exist despite contemporary attempts to implement reproductive health initiatives (Smith & Sinkford, 2022). Teenage pregnancy therefore keeps families under stress by sustaining cycles of dependency and decreased social mobility.

Historically, teenage pregnancy has been more common in areas where traditional customs and gender norms, like early marriage and little female autonomy, are deeply ingrained. These customs have endured down the years in Sub-Saharan Africa, helping to normalize early childbearing. UNICEF (2020) asserts that cultural norms frequently govern girls' early motherhood, considering it a rite of passage rather than a risk factor for socioeconomic instability.

In order to decrease teenager pregnancies by increasing access to reproductive health care and education, national governments and development partners have launched a number of campaigns and policy initiatives over time. Nevertheless, the issue persists despite decades of work. According to the World Health Organization (2020), this is caused by structural deficiencies in the provision of health services, gender-sensitive education, and youth empowerment initiatives, particularly in rural regions.

In African countries, gender norms, poverty, and cultural traditions all have a significant role in the history of teenage pregnancy and its effects on family stability (Zgambo, 2022). In the past, extended families supported early marriage and childbearing, which were widespread and socially acceptable. However, these systems have deteriorated due to urbanization and modernization, which has put more strain on young moms (Haq, 2024). Teenage pregnancies increased in the post-colonial era due in part to inadequate access to reproductive health services and education. This has frequently resulted in poor family relationships, financial difficulty, and school dropouts. Teenage pregnancy still causes family instability in spite of recent measures, particularly in low-income and rural areas.

In East African countries, Cultural customs like early marriage and restricted female autonomy have long been linked to teenager pregnancy (Nhampoca & Maritz, 2024). In the past, it was socially acceptable and frequently encouraged by extended families for girls to marry young and have children early. However, formal education gained relevance as a result of colonial influence and subsequent industrialization, and early pregnancies began to be perceived as a disruption to the development of the individual and the family. Teenage pregnancies, which frequently occurred outside of marriage, increased in the late 20th century due to urban migration and poverty, leaving families struggling financially and leaving them with a single mother (Trask, 2022). The problem was made worse by inadequate health services and restricted access to reproductive education.

In Uganda, although population control and education programs have changed over time, the rate of teenage pregnancies has not been completely reduced. Uganda continues to have one of the highest rates of teenage pregnancies worldwide,

according to the Uganda Bureau of Statistics (UBOS, 2022). Teenage pregnancy is a persistent issue with deep historical roots that has not yet been adequately addressed by policy or practice in rural areas like Western Uganda, where poverty and traditional values are prevalent. Teenage pregnancy is still a significant problem in Bubaare Sub-county, Rubanda District, where poverty and traditional beliefs are still prevalent.

1.2.2 Theoretical Background

The Ecological Systems Theory (Bronfenbrenner, 1979) and the Strain Theory (Merton, 1938) served as the study's guiding theories.

Ecological Systems Theory

According to Bronfenbrenner's Ecological Systems Theory, which was developed in 1979, human development is impacted by many environmental system levels that interact with a person's biological potential to shape experiences and behavior (Bronfenbrenner, 1979). The microsystem, mesosystem, exosystem, macrosystem, and chronosystem are the five interconnected systems described in the theory. Through their connections with peers, family, the community, and societal institutions, these systems together impact a person's development (Neal & Neal, 2019).

Human development takes place inside nested environmental structures, and interactions between these systems continuously influence an individual's development, according to the Ecological Systems Theory's underlying presumptions. Another presumption is that people are impacted by their immediate and extended contexts rather than developing independently. Additionally, according to the idea,

development is dynamic, which means that alterations throughout time like changes in family stability or socioeconomic standing can significantly impact a person's life outcomes (Tudge, 2019).

This hypothesis explains how various environmental factors contribute to early pregnancies and their subsequent consequences on families, which is closely related to the study on the influence of teenage pregnancy on family stability in Bubaare Sub-County. How a teenager woman handles her pregnancy may be influenced by the presence or absence of familial support at the microsystem level. The teenager's capacity to pursue further education or seek out support networks is influenced by the mesosystem, which encompasses interactions between the home, school, and community. How well families are able to manage the financial strains of a young pregnancy depends on the exosystem, which includes factors like parental employment status and local economic stability (Bronfenbrenner, 2005).

At the macrosystem level, family reactions and the general stability of the home are influenced by cultural and societal conventions surrounding early pregnancy, gender roles, and marriage. Teenage pregnancy trends and family adaptability are influenced by historical and life transitions, such as changes in socioeconomic conditions or policy regarding teenager reproductive health (Darling, 2020). The study may thoroughly evaluate the several elements influencing teenager pregnancy and how they interact to influence family stability in Bubaare Sub-County by using this framework.

Strain Theory

Sociologist Robert K. Merton created Merton's Strain Theory in 1938. It offers a framework for comprehending how social factors influence abnormal behavior. According to the notion, people are driven to pursue alternative paths, which may involve risky or criminal activities, by social pressures and a lack of access to legal ways to succeed (Agnew, 2019). Teenage pregnancy and early sexual engagement are two such outcomes, especially for teenagers living in low-income environments.

The foundation of Merton's Strain Theory is the idea that while society sets cultural objectives like stability and financial success, not everyone has equal access to legal ways to fulfill these ambitions. Because of the stress and anomie caused by this discrepancy, some people turn to other means of achieving success (Agnew, 2019). According to Merton, there are five ways that people can adjust to stress: conformity, which involves following social norms and goals; innovation, which involves pursuing success through illegal means; ritualism, which involves eschewing social norms but continuing to follow customs; retreatism, which involves rejecting both social norms and means; and rebellion, which involves trying to replace the current social structures with new ones (Passas & Agnew, 2020). Strain theory is a useful paradigm for examining socioeconomic difficulties and deviance because of these adaptations, which also explain differences in deviant conduct and social reactions to inequality.

In the context of teenage pregnancy, according to Merton's Strain Theory, societal expectations, restricted educational possibilities, and financial difficulties can cause stress in teenagers, especially in low-income neighborhoods (Bunting et al., 2020; Madkour et al., 2021). Some young females may regard early partnerships and pregnancy as alternate ways to obtain stability, social approval, or financial support

when traditional alternatives like school and job advancement appear unachievable (Harden, 2019). This is in line with the "innovation" form of adaptation, in which people use non-traditional methods to accomplish social objectives. Media impacts may also have an impact on how teenagers view early motherhood (Coyne et al., 2020).

Teenage pregnancy disrupts family stability in Bubaare Sub-County due to restricted prospects and economic hardship, as explained by Merton's Strain Theory. Teenagers are pushed toward early parenthood by poverty and a lack of support. These effects can be lessened with focused interventions in health, work, and education.

1.2.3 Conceptual Background

Pregnancy in a young lady between the ages of 10 and 19 is referred to as teenage pregnancy. This study views teenager pregnancy as a multifaceted occurrence having socioeconomic and psychological ramifications, in addition to being a reproductive health concern. The main ideas being reviewed are the interconnected consequences of teenage pregnancy, such as early sexual debut, unplanned pregnancy, school dropout, and family instability.

In this context, the ability of a family to preserve functional relationships, emotional support networks, and economic sustainability is referred to as family stability. Particularly in low-resource environments like Rubanda District, teenage pregnancy upsets this stability by bringing with it unanticipated caregiving responsibilities, financial strain, and social stigma. After a teenager pregnancy, families frequently face emotional strain, intergenerational conflict, and disintegration (Banke-Thomas et al., 2020).

Furthermore, one of the most important conceptual pillars is access to reproductive health information and services. Teenagers in rural areas usually don't receive thorough sexuality education, which leads to poor sexual behavior decisions. These youths are more likely to have unprotected intercourse and become pregnant unintentionally if they are not given the right information and support (Habumugisha et al., 2021).

Last but not least, the idea of social support networks is crucial to reducing the harmful effects of teenage pregnancy. Schools, medical facilities, peer groups, places of worship, and non-governmental organizations are some examples of these systems. Teenager moms' ability to pursue further education, obtain healthcare, or reintegrate into their communities is greatly impacted by the availability and accessibility of such services.

1.2.4 Contextual Background

Teenager pregnancy is still a significant developmental obstacle in Uganda. According to UBOS (2022), 25% of Ugandan girls between the ages of 15 and 19 are either pregnant or have previously given birth. Due to high rates of poverty, limited access to reproductive health services, and enduring cultural norms that encourage early marriage and childbirth, rural districts like those in Western Uganda are disproportionately impacted.

Bubaare Sub-County in Rubanda District is a prime example of this nationwide pattern. The region is primarily rural, has poor educational attainment, high rates of poverty, and strongly ingrained gender norms. Teenage birth rates are rising, according to anecdotal evidence from nearby health centers. This trend is frequently

attributed to parental neglect, economic hardship, and a lack of sex education. Pregnant girls are stigmatized, expelled from school, and often become reliant on their elder partners or family (Akoth et al., 2021).

Government agencies and non-governmental organizations have implemented youth-friendly health services and conducted community awareness initiatives as part of their efforts to lower teenager pregnancies in Bubaare. These haven't, however, resulted in appreciable drops in teenager pregnancies, indicating that more serious structural problems may be at work. According to Muwonge et al. (2020), these include pervasive poverty, a dearth of economic prospects for young people, and lax implementation of child protection legislation.

There is an urgent need to investigate the wider societal and familial ramifications of teenage pregnancy, as it continues to put strain on family structures in Rubanda District. The purpose of this study was to evaluate the effects of teenage pregnancy on family stability in Bubaare Sub-County and to provide long-term, locally relevant solutions.

1.3 Problem Statement

Teenage pregnancy is a global public health and socio-economic concern, particularly in low- and middle-income countries where teenager girls face high levels of vulnerability. According to the United Nations Population Fund (UNFPA, 2021), approximately 16 million girls aged 15-19 years give birth annually, with Sub-Saharan Africa recording the highest rates due to poverty, cultural norms, early marriages, and inadequate access to reproductive health services. In East Africa, countries like Kenya, Tanzania, and Uganda continue to struggle with high teenager

pregnancy rates, which significantly affect maternal health, reduce educational attainment, and undermine the stability of family structures. In Uganda, the Uganda Bureau of Statistics (UBOS, 2022) indicates that 25% of teenage girls have begun childbearing, a figure that climbs to 27% in the Western Region, highlighting the heightened vulnerability of rural communities.

In Rubanda District, and more specifically in Bubaare Sub-County, teenage pregnancy has become a pressing issue that threatens family stability and community development. The problem predominantly affects girls aged 13-19 years from impoverished rural households with limited access to formal education and reproductive health services. Consequences include school dropout, early marriages, economic dependence, psychological distress, and increased strain on extended family systems. Despite various government and NGO-led interventions such as reproductive health education and youth-friendly services, teenage pregnancy rates in rural areas like Bubaare remain persistently high. This suggests gaps in the effectiveness, accessibility, or cultural sensitivity of existing strategies. The problem is further influenced by the roles and attitudes of parents, educators, religious leaders, and healthcare providers. If unaddressed, teenage pregnancy will continue to reinforce cycles of poverty, gender inequality, and disrupted family systems. This study, therefore, sought to explore the causes, impacts, and coping mechanisms surrounding teenage pregnancy in Bubaare Sub-County, aiming to fill knowledge gaps and support the development of informed, context-specific policy responses.

1.4 Objectives of the Study

1.4.1 General Objective

To investigate teenage pregnancy on family stability in Bubaare Sub-County,
Rubanda District

1.4.2 Specific Objectives

1. To investigate the causes of teenage pregnancy among teenagers in Bubaare Sub-County.
2. To assess the effects of teenage pregnancy on family stability in Bubaare Sub-County.
3. To identify coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County.

1.5 Research Questions

1. What are the causes of teenage pregnancy among teenagers in Bubaare Sub-County?
2. How does teenage pregnancy affect family stability in Bubaare Sub-County?
3. What coping strategies can families adopt to manage the challenges of teenage pregnancy?

1.6 Scope of the Study

1.6.1 Geographical Scope

The study was conducted in Bubaare Sub-County, Rubanda District, a rural area with a high prevalence of teenage pregnancy. The district borders with Kisoro to the west, Rukungiri and Kanungu to the north, Kabale to the East, and the Republic of Rwanda to the south. Rubanda District lies on the main highway from Kabale to Kisoro, connecting to Rwanda and DRC. Rubanda District was carved out of Kabale following the Act of Parliament of 3rd September 2015 and it became operational on 1 July 2016. The area was chosen because of the high rate of cases of teenage pregnancies which have been reported to the in the sub county. In Bubaare Sub County, the majority of men and women have finished basic school, while a small percentage

have graduated from senior four, senior six, and tertiary institutions, respectively (Mukiza, 2020). The majority's low educational attainment prevents them from having formal employment opportunities. Because they are unable to provide for all of the family's fundamental necessities, they have turned to low-paying, informal work, which exposes many to unnecessary behavior.

1.6.2 Content Scope

This study's content scope was focused on investigating the problem of teenage pregnancy in Bubaare Sub-County, with an emphasis on identifying its underlying causes, how it affects family stability, and the coping strategies used by affected families. In particular, the study intends to examine the root causes of teenage pregnancies in the region, evaluate the impact of such pregnancies on family stability and functioning, and pinpoint the different approaches these families take to cope with and get past the difficulties that come with them.

1.6.3 Time Scope

The study examined teenage pregnancy trends and their impact on family stability within the last five years (2019-2024) to provide relevant and up-to-date data.

1.7 Significance of the Study

Policymakers

The study might provide evidence-based insights into the root causes and consequences of teenage pregnancy in rural communities. This information will help in the formulation of targeted policies and programs aimed at prevention and support, ultimately promoting social stability and development.

Healthcare Providers

The research might highlight the psychological, reproductive, and general health needs of teenage mothers. This might support the design and implementation of responsive and youth-friendly healthcare services, including counseling and reproductive health education.

Community Leaders and Local Government

The study might guide community-based interventions and sensitization campaigns. By understanding the social dynamics contributing to teenage pregnancy, community leaders can spearhead cultural and behavioral change through informed advocacy and local action.

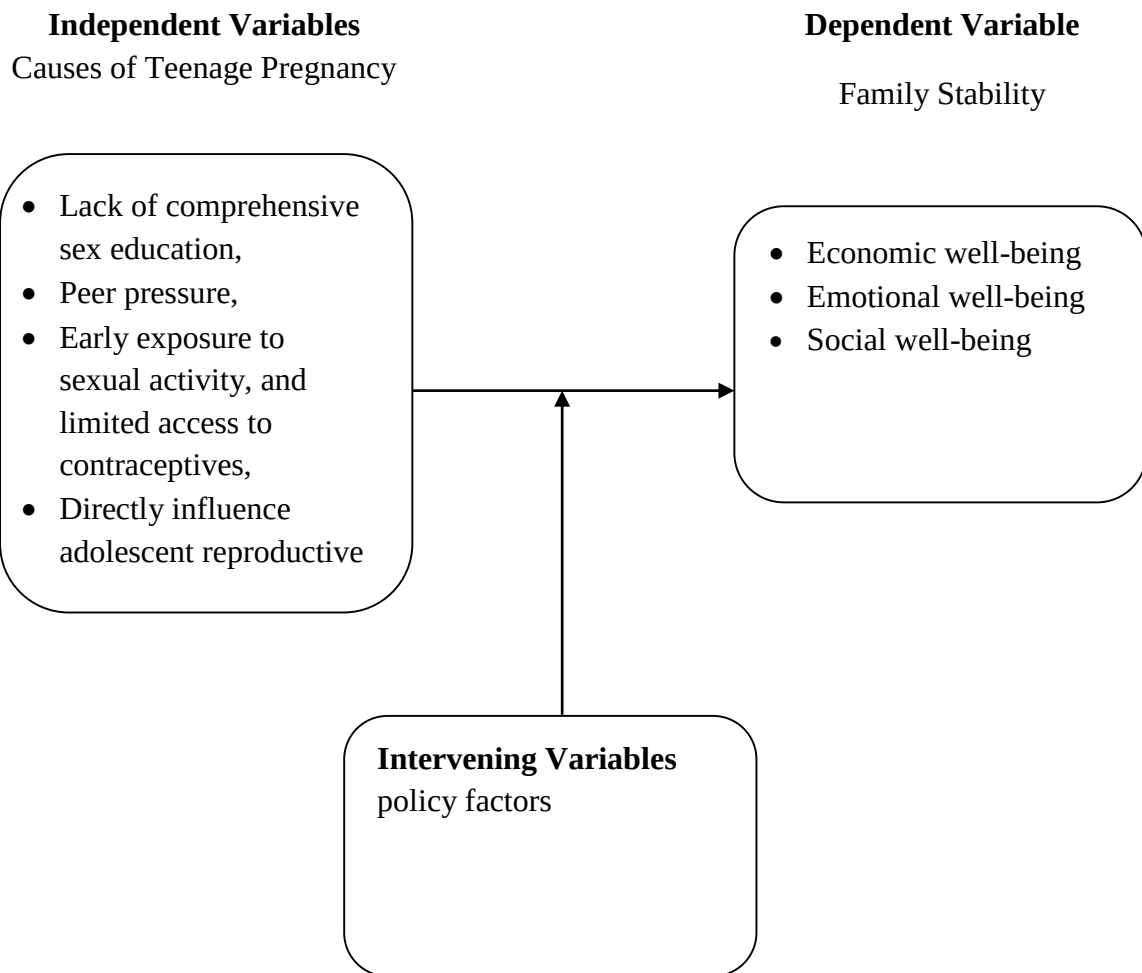
Families and Community Members

The study might propose practical coping strategies and support mechanisms that families can adopt. This might help in managing the emotional, financial, and social effects of teenage pregnancy, promoting resilience and improved well-being among affected households.

Researchers and Academics

By contributing to the existing body of literature, the study may serve as a valuable resource for future researchers investigating related issues. It might open new avenues for academic inquiry into rural reproductive health, family dynamics, and youth development.

The conceptual framework for this study is based on the socio-ecological model, which examines how individual, family, community, and societal factors interact to influence teenage pregnancy and its impact on family stability.



Source: Author, 2025

Narrative of the conceptual framework

The causes of teenage pregnancy, such as lack of comprehensive sex education, peer pressure, early exposure to sexual activity, and limited access to contraceptives, directly influence teenager reproductive choices. However, these causes do not operate in isolation; they are shaped and mediated by socioeconomic, cultural, and policy factors. For instance, poverty and low educational attainment may increase vulnerability to early pregnancy, while cultural norms such as the acceptance of early marriages or stigmatization of contraceptive use further exacerbate the issue. Additionally, weak policy enforcement on reproductive health education and inadequate youth-friendly health services can limit preventive measures. These

intervening variables collectively shape the long-term impact of teenage pregnancy on family stability, affecting economic well-being due to increased financial strain, emotional health through stress and disrupted aspirations, and social well-being as young mothers may face stigma, limited opportunities, or strained family relationships. Therefore, addressing teenage pregnancy requires a holistic approach that considers these broader systemic influences to promote stability and resilience within affected families.

1.9 Definition of Key Terms

Teenage Pregnancy: Teenage pregnancy refers to a situation where a girl becomes pregnant between the ages of 13 and 19.

Family Stability: Family stability refers to the consistency, security, and resilience within a family structure that enables its members to function effectively and support one another emotionally, socially, and economically.

Coping Strategies: Mechanisms adopted by families to manage the effects of teenage pregnancy

Socioeconomic Factors: Economic and social conditions that influence individuals and communities.

1.10 Chapter review

The study examined the effect of teenage pregnancy on family stability in Bubaare Sub-County, Rubanda District. The background was arranged based on the historical background, theoretical, conceptual background and contextual background,

problem statement, objectives of the study, specific objectives, research questions, scope of the study, significance of the study, definition of key terms.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Globally, teenage pregnancy is still a major social and public health concern, especially in low-income areas where socioeconomic and cultural factors play a role in its incidence. Teenager pregnancy has effects on families, communities, and the advancement of the country in addition to the individual. This chapter reviews existing literature related to teenage pregnancy and its impact on family stability in Bubaare Sub-County, Rubanda District. The review includes theoretical perspectives, key conceptual discussions, empirical evidence on the causes and effects of teenage pregnancy on family stability, coping strategies employed by families, research gaps, and a conclusion.

2.2 Theoretical Review

The Ecological Systems Theory (Bronfenbrenner, 1979) and the Strain Theory (Merton, 1938) served as the study's guiding theories.

2.2.1 Ecological Systems Theory

According to Bronfenbrenner's Ecological Systems Theory, which was developed in 1979, human development is impacted by many environmental system levels that interact with a person's biological potential to shape experiences and behavior

(Bronfenbrenner, 1979). The microsystem, mesosystem, exosystem, macrosystem, and chronosystem are the five interconnected systems described in the theory. Through their connections with peers, family, the community, and societal institutions, these systems together impact a person's development (Neal & Neal, 2019).

The Ecological Systems Theory is predicated on the notion that human development takes place inside nested environmental structures and that interactions among these systems continuously influence an individual's development. Individuals are assumed to be influenced by their immediate and extended environments rather than developing in a vacuum. The theory also makes the assumption that development is dynamic, which means that changes over time like adjustments in family stability or socioeconomic standing can have a significant impact on a person's life outcomes (Tudge, 2019).

This hypothesis explains how various environmental factors contribute to early pregnancies and their subsequent consequences on families, which is closely related to the study on the influence of teenage pregnancy on family stability in Bubaare Sub-County. How a teenager woman handles her pregnancy may be influenced by the presence or absence of familial support at the microsystem level. The teenager's capacity to pursue further education or seek out support networks is influenced by the mesosystem, which encompasses interactions between the home, school, and community. How well families are able to manage the financial strains of a young pregnancy depends on the exosystem, which includes factors like parental employment status and local economic stability (Bronfenbrenner, 2005).

At the macrosystem level, family reactions and the general stability of the home are influenced by cultural and societal conventions surrounding early pregnancy, gender roles, and marriage. Teenage pregnancy trends and family adaptability are influenced by historical and life transitions, such as changes in socioeconomic conditions or policy regarding teenager reproductive health (Darling, 2020). The study may thoroughly evaluate the several elements influencing teenager pregnancy and how they interact to influence family stability in Bubaare Sub-County by using this framework.

2.2.2 Strain Theory

Overview Sociologist Robert K. Merton created Merton's Strain Theory in 1938. It offers a framework for comprehending how social factors influence abnormal behavior. According to the notion, people are driven to pursue alternative paths, which may involve risky or criminal activities, by social pressures and a lack of access to legal ways to succeed (Agnew, 2019). Teenage pregnancy and early sexual engagement are two such outcomes, especially for teenagers living in low-income environments.

The foundation of Merton's Strain Theory is the idea that while society sets cultural objectives like stability and financial success, not everyone has equal access to legal ways to fulfill these ambitions. Because of the stress and anomie caused by this discrepancy, some people turn to other means of achieving success (Agnew, 2019). According to Merton, there are five ways that people can adjust to stress: conformity, which involves following social norms and goals; innovation, which involves pursuing success through illegal means; ritualism, which involves eschewing social norms but continuing to follow customs; retreatism, which involves rejecting

both social norms and means; and rebellion, which involves trying to replace the current social structures with new ones (Passas & Agnew, 2020). Strain Theory is a useful framework for examining socioeconomic difficulties and deviance because of these adaptations, which also explain differences in deviant conduct and social reactions to inequality.

According to Merton's Strain Theory, cultural expectations, restricted educational prospects, and financial difficulty may cause stress in teenagers, especially in low-income communities, when it comes to teen pregnancy (Bunting et al., 2020; Madkour et al., 2021). Some young females may regard early partnerships and pregnancy as alternate ways to obtain stability, social approval, or financial support when traditional alternatives like school and job advancement appear unachievable (Harden, 2019). This is in line with the "innovation" form of adaptation, in which people use non-traditional methods to accomplish social objectives. Media impacts may also have an impact on how teenagers view early motherhood (Coyne et al., 2020). Teenage pregnancy disrupts family stability in Bubaare Sub-County due to restricted prospects and economic hardship, as explained by Merton's Strain Theory. Teenagers are pushed toward early parenthood by poverty and a lack of support. These consequences can be lessened by focused interventions in the fields of health, work, and education.

2.3 Empirical Review

2.3.1 Causes of Teenage Pregnancy among Teenagers

Poverty and financial difficulty are major contributors to teenager pregnancy. Teenager girls are frequently forced to participate in transactional sex, when they trade sexual favors for cash, food, or essentials due to economic insecurity (UNFPA,

2020). Many teenage females in rural areas like Bubare Sub-County are compelled to seek financial support through early marriages or partnerships with older men due to a lack of work options and household poverty. Although there is ample evidence linking poverty to preterm birth, little research has examined the direct impact of such economic vulnerabilities on family stability, especially in rural Ugandan communities. By investigating how teenager pregnancies brought on by poverty affect parental relationships, financial resources, and family responsibilities in Bubare Sub-County, this study aims to close that gap.

The absence of access to thorough sexual and reproductive health education is another important contributing factor. Many teenagers still don't know enough about STIs, contraception, and the long-term effects of getting pregnant too young. Unwanted pregnancies and unprotected sex are made more likely by this ignorance (Guttmacher Institute, 2021). Though previous research has emphasized this educational disparity, few have looked at the ways in which this ignorance impacts the teenager girl as well as the larger family, including the stress, increasing dependency, and social stigma it causes.

Teenage pregnancy is also greatly aided by cultural and religious conventions. As a means of maintaining family honor, ancestry, and traditional beliefs, early marriage and childbearing are frequently encouraged in a number of African societies, including Uganda (Mugisha & Mugisa, 2021). Early sexual activity and childbearing are encouraged by cultural views that define a woman's worth via motherhood, which can limit girls' access to education and employment prospects. However, little empirical study has been done to determine how these cultural factors interact with

family structures and whether they strengthen or impair family stability when early motherhood occurs.

Teenage pregnancy is also caused by media exposure and peer pressure. Teenagers frequently copy the actions of their friends or celebrities, particularly when those actions are presented as contemporary or socially acceptable (Kalule & Ochen, 2019). Teenagers may engage in dangerous sexual conduct to fit in due to peer pressure, and media outlets usually glorify sexual relationships without emphasizing the negative effects. However, the impact of peer and media-driven pregnancies on home stability whether through interrupted education, strained parent-child relationships, or financial strains is not adequately examined in the literature currently in publication.

Another important factor is family background, especially dysfunctional family settings. Teenagers from households where there is parental abuse, neglect, or absence frequently don't receive the right kind of emotional support and direction (Ninsiima et al., 2020). These teenagers are more likely to engage in early sexual activity and become pregnant if they go to other sources for affection or financial support. Although the overall literature acknowledges these dynamics, local research on the ways in which teenager pregnancies from broken households lead to long-term instability within extended families particularly in rural communities like Bubare Sub-County are lacking.

Additionally, one underappreciated factor contributing to teenager pregnancy is the lack of access to youth-friendly health services. Young people are discouraged from obtaining sexual and reproductive health treatments because many rural Ugandan

health facilities lack teenager-centered care, qualified staff, and confidentiality. Unwanted pregnancies are more common among girls who lack access to counseling services or contraceptives. Although this institutional gap has been extensively recognized (WHO, 2022), less is known about how it affects family stability through increased caring responsibilities, financial pressure, and intergenerational disputes. This study will look at these underappreciated effects on families in Bubare Sub-County that are impacted by teenager pregnancy.

2.3.2 Effects of Teenage Pregnancy on Family Stability

Economic Strain on Families

The financial strain that teenager pregnancy places on families is one of its main effects. Teenager moms generally lack the financial means to maintain themselves and their children, and they are frequently still reliant on their caretakers. As a result, families are left to pay for childcare, food, clothing, and medical care. This additional financial strain might further impoverish households in resource-constrained areas like Bubare Sub-County, where poverty rates are already high. Teenage pregnancy raises household expenses, which reduces a family's capacity to fund the welfare and education of other children (UNICEF, 2021). However, there is a lack of localized research regarding how such economic strain directly impacts rural households in southwestern Uganda, as the majority of studies on this topic concentrate on national or urban settings.

Emotional and Psychological Distress

According to a recent study, families with teenage moms frequently face more emotional and psychological difficulties. Parents may experience anxiety, shame, or

disappointment, particularly in societies where teen pregnancy is frowned upon. Social disengagement, poor parent-child interactions, and internal family disputes might result from these emotions (Kagimu, Sekiwunga, & Atuhaire, 2021). The stigmatization that comes from the larger community makes these emotional difficulties even worse. Despite these facts, not much research has looked at how emotional turmoil like this affects parenting styles and family cohesion in rural Uganda. Additionally, by describing the emotional strain and psychological stress that teenager pregnancy causes in families in Bubare Sub-County, the aforementioned study highlights a gap.

Disruption of Family Roles and Responsibilities

Teenager pregnancies frequently result in changes to family dynamics, including adjustments to domestic duties and caregiving roles. Siblings may be neglected or forced to help with child-rearing responsibilities, while parents may end up co-parenting their grandkids. Family members may experience conflict, stress, and resentment as a result of these unexpected role adjustments (Nabukalu, Lwanga, & Tumwine, 2019). Research and policy responses frequently fail to systematically capture such disturbances. However, there is a research gap because the study by Nabukalu, Lwanga, and Tumwine (2019) does not demonstrate how role reassignments in the family unit, brought on by teenager pregnancy, affect long-term household harmony and stability in Bubare Sub-County.

Educational Disruption and Intergenerational Poverty

In Uganda, one of the main reasons why females drop out of school is teenage pregnancy. Due to their inability to manage parenthood and study, many young women are compelled to drop out of school (MoES, 2020). This results in fewer work

options and a lifetime of reliance on family or low-wage informal labor. A cycle of poverty that impacts the teenager mother and her extended family is the long-term effect. There is a dearth of precise data demonstrating how teenager mothers' disruption of their education affects family ambitions, production, and long-term stability in rural regions like Rubanda, despite national reports indicating this tendency. This study will look at how early pregnancy-related school dropouts impact the socioeconomic trajectory of families in Bubare Sub-County.

Limited Social Support Systems

The lack or insufficiency of official and informal support networks for impacted families is another underappreciated effect of teenage pregnancy. While some non-governmental organizations offer interventions in metropolitan areas, these services are frequently absent in rural areas. Without sufficient psychosocial or financial support, families are forced to deal with the complicated realities of teenage pregnancy (Gahongayire et al., 2022). This exacerbates family dysfunction by fostering feelings of helplessness and loneliness. There is no empirical data on the availability and efficacy of local support networks in reducing familial instability in Rubanda District, despite the fact that teenage reproductive health is receiving more national attention.

2.3.3 Coping Strategies Families Use to Deal with Challenges of Teenage Pregnancy

When faced with teenager pregnancy, families frequently seek support from community organizations, religious communities, and extended family members. These social networks offer practical, financial, and emotional support, which can lessen the strain on the family. Informal support networks are essential in many

communities for families to manage the difficulties of teenager parenthood (Muwonge et al., 2021). Some families actively encourage their teenage daughters to pursue higher education in spite of the obstacles. To increase their chances of landing a steady job after giving birth, they might advise them to go back to school or seek vocational training. In order to give the young mother greater chances for independence and a more stable future, these initiatives are frequently crucial (Nalwoga & Namuli, 2021).

Many families look for alternate sources of income in order to deal with the financial difficulties associated with teenager pregnancy. This could entail launching small enterprises, accepting more work, or participating in locally based revenue-generating endeavors. These initiatives assist the family in covering the higher expenses of healthcare and childcare that come with being a teenage mother (Atuhaire et al., 2021).

In order to cope with the psychological and emotional effects of teenage pregnancy, some families look for professional therapy or psychosocial assistance. The teenage mother in particular benefits from counseling services as it helps her deal with stress, depression, and guilt. According to WHO (2021), psychosocial support also aids in the young mother's reintegration into the family, fosters positive relationships, and enhances the general well-being of the family.

2.4 Research Gaps

Even though teenager pregnancy in Uganda is becoming more and more of a problem, little is known about how it specifically affects family stability locally, especially in rural places like Bubaare Sub-County, Rubanda District. The majority of current

research concentrates on the health consequences, disruption of schooling, and financial strains faced by teenager mothers, frequently ignoring the ways in which early pregnancies impact the emotional, social, and economic dynamics of families and communities in this particular area. The ways that teenager pregnancy damages family ties, raises dependency ratios, and fuels domestic strife or dissolution in Bubaare Sub-County are not well documented empirically. This disparity emphasizes the necessity of doing localized research to comprehend the distinct sociocultural and economic effects of teenage pregnancy on the stability of families in Rubanda District.

2.5 Conclusion

According to the reviewed literature, social, cultural, and economic factors all have an impact on teenager pregnancy. It causes mental misery, financial pressure, and disturbances in family roles, all of which have a significant impact on the stability of families. Families use a variety of coping mechanisms, but it's unclear how efficient they are. By concentrating on the rural setting of Bubaare Sub-County, Rubanda District, this study filled in existing research gaps by offering localized insights into the effects of teenage pregnancy on family stability and possible treatments.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter outlines the research methodology used to assess the impact of teenage pregnancy on family stability in Bubaare Sub-County, Rubanda District. The study used a systematic approach to gather and analyze data, ensuring reliability and validity in addressing the research objectives.

3.1 Study Area

The study was carried out in the Western Region of Uganda's Bubaare Sub-County, which is part of the Rubanda District. Teenage pregnancy is a major worry in Bubaare, a rural location where the majority of the population works in agriculture. The sub-county's numerous elementary and secondary schools, medical institutions, and community centers served as crucial sources of data for our investigation. Given that the district has a higher rate of teenage pregnancies than the national norm, Bubaare's geographic and socioeconomic features make it a perfect place to investigate how teenager pregnancy affects family stability.

3.2 Research Approach

In order to investigate the lived experiences of families impacted by teenager pregnancy, the study used a qualitative research methodology. Understanding the challenges and frequently arbitrary social phenomena surrounding teenager pregnancy and its effects on family relations was best accomplished through a qualitative method. This made it possible to thoroughly examine how personal experiences, viewpoints, and social elements affect family stability.

3.3 Research Design

Descriptive research designs are used to characterize a population, scenario, or phenomena in a methodical way without changing any factors (Ellis & Hart, 2023). The study's descriptive research design made it possible to thoroughly examine how teenager pregnancy affects the stability of families. In the context of Bubaare Sub-County, this approach was used because it allowed the researcher to characterize and analyze the traits and impacts of teenage pregnancy on family structures. A thorough grasp of the difficulties and coping strategies that local families deal with as a result of teenage pregnancy was made possible via descriptive study.

3.4 Research Procedure

The research procedure begun with a review of existing literature to understand the factors influencing teenage pregnancy and its implications for family stability. Following this, the researcher identified and engaged relevant stakeholders such as local leaders, health workers, teachers, and parents of teenage mothers to seek permission and facilitate collaboration for data collection. Primary data was then collected through field visits to households, community leaders, and institutions. Informed consent was obtained from all participants prior to data collection.

3.5 Target Population

The target population of 65 people for the study included families with teenage mothers in Bubaare Sub-County, along with community leaders, teachers, and health workers. Specifically, the study focused on teenage mothers aged 13-19 years who had at least one child, as well as their family members, including parents, guardians, and siblings. Additionally, the study included community leaders, such as local council officials and religious leaders, teachers from secondary schools in the sub-

county, and health workers from local health centers. This target population was selected because they were directly affected by teenage pregnancy and provided valuable insights into its social, economic, and psychological impact on family stability.

3.6 Sample size determination

Using Slovin's formula, the researcher calculated the proper sample size because the total population is 65 people. When working with a known population and a predetermined margin of error, Slovin's formula was used to determine a representative sample size. Using a 95% confidence level and a 5% margin of error to account for any non-responses, the sample size was determined by estimating the prevalence of poverty among the semi-illiterate population in comparable situations. Slovin's formula is expressed as:

$$n = \frac{N}{(1 + Ne^2)}$$

$$n = \frac{65}{(1 + 65 * 0.0025)}$$

$$n = \frac{65}{(1 + 65 * 0.0025)}$$

$$n = \frac{65}{1.16}$$

$$n = 56$$

Adding 10% for non-response

New Sample Size = 56 respondents

Using Slovin's formula above, the sample size of 56 will be calculated plus 10% non-response rate

3.7 Sampling techniques

The study employed purposive sampling for all categories of participants. This non-probability sampling technique was appropriate because it allowed the researcher to intentionally select individuals who were most relevant to the objectives of the study and provided rich, in-depth information on the issue of teenage pregnancy and its implications for family stability.

Table 3.1: Showing sample size

Category	Number of participants	Description	Sampling technique
1. Teenage mothers	27	Participants aged 13 to 19 years who have experienced teenage pregnancy.	Purposive
2. Parents/guardians of teenage mothers	11	Parents or guardians of teenage mothers, providing insights into family dynamics.	Purposive
3. Community leaders	7	Leaders in the community who can offer perspectives on social and cultural factors.	Purposive
4. Teachers from local secondary schools	5	Educators from local secondary schools who interact with teenager students	Purposive
5. Health workers from local health centers	6	Health professionals from local health centers, providing insights on health services for teenage mothers.	Purposive

Total	56
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3.8 Methods of Data Collection

This study primarily relied on qualitative data collection methods to gain a comprehensive understanding of the causes, effects, and coping strategies related to teenage pregnancy and its impact on family stability in Bubaare Sub-County, Rubanda District. The primary data was collected using two key approaches: in-depth interviews and focus group discussions (FGDs).

In-depth Interviews

A purposively selected sample of key informants, including teachers, community leaders, health professionals, parents or guardians of young mothers, and teenage mothers themselves, participated in semi-structured in-depth interviews. The semi-structured style made it possible to probe individual experiences in a flexible way while staying focused on the goals of the study. Teenage moms' personal stories, the events leading up to pregnancy, and the support or lack thereof from family members were all covered in the interviews. Teenage pregnancy's emotional, financial, and social impacts on the family were questioned of parents and guardians. Teachers and health workers provided perspectives on the broader implications for education and health, while community leaders shared insights into community perceptions and responses. All interviews were conducted in a private and confidential setting to ensure participants feel safe and are able to speak freely. Interviews were recorded (with consent) and transcribed for thematic analysis.

Focus Group Discussions (FGDs)

Focus group discussions were held with parents, community leaders, and local opinion leaders to gain a broader understanding of the community's attitudes, cultural beliefs, and social dynamics that influence teenage pregnancy and family stability. Each FGD consisted of 6-10 participants, and sessions were facilitated using a discussion guide aligned with the study objectives. Discussions explored community norms surrounding early sexual activity and marriage, stigma associated with teenage pregnancy, and support systems available for affected families. FGDs were conducted in locations that were convenient and accessible to participants, and each session was audio recorded (with consent) and later transcribed and analyzed to identify recurring themes and group-level insights.

Secondary data collection methods

Document review

Relevant documents, including reports from health centers, schools, and local government, were reviewed to understand the institutional responses to teenage pregnancy and their role in mitigating its impact on family stability.

3.9 Data Collection Instruments

Primary data collection instruments

This study's main data gathering techniques were intended to elicit rich and detailed insights from a variety of stakeholders. To perform one-on-one in-depth interviews with parents, teachers, community leaders, health professionals, and teenager moms, interview guides were created. Open-ended questions in these guidelines gave participants the opportunity to elaborate on their viewpoints, experiences, and opinions. The study sought to gather a broad variety of contextual and personal characteristics that might affect teenage pregnancy and its effects on family stability by employing open-ended questionnaires.

Furthermore, guides for focus group discussions (FGDs) with parents and community leaders were created. The social, economic, and psychological effects of teenage pregnancy on family relations were the main topics of these talks, which gave participants a chance to reflect and talk with one another. Last but not least, during field visits, an observation checklist was utilized to record body language, nonverbal clues, and other contextual information that could improve comprehension of the circumstance and aid in data triangulation.

Secondary data collection instruments

Secondary data was collected to provide a broader institutional context for the study. Document analysis was carried out using records and reports from health and educational institutions to examine institutional policies, available resources, and services for teenage mothers, as well as the challenges these institutions face in addressing teenage pregnancy. Key documents to be reviewed included the Uganda Demographic and Health Survey (UDHS) 2022, which highlights the national prevalence and health implications of teenage pregnancy, and the Ministry of Education and Sports Annual Performance Report (2023), which addresses its impact on school attendance and dropout rates. Additionally, policy documents such as the National Teenager Health Policy (2019) and the Revised Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings (MoES, 2020) will be analyzed to understand institutional response mechanisms. By examining these sources alongside health service reports and school records, the study built a comprehensive understanding of the external factors influencing teenage pregnancy and its effects on family stability. The integration of primary data from fieldwork with secondary data from institutional sources enabled a more holistic and well-rounded analysis of the issue.

3.10 Data Analysis

Since this is a qualitative study, thematic analysis was used to analyse data. Thematic analysis is a widely used method in qualitative research for identifying, analyzing, and interpreting patterns of meaning (Braun & Clarke, 2006). This approach allowed the researcher to examine interview transcripts and field notes to uncover recurring themes related to the impact of teenage pregnancy on family

stability. The data was transcribed from audio recordings taken during interviews, with participants' consent obtained in advance. The use of a digital recorder ensured the accuracy and completeness of data capture, complementing field notes taken during interactions.

Themes were generated based on study variables and organized into coding categories. An analysis plan was developed incorporating direct quotations and frequently occurring concepts to ensure a rich interpretation of the findings. According to Noel et al. (2017), thematic analysis is valued for its clarity and ease of use, making it appropriate for this study. This method helped uncover institutional, social, and economic dynamics influencing how teenage pregnancy affects family cohesion, roles, and support systems in Bubare Sub-County. Quantitative data was analysed using Microsoft excel to generate frequencies and percentages and qualitative data was analyzed using content analysis method.

3.11 Quality Control

To ensure the quality and validity of the data, several measures were implemented. A pilot study was conducted with a small sample from a neighboring sub-county to test the data collection instruments and procedures, with feedback used to refine the interview and FGD guides. Triangulation was applied by using multiple data sources interviews, FGDs, and document analysis ensuring robust findings supported by various perspectives. Member checking was carried out by sharing preliminary findings with select participants to verify accuracy and relevance. Additionally, regular supervision of research assistants ensured consistency in conducting interviews and discussions throughout the data collection process.

3.11.1 Validity of the Instrument

3.11.1.1 Internal validity of the research instrument

Internal validity in research refers to the extent to which a study's design, methods, and procedures accurately measure what they are intended to measure (Kimberlin, & Winterstein, (2008). It is the degree to which a study is free from bias and confounding variables, allowing researchers to confidently attribute any observed effects to the variables being studied. The internal reliability of the instruments was examined by the researcher. Content validity data was used for the measurement of internal validity. By consulting with my research supervisor, the reliability of the inquiries being investigated was confirmed, and the researcher advised on what needed to be corrected.

3.11.1.2 External validity of the research instrument

According to Khirsan and Crawford (2014), External validity is the extent to which generalization of the findings of the research to other situations, people, measures and setting. In this study, the external validity was used to determine whether the findings of the study were generalized in other contexts. The sampling technique in table 3.1 above, the findings from the selected population was used to give a general overview of the entire population.

3.12 Ethical Considerations

The researcher sought clearance from the Faculty of Social Sciences at Uganda Christian University. An introductory letter was obtained from the Social Sciences Department at Uganda Christian University, which permitted the researcher to proceed to the field for data collection. Permission was also sought from the Sub-County Chief of Bubaare Sub-County, who authorized the researcher to collect data

from the targeted respondents. Prior to data collection, the respondents were given information about the study and were assured of the confidentiality of their information using a participant information sheet. Additionally, the researcher maintained confidentiality by using a clean dataset that was not contained any identifying information. This approach helped to ensure that respondents were protected and their responses remained unbiased.

Informed consent was sought from each respondent by requesting them to sign consent forms indicating their willingness to participate in the study. The questionnaires were interviewer-administered, and after completion, the researcher collected them on the same day and prepared them for analysis at the end of each working day. Interviews were conducted with selected respondents to clarify significant issues that arised from the questionnaire responses. The researcher also conducted at least two Focus Group Discussions (FGDs) in every parish within Bubaare Sub County, with each FGD composed of 10 participants.

3.13 Limitations of the study

The study faced the limitation of scope and generalisability, which presented a significant methodological constraint, as it focused exclusively on Bubare Sub-County in Rubanda District. This geographic restriction hindered the applicability of the findings to other parts of Uganda. Additionally, the unique cultural, economic, and social characteristics of Bubare may have differed from those in other communities, further limiting the extent to which the results could be generalized beyond the specific study area. To overcome this, the researcher clearly stated the limitations in the scope and methodology sections of the report and advised caution

in generalizing the findings, while recommending that similar studies be conducted in other districts for comparison and broader applicability.

The study faced sampling constraints that affected the reliability of its findings. Since a small sample size was used, the results were not statistically representative of the larger population. Furthermore, the non-probability sampling technique used in this study was likely to introduce sampling bias, which limited the objectivity and generalizability of the study outcomes. To address this, the researcher ensured diversity within the selected sample to reflect different backgrounds and experiences, and acknowledged the sampling limitations while encouraging future studies to use larger, probability-based sampling techniques for more representative results.

The study encountered data collection challenges that affected the accuracy of the findings. Respondents withheld truthful information due to the sensitive nature of teenage pregnancy and the associated stigma within the community, leading to social desirability bias. Additionally, reliance on self-reported data from teenage mothers or their families increased the risk of exaggerated or understated responses, which compromised the validity and reliability of the collected information. To mitigate this, the researcher assured participants of strict confidentiality and anonymity, conducted interviews in private and safe environments, and employed trained data collectors skilled in handling sensitive topics to promote honest disclosure.

The study adopted a cross-sectional design, which limited its ability to establish causal relationships between teenage pregnancy and family stability over time.

Without longitudinal data, it was difficult to track changes and long-term impacts, thereby restricting the depth of analysis and the understanding of how teenage pregnancy influenced family dynamics across different stages. To overcome this limitation, the researcher cautiously interpreted findings as correlational rather than causal and recommended that future studies adopt longitudinal designs to better capture changes over time and deepen the analysis.

The study faced methodological limitations by relying solely on either qualitative or quantitative methods, which prevented it from capturing the full complexity of the issue. Solely using qualitative methods lacked the statistical rigour needed for generalization, while an exclusively quantitative approach was likely to overlook the nuanced emotional and social impacts of teenage pregnancy on family stability. Therefore, the absence of a mixed-methods approach restricted the depth and breadth of the study's findings. To address this, the researcher incorporated open-ended questions within structured tools to gain both measurable and in-depth responses and proposed that future studies apply mixed-method approaches to fully explore both statistical trends and lived experiences.

The study involved minors, making ethical sensitivities a significant concern. The risk of not following proper ethical procedures for obtaining parental or guardian consent and ensuring confidentiality could have compromised the integrity of the research. To manage this, the researcher obtained ethical clearance from relevant authorities, ensured informed consent was secured from parents or guardians, and maintained strict confidentiality throughout the study, thereby upholding high ethical standards.

The study faced temporal limitations, as it was conducted at a single point in time and therefore did not account for changing dynamics, such as evolving support systems, policy changes, or shifts in community attitudes. Conducting the research only once risked overlooking these variables, which may have significantly influenced the results and led to incomplete or outdated conclusions. To overcome this, the researcher recognized the limitation in the discussion section and recommended that future research adopt a longitudinal or repeated cross-sectional approach to better capture changing trends and produce more comprehensive findings.

3.14 Chapter review

This chapter outlines the research methodology adopted to assess the impact of teenage pregnancy on family stability in Bubaare Sub-County, Rubanda District. It describes the study area, qualitative research approach, and descriptive design employed. The target population includes teenage mothers and key community stakeholders, selected purposively. Data collection methods included in-depth interviews, focus group discussions, and document reviews. Slovin's formula determined a sample size of 62. Data analysis followed thematic analysis to identify recurring patterns.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.0 Introduction

This chapter gives a detailed presentation, interpretation and discussion of findings based on the order according to the objectives of the study.

4.1 Demographic characteristics of respondents

A total of fifty six (56) respondents were selected for the study. The researcher considered the age, gender, marital status, education level, occupation and religion of the respondents. This demographic data was very essential for the researcher and the study in order to describe the best respondents that were selected for the study as presented below.

4.1.1 Age of the respondents

In a bid to record the bio data of respondents, the researcher considered the age of respondents and the results in Table 4.1.1 below were recorded

Table 4.1.1: Showing the age of the respondents

Age	Frequency	Percentage
12-14	7	13
15-17	10	18
18-19	12	21
20 and above	27	48
Total	56	100

Source: Primary data June, 2025

Based on the results presented in Table 4.1.1, the largest proportion of respondents (48%) were aged 20 years and above. This age group was selected due to their extensive life experiences and ability to provide informed and mature insights related to the study topic. Respondents aged 18-19 years constituted 21% of the sample, as they were considered to have emerging perspectives and some level of exposure relevant to the subject. Another 18% were between 15-17 years,

representing teenagers with growing awareness and the ability to contribute meaningfully, though with less experience. The smallest group, making up 13%, were aged 12-14 years, as their limited exposure and developing understanding made them less likely to provide in-depth responses, thus forming a smaller portion of the sample. The researcher considered age as an important factor to ensure data was gathered from individuals whose knowledge and experiences were appropriate to the objectives of the study.

4.1.2 Gender of the respondents

The researcher also considered the gender of respondents and the results in table 4.1.2 below were recorded:

Table 4.1.2: Showing the gender of the respondents

Gender	Frequency	Percentage
Male	19	34
Female	37	66
Total	56	100

Source: Primary data June, 2025

The study results presented in Table 4.1.2 above indicated that 66% the highest numbers of respondents were females because these had more available, accessible and more directly affected by the study topic, leading to their higher representation whereas 34% the least number of respondents were males because these were less available, less involved and less willing to participate in the study. The researcher considered the gender of respondents in order to ensure gender balance in the study.

4.1.3 Education level of the respondent

The researcher further considered the education level of the respondent and the results presented below in Table 4.1.3 were recorded.

Table 4.1.3: Showing the education level of the respondent

Education Level	Frequency	Percentage
No formal education	21	38
Primary	02	4
Secondary	9	16
Tertiary	24	42
Total	56	100

Source: Primary data June, 2025

According to the results presented in Table 4.1.3 above, 42% the highest numbers of the respondents had tertiary level of education and were much involved in the study because they were more informed and had the desired information for the study whereas 4% the lowest number of respondents had primary level and this was because majority of the primary school children would not be affected by teenage pregnancy since they were still young. The respondents with 16% had secondary education and these also had the required information about the study and the remaining 38% of the respondents had none formal education and were able to provide relevant information for the study because these were aware and able to provide relevant information for the study. The researcher considered the respondents' level of education in order to get relevant data based on the respondents' literacy levels.

4.1.4 Occupation of the respondents

The researcher documented the occupation of the respondents and the results were presented in 4.1.4 below were recorded.

Table 4.1.4: Showing the occupation of the respondents

Occupation of the respondents	Frequency	Percentage
Student	23	41
Farmer	04	7
Business	15	27
Employed	08	14
Unemployed	06	11
Total	56	100

Source: Primary data June, 2025

According to the results presented in Table 4.1.4, the highest proportion of respondents (41%) was of the students. This group was more susceptible to teenage pregnancy due to frequent interactions with male peers in school environments and access to relevant information, making them a key focus for the study. Respondents involved in business accounted for 27%, as their mobility and exposure to various social settings influenced their risk and awareness regarding teenage pregnancy. Employed individuals made up 14% of the sample, contributing their experiences from structured work environments and possibly greater access to reproductive health knowledge. Unemployed respondents represented 11%, included to reflect the perspectives of those not currently engaged in work, whose idle time and peer influence impacted their vulnerability. The smallest groups, 7%, were farmers, as their daily routines were largely centered on agricultural activities, offering limited

social interaction and reduced exposure to circumstances associated with teenage pregnancy. The researcher selected respondents based on occupation to assess how different work situations influence behaviors, risks, and perceptions related to the study topic.

4.1.5 Religion of the respondents

The researcher documented the religion of the respondents and the results were presented in 4.1.5 below were recorded.

Table 4.1.5: Showing the religion of the respondents

Religion of the respondents	Frequency	Percentage
Catholic	22	39
Anglican	24	43
Pentecostal	02	4
Muslim	08	14
Total	56	100

Source: Primary data June, 2025

According to the results presented in Table 4.1.4, the majority of respondents (43%) were Anglicans, because the Anglican faith was the most deeply rooted and widely practiced religious denomination in the study area. Catholics made up 39% of the respondents, reflecting the strong historical influence of early Catholic missionaries and the significant Catholic community presence in the region. Muslims accounted for 14% of the sample, due to a moderate yet established Muslim population within the area. Only 4% of respondents were Pentecostals, which was attributed to the relatively recent spread and limited reach of Pentecostalism in the region compared

to older denominations. The researcher included religious affiliation to explore how different faith backgrounds influenced participants' beliefs, behaviors, and responses concerning the study topic.

4.2 Causes of teenage pregnancy among teenagers in Bubaare Sub-County

The researcher documented the causes of teenage pregnancy among teenagers in Bubaare Sub-County and the results presented below in table 4.2 were recorded.

Table 4.2: Causes of teenage pregnancy among teenagers in Bubaare Sub-County.

Where SA = strongly agree, A = Agree, NS = Not sure, D = Disagree and SD = strongly disagree

Causes of teenage pregnancy among teenagers in Bubaare Sub-County	SA		A		N		D		SD		Total	
	%	F	%	F	%	F	%	F	%	F	%	F
Peer pressure contributes to teenage pregnancy	25	14	37	21	16	9	12	7	10	5	100	56
Lack of sex education leads to teenage pregnancy	38	21	32	18	23	13	7	4	-	-	100	56
Poverty drives many teens into early sexual activity	41	23	30	17	18	10	8	4	3	2	100	56
Broken family structures encourage risky behavior among teens	38	21	19	11	26	14	17	10	-	-	100	56
Media influences contribute to early sexual behavior	29	16	41	8	30		-	-	-	-	100	56

Source: Primary data June, 2025

The study findings on the causes of teenage pregnancy among teenagers in Bubaare Sub-County revealed that 25% of the respondents strongly agreed that peer pressure contributes to teenage pregnancy, 37% agreed with the statement, 16% were not sure because they had nothing to say about the statement, 12% disagreed and 10% strongly disagreed that peer pressure contributes to teenage pregnancy. This implies that most of the respondents agreed that peer pressure contributes to teenage pregnancy because teenagers often feel pressured by friends or peers to engage in risky sexual behavior to fit in or gain acceptance and the researcher is in agreement with the statement.

The field findings on lack of sex education leads to teenage pregnancy revealed that 38% of the respondents strongly agreed with the statement, 32% agreed, 23% were not sure because they were not informed about the statement and 7% disagreed. This implies that most of the respondents agreed that lack of sex education leads to teenage pregnancy because without proper knowledge, teenagers may engage in unsafe sexual practices due to ignorance of consequences and preventive measures and this is in line with the researcher.

The study findings on the statement of poverty drives many teens into early sexual activity revealed that 83% of the respondents strongly agreed because poverty creates economic pressure that pushes many teens to engage in early sexual activity as a means of survival or to gain financial support, 30% agreed, 18% were not sure, 8% disagreed and 3% strongly disagreed with the statement. This implies that the majority of respondents recognized poverty as a significant factor driving teens into

early sexual activity, highlighting the need for economic support and poverty alleviation to reduce teenage pregnancy and to the researcher it is right.

The field findings on the statement of broken family structures encourage risky behavior among teens; 38% of the respondents strongly agreed with the statement, 19% agreed, 26% were not sure because they had lacked personal experience, understanding, or exposure to how broken family structures influenced teenage behavior. This implies that the majority of respondents believed broken family structures played a role in encouraging risky behavior among teens due to lack of guidance, supervision, or emotional support in such households which is true to the researcher.

From the study findings, the results on the statement that media influences contribute to early sexual behavior, the results revealed that 29% of the respondents strongly agreed with the statement, 41% agreed and 30% of the respondents were not sure because they lacked sufficient knowledge or personal experience to confidently assess the influence of media. This implies that a significant proportion of the respondents perceived media as a contributing factor to early sexual behavior among youths. It suggests that media content played a role in shaping teenagers' attitudes and behaviors towards sex, thereby highlighting the importance of promoting responsible media consumption and comprehensive sexuality education to mitigate negative influences and this is in line with the researcher.

From the interviews the researcher held with the respondents on what were the major causes of teenage pregnancy in this community, it was revealed that teenage pregnancy in Bubaare Sub-County was largely driven by a combination of factors including inadequate parental guidance, early exposure to sexual content, and lack

of access to reproductive health education. Many parents were either absent or too shy to discuss sexuality with their children. As a result, teenagers turned to peers and social media for information. This left them vulnerable to misinformation and risky behaviors.

The study interviews on how peers influence contributed to teenage pregnancy in Bubaare Sub-County, it was found out that peer pressure is a significant contributor to teenage pregnancy in the area. Many teenagers were influenced by their friends who were sexually active, making them feel the need to conform. They were often afraid of being mocked or left out if they do not participate in similar behaviors and this social pressure led some girls to engage in unprotected sex, increasing the risk of early pregnancy.

From the interviews on the role do poverty and lack of education play in teenage pregnancies here, it was revealed that poverty and lack of education played a central role in increasing teenage pregnancies in Bubaare Sub-County. Families with limited income viewed their daughters as a source of income through early marriages or bride price. Additionally, many girls dropped out of school due to financial challenges and became more susceptible to early sexual activity. *“My parents couldn’t afford school fees, so I stayed home. That’s when I met someone who promised to help me, and I got pregnant,”* one teenage mother explained.

The study findings on the question that are there any cultural or traditional practices that encourage early pregnancies, the respondents mentioned that yes, certain cultural and traditional beliefs still normalized early childbearing. In some communities, a girl’s value was closely linked to her ability to bear children,

encouraging early marriage. Some families also believed that once a girl begun menstruation, she was ready for marriage. These beliefs, combined with a lack of modern sex education, created an environment that tolerated or even encouraged early pregnancies.

4.3 Effect of teenage pregnancy on family stability in Bubaare Sub-County

The researcher attempted research question two to record the effects of teenage pregnancy on family stability in Bubaare Sub-County and the results presented below in Table 4.3 were recorded.

Table 4.3: A table showing effects of teenage pregnancy on family stability in Bubaare Sub-County

Effects of teenage pregnancy on family stability in Bubaare Sub-County	SA		A		N		D		SD		Total	
	%	F	%	F	%	F	%	F	%	F	%	F
Teenage pregnancy increases economic burden on families.	33	18	26	15	36	20	5	3	-	-	100	56
Teenage pregnancy leads to school dropout.	16	9	21	12	30	17	19	11	14	7	100	56
Families experience emotional stress due to teenage pregnancies.	41	23	26	15	18	10	15	8	-	-	100	56
Teenage pregnancy causes conflicts between parents and children.	23	13	18	10	35	20	17	9	7	4	100	56
Teenage pregnancy affects the reputation of the family	45	25	28	16	27	15	-	-	-	-	100	56

Source: Primary data June, 2025

The researcher investigated on the effects of teenage pregnancy on family stability in Bubaare Sub-County and the results revealed that 33% strongly agreed with the statement that teenage pregnancy increases economic burden on families, 26% agreed because they believed that families are forced to divert limited resources toward childcare, healthcare, and early parenting responsibilities, 36% were not sure and 5% disagreed. This implies that majority of the respondents recognized teenage

pregnancy as a contributor to economic strain within families suggesting that teenage pregnancy disrupts financial planning and increases dependency, potentially weakening the stability and well-being of affected households which is true to the researcher.

The study findings reveal that teenage pregnancy leads to school dropout, 16% of the respondents strongly agreed with the statement, 21% agreed, 30% were not sure because they were not informed about the statement, 19% disagreed and 14% strongly disagreed with the statement. The results conclude that most of the respondents agreed that teenage pregnancy

leads to school dropout because it often led to responsibilities such as child care and financial dependence, making it difficult for affected girls to continue with their education which the researcher agree with also.

The findings from the study on the statement that families experience emotional stress due to teenage pregnancies, it was revealed that 41% of the respondents strongly agreed with the statement, 26% agreed, 18% were not sure because they had nothing to say about the statement and 15% disagreed with the statement. This implies that a significant majority of the respondents believed that teenage pregnancy caused emotional distress within families. This emotional burden stemmed from feelings of shame, disappointment, and the pressure of managing unplanned responsibilities, which strained family relationships and overall stability and this is true to the researcher.

From the field findings on the statement that teenage pregnancy causes conflicts between parents and children, 23% of the respondents strongly agreed with the

statement, 18% agreed because teenage pregnancy often led to misunderstandings, disappointment, and blame within families and parents felt frustrated or ashamed, while teenagers felt judged or unsupported, which heightened tension and communication breakdowns, 35% were not sure, 17% disagreed and 7% strongly disagreed with the statement. The results conclude that while majority of the respondents recognized that teenage pregnancy contributed to family conflicts, a substantial portion of respondents remained disagreed; indicating varying perceptions of its impact on parent-child relationships within the community and this was in line with the researcher.

The study findings on the statement that teenage pregnancy affects the reputation of the family, the respondents that strongly agreed had 24%, those that agreed had 44%, and those that were not sure had 45% because many of the respondents lacked clear understanding or had mixed views about how much teenage pregnancy impacted family reputation. This implies that although a majority of the respondents acknowledged that teenage pregnancy negatively affected family reputation, there was significant uncertainty or ambivalence within the community. This highlighted the need for increased awareness and dialogue to address misconceptions and reduce stigma associated with teenage pregnancy which is true to the researcher.

From the interviews the researcher held with the respondents on how families typically responded when a teenage girl become pregnant, it was revealed that families often responded with a mix of emotions, including shock, disappointment, and concern. Some families become supportive and tried to help the girls cope with their new responsibilities, while others reacted with anger or blame. In certain

cases, the girls were forced to leave school or even the family home. These varied responses often depended on the family's values, beliefs, and economic status.

The respondents on what were some of the economic impacts on the family, it was found out that teenage pregnancy placed a financial strain on families as they took on additional responsibilities like providing healthcare, baby supplies, and sometimes housing for both the mother and child. Limited family resources were often stretched, affecting spending on food, education, and other household needs. In many cases, parents or guardians reduced work hours or took on extra jobs. This strained slow overall household development.

The study findings from the interviews on how teenage pregnancy affected family relationships and decision-making, it was revealed that teenage pregnancy disrupted communication and trust within families, often leading to tension and disagreements. Parents felt ashamed or worried about societal judgment, while teens felt isolated or misunderstood. This strain impacted how decisions were made regarding the teen's education, future, and the baby's care. *"Ever since I got pregnant, my mother stopped involving me in family discussions. She says I brought shame to the home,"* one teen mother shared.

The study findings from the interviews on are there any changes in the roles and responsibilities within the family, the respondents' said that yes, teenage pregnancy often led to shifts in family roles and responsibilities. Younger siblings were asked to take on more chores or help care for the baby. The teenage mother had to assume adult responsibilities early, such as parenting and financial contributions. In some

cases, grandparents or other relatives step in to support raised the child, altering traditional family dynamics.

4.4 Coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County

The researcher also documented the coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County and the results presented below in table 4.4 were recorded.

Table 4.4: Coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County

Coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County	SA		A		N		D		SD		Total	
	%	F	%	F	%	F	%	F	%	F	%	F
Families seek counseling services to handle teenage pregnancies.	31	17	38	21	30	17	1	1	-	-	100	56
Families involve religious leaders for support.	11	6	21	12	35	20	20	11	13	7	100	56
Families rely on extended family support.	28	16	36	20	15	8	15	8	6	4	100	56
Families prioritize returning the teenage mother to school.	38	21	33	18	10	6	19	11	-	-	100	56
Families often resort to early marriages as a solution.	21	12	35	20	16	9	28	15	-	-	100	56

Source: Primary data June, 2025

The researcher investigated the coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County and the results revealed that the respondents that strongly agreed on the statement that families seek counseling services to handle teenage pregnancies were 31%, 38% agreed

because they believed that counseling helped families manage emotional stress, restore family relationships, and support the pregnant teenager in making informed decisions, 30% were not sure and 1% disagreed with the statement. This implies that while the majority of families recognize the value of counseling as a coping strategy, there remained a significant portion of the population that was either unaware of, uncertain about, or lacked access to such services highlighting the need for increased awareness and availability of family counseling support in the community as in agreement with the researcher too.

The study findings on the statement that families involve religious leaders for support, it was revealed that 11% strongly agreed, 21% agreed, 35% were not sure because they had not witnessed such involvement directly and they believed that religious leaders were not always equipped to provide practical solutions to teenage pregnancy challenges, 20% disagreed and 13% strongly disagreed with the statement. This implies that religious leaders are not widely perceived as a primary source of support for families dealing with teenage pregnancy in Bubaare Sub-County as in line with the researcher.

From the study findings revealed families rely on extended family support, those that strongly agreed were 28%, 36% agreed because the respondents believed that extended family members such as grandparents, aunts, and uncles offered emotional, financial, and caregiving support, which eased the burden on immediate family members, 15% were not sure, 15% disagreed and 6% strongly disagreed with the statement. This implies that majority of families in Bubaare Sub-County recognized and utilized the extended family as a valuable support system during teenage pregnancy, although a notable minority lacked such support networks or

preferred to manage challenges within the nuclear family setting which the researcher agree with.

The study findings on the statement that families prioritize returning the teenage mother to school, 38% strongly agreed, 33% agreed, 10% were not sure because they were uncertain about the availability of support systems such as school re-entry policies, community acceptance, or the teenage mother's willingness and readiness to resume the education, 19% disagreed with the statement. This implies that although most families recognized the importance of education as a long-term coping strategy, practical barriers and social stigma still prevent full implementation, highlighting the need for more supportive policies and sensitization efforts as in line with the researcher.

The study findings on the statement that families often resort to early marriages as a solution and the responses revealed that 21% of the respondents strongly agreed with the statement, 35% agreed because they believed early marriage could reduce family shame, provide the teenage mother with financial security, and legitimize the pregnancy in the eyes of the community, 16% were not sure, 28% disagreed with the statement. The results conclude that although a considerable proportion of families still view early marriage as a coping strategy, there was a growing resistance and uncertainty toward this practice, suggesting a shift in attitudes and the need for alternative support systems that protected the rights and future of teenage mothers as inline to the researcher.

Findings from the interviews the researcher held with the respondents on what measures families took to deal with the challenges brought by teenage pregnancy, it was revealed that families often responded by adjusting their daily routines and

reallocated financial resources to support the pregnant teen and their child. Some provided emotional support, encouraged antenatal care, or sought help from extended relatives. Others looked for informal income sources to manage the added expenses. However, some families also resorted to isolating the girls due to shame or fear of community judgment.

The study findings on do families received any support from the community or institutions,

it was revealed that the support from the community and institutions was limited and varied by location. Some religious groups and NGOs occasionally offered counseling or material assistance, like baby supplies or food. Health centers provided prenatal services, though not all families accessed or afforded them. In many cases, institutional help was minimal, leaving families to cope largely on their own.

The study findings from the question on the interventions that could help families cope better, it was revealed that community sensitization, school reintegration policies, and accessible counseling services could greatly help families manage the effects of teenage pregnancy. Providing vocational training for teen mothers also eased financial burdens. *"If they had helped her go back to school or taught her a skill, we wouldn't be struggling so much now,"* said one parent, expressing the need for structured support systems.

The field findings from the interviews on what support mechanisms (e.g., counseling, reintegration into school) were available and accessible, the findings revealed that a few support mechanisms existed but were either underutilized or

difficult to access. Some health centers offered basic counseling, while a few schools allowed re-entry for young mothers. Non-governmental organizations occasionally run awareness campaigns and skill-building workshops. However, most families were unaware of these services or faced barriers such as stigma, cost, or distance in accessing them.

4.5 Summary of findings

4.5.1 Causes of teenage pregnancy among teenagers in Bubaare Sub-County

The study findings on causes of teenage pregnancy among teenagers in Bubaare Sub-County were; peer pressure contributes to teenage pregnancy, lack of sex education leads to teenage pregnancy, poverty drives many teens into early sexual activity, broken family structures encourage risky behavior among teens and media influences contribute to early sexual behavior.

4.5.2 Effects of teenage pregnancy on family stability in Bubaare Sub-County

The study findings on effects of teenage pregnancy on family stability in Bubaare Sub-County were; teenage pregnancy increases economic burden on families, teenage pregnancy leads to school dropout, families experience emotional stress due to teenage pregnancies, teenage pregnancy causes conflicts between parents and children and teenage pregnancy affects the reputation of the family.

4.5.3 Coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County

The study findings on coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County were; families seek counseling services to handle teenage pregnancies, families involve religious leaders for support, families rely on extended family support, families prioritize returning the teenage mother to school and families often resort to early marriages as a solution.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter contains discussion, conclusions and recommendations based on analysis of the results and on the order according to the objectives of the study.

5.1 Causes of teenage pregnancy among teenagers in Bubaare Sub-County

The study revealed that 62% of respondents (25% strongly agreed and 37% agreed) identified peer pressure as a contributing factor to teenage pregnancy, supporting findings by Kalule and Ochen (2019) that teenagers often engage in risky sexual behavior to fit in or gain acceptance among peers. The 16% who were not sure may lack exposure to peer influence dynamics, but the majority's agreement underscores peer pressure as a significant social driver of early pregnancy in Bubaare Sub-County.

Regarding sex education, 70% of respondents (38% strongly agreed and 32% agreed) acknowledged that lack of comprehensive sexual and reproductive health education leads to teenage pregnancy, which aligns with the Guttmacher Institute (2021). The 23% unsure respondents likely reflect gaps in knowledge or access to information. This emphasizes that ignorance about contraception and sexual health risks promotes unsafe sexual practices among teenagers, thereby increasing pregnancy rates and impacting family welfare.

Poverty was overwhelmingly recognized as a major cause, with 83% strongly agreeing and 30% agreeing (note some overlap likely due to multiple responses) that economic hardship drives teens into early sexual activity. This confirms UNFPA's (2020)

observations that poverty pushes teenagers towards transactional sex or relationships for survival. The study highlights how poverty not only increases teenage pregnancy but also disrupts family roles and resources, emphasizing the need for poverty alleviation to improve family stability.

Broken family structures were viewed by 57% of respondents (38% strongly agreed, 19% agreed) as encouraging risky behaviors among teens due to lack of parental guidance and emotional support, consistent with Ninsiima et al. (2020). The 26% who were unsure may lack firsthand experience of such family dynamics. These findings suggest that dysfunctional families are a critical risk factor for teenage pregnancy, leading to emotional distress and instability within households.

The influence of media was acknowledged by 70% of respondents (29% strongly agreed, 41% agreed) as contributing to early sexual behavior, resonating with Kalule and Ochen (2019) who argue that media often glamorizes risky sexual behavior. The 30% uncertainty indicates a need for greater media literacy and awareness among the community. These findings call for responsible media messaging and sexuality education to mitigate the media's impact on teenager behavior. From the literature, poverty and financial hardship compel many girls into transactional sex or early marriages, a dynamic clearly reflected in the study where poverty-related responses were dominant. The study's exploration of poverty's impact on family stability fills a local knowledge gap, showing how economic strain worsens parental relationships and financial resources in Bubaare.

5.2 Effects of teenage pregnancy on family stability in Bubaare Sub-County

The study revealed that 59% of respondents (33% strongly agreed and 26% agreed) recognized that teenage pregnancy increases the economic burden on families, affirming UNICEF's (2021) observation that early pregnancies strain household finances by diverting resources toward childcare, healthcare, and parenting. The 36% unsure may reflect limited awareness of the economic implications. This highlights how teenage pregnancy disrupts family financial planning and increases dependency, undermining family stability in resource-poor settings like Bubaare Sub-County.

On educational disruption, 37% of respondents (16% strongly agreed and 21% agreed) acknowledged that teenage pregnancy leads to school dropout, consistent with MoES (2020) findings that young mothers often abandon education due to caregiving responsibilities and financial dependency. However, the 30% who were unsure and the 33% who disagreed or strongly disagreed suggest mixed perceptions or gaps in knowledge about the long-term consequences of school dropout on family and individual futures.

Regarding emotional and psychological distress, a significant 67% of respondents (41% strongly agreed and 26% agreed) believed that teenage pregnancy causes emotional stress within families. This supports Kagimu, Sekiwunga, and Atuhairé's (2021) findings that feelings of shame, disappointment, and anxiety create tensions and strain parent-child relationships. The 18% unsure respondents may lack personal experience of such emotional burdens, but the majority consensus underscores the heavy psychological toll teenage pregnancy exerts on family cohesion.

The study found that 41% of respondents (23% strongly agreed and 18% agreed) perceived teenage pregnancy as a cause of conflicts between parents and children. These conflicts stem from misunderstandings, blame, and communication breakdowns, as described in the literature by Nabukalu, Lwanga, & Tumwine, (2019) who show how role reassignments in the family unit, triggered by teenage pregnancy, influence long-term household harmony and stability in Bubare Sub-County creating a gap for research. However, the 35% unsure and 24% who disagreed or strongly disagreed indicate varying community views on the extent of familial conflict caused by teenage pregnancy. This suggests that while many recognize family tensions, others may experience or interpret these dynamics differently.

On the impact of teenage pregnancy on family reputation, 68% of respondents (24% strongly agreed and 44% agreed) believed that early pregnancy negatively affects family honor as Gahongayire et al., (2022) who stated that this creates feelings of helplessness and isolation, contributing to family dysfunction. Despite growing national attention on teenager reproductive health, limited empirical research exists on the availability and effectiveness of local support networks in mitigating familial instability in Rubanda District. However, a notably large 45% were unsure, reflecting community ambivalence or lack of clear understanding about the stigma associated with teenage pregnancy. This ambiguity highlights the need for awareness campaigns to address misconceptions and reduce social stigma, thereby promoting better family support and cohesion.

5.3 Coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County

The study revealed that 69% of respondents (31% strongly agreed and 38% agreed) acknowledged that families seek counseling services as a coping mechanism. These respondents believed counseling helps families manage emotional stress, rebuild strained relationships, and support the teenage mother in making informed choices. However, 30% were unsure and 1% disagreed, suggesting that despite counseling being a valuable support system as emphasized by WHO (2021) many families may not be fully aware of or able to access such services. This underscores the importance of improving community access to professional psychosocial support, especially in rural areas like Bubaare Sub-County.

The findings involving religious leaders was seen as a less prominent coping strategy. Only 32% (11% strongly agreed and 21% agreed) reported that families turn to religious leaders for support, while a combined 33% (20% disagreed and 13% strongly disagreed) rejected this idea. The 35% who were unsure suggest uncertainty about the relevance or effectiveness of religious guidance in handling practical teenage pregnancy issues. These findings align with Muwonge et al. (2021) but also point to a potential underutilization or mismatch between religious support and the real-life challenges faced by affected families in this region.

The findings also show strong reliance on extended family networks, with 64% (28% strongly agreed and 36% agreed) confirming that family members such as grandparents, aunts, and uncles provide key emotional and financial support. Only 21% (15% disagreed and 6% strongly disagreed) denied this reliance, and 15% were unsure. These results affirm the literature (Atuhaire et al., 2021) that emphasizes

the role of informal support systems, highlighting the extended family's importance in easing the caregiving and financial burden placed on the nuclear family.

Support for the teenage mother's return to school emerged as a widely endorsed strategy, with 71% of respondents (38% strongly agreed and 33% agreed) advocating for continued education after childbirth. Nonetheless, 10% were unsure, and 19% disagreed, indicating that although the importance of education is recognized, practical barriers such as stigma, lack of school re-entry policies, or community attitudes continue to limit its implementation. These findings are consistent with Nalwoga & Namuli (2021), underscoring the need for policy and community-based interventions to support young mothers' return to school.

The findings regarding early marriage as a coping mechanism revealed a split in opinion. 56% (21% strongly agreed and 35% agreed) believed families turn to early marriage to reduce social shame and secure the teenage mother's future as Atuhaire et al., (2021) stated that to cope with the financial challenges of teenage pregnancy, many families seek alternative livelihood opportunities. This may involve starting small businesses, taking up additional jobs, or engaging in community-based income-generating activities, while 28% disagreed and 16% were unsure. This suggests that while early marriage is still practiced as a perceived solution in some cases, there is increasing skepticism and resistance to the practice. These results reflect a gradual shift in attitudes and an emerging awareness of the long-term risks of early marriage, in line with global rights-based approaches to teenager well-being.

5.2 Conclusion

5.2.1 Causes of Teenage Pregnancy in Bubaare Subcounty

The study findings on causes of teenage pregnancy in Bubaare Sub County revealed that it was influenced by a combination of social, educational, economic, and familial factors. The key drivers included peer pressure, lack of sex education, poverty, broken family structures, and media exposure. These factors collectively create an environment where teenagers are vulnerable to engaging in risky sexual behavior.

5.2.2 Effects of teenage pregnancy on family stability in Bubaare Sub-County

The study findings on effects of teenage pregnancy on family stability in Bubaare Sub-County revealed that teenage pregnancy significantly affected family stability in various ways, including creating economic strain, emotional stress, and school dropout. It disrupted family roles, caused parent-child conflicts, and affected the family's social reputation. These challenges reduced cohesion and increased the burden on households.

5.2.3 Coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County

The study findings on coping strategies families use to deal with the challenges posed by teenage pregnancy in Bubaare Sub-County, concluded that families in Bubaare Sub-County employed a range of coping strategies to address the challenges of teenage pregnancy, including counseling, extended family support, and efforts to return the teenage mother to school. However, the role of religious leaders was seen as limited, and early marriage remained a controversial strategy. These findings

underscored the importance of expanding access to counseling, strengthening family support networks, and promoting education-focused solutions.

5.3 Recommendations

Basing on the study findings, the following recommendations were made;

To Policymakers

Policymakers should develop and implement comprehensive sexuality education policies that are age-appropriate and culturally sensitive to address the root causes of teenage pregnancy because this equips teenagers with the knowledge and values needed to make informed choices. They should also strengthen policies that support school re-entry for teenage mothers, ensuring they can resume their education without discrimination or stigma because education is key to breaking the cycle of poverty and empowering young mothers for a better future.

To Healthcare Providers

Healthcare providers should establish youth-friendly reproductive health services within the community that offer confidential counseling, contraceptive access, and education on safe sexual practices because accessible and trusted services encourage teenagers to seek help and make informed reproductive choices. They should train health workers to provide non-judgmental and supportive care to teenage mothers and their families because compassionate care fosters trust, improves health outcomes, and reduces stigma.

To Community Leaders and Local Government

Community leaders and local governments should take a proactive role in sensitizing the public about the dangers and consequences of teenage pregnancy because

increased awareness can shift community attitudes and promote preventive behaviors. They should support community-based programs that empower teenagers through mentorship, skills development, and peer education because such initiatives build confidence, provide alternatives to early motherhood, and foster positive life choices.

To Families and Community Members

Families and community members should foster open communication with teenagers about reproductive health and responsible decision-making because honest discussions build trust and help young people make informed, safer choices. They should support pregnant teens emotionally and financially rather than stigmatizing them, encouraging reintegration into education or skills training because supportive environments reduce long-term social and economic harm and promote recovery and empowerment.

To Researchers and Academics

Researchers and academics should conduct further studies on the socio-cultural, economic, and psychological factors contributing to teenage pregnancy because a deeper understanding of these factors can guide the design of targeted and context-specific interventions. They should also evaluate the effectiveness of existing policies and programs aimed at supporting teenage mothers because evidence-based assessments help improve and scale up successful strategies while addressing gaps in current efforts.

5.6 Areas for further research

- i. Analysis of the effectiveness of school re-entry policies for teenage mothers in rural communities in Uganda
- ii. Impact of teenage pregnancy on the socio-economic outcomes of affected families in Uganda

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QUESTIONNAIRE FOR TEENAGE MOTHERS, PARENTS/GUARDIANS OF TEENAGE MOTHERS AND COMMUNITY LEADERS

SECTION A: Socio-Demographic Characteristics

Please tick (✓) or fill in the correct response.

1. Age:

1. 12-14 2. 15-17 3. 18-19 4. 20 and above

2. Gender:

1. Female 2. Male

2. Education Level:

1. No formal education 2. Primary 3. Secondary 4. Tertiary

3. Occupation of Respondent:

1. Student 2. Farmer 3. Business 4. Employed
(formal/informal) 5. Unemployed

4. Religion:

1. Catholic 2. Anglican 2. Pentecostal 4. Muslim 5. Other (specify):

Section B: Causes of Teenage Pregnancy

Please indicate your level of agreement with the following statements:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
Peer pressure contributes to teenage pregnancy.				
Lack of sex education leads to teenage pregnancy.				
Poverty drives many teens into early sexual activity.				
Broken family structures encourage risky behavior among teens.				
Media influences contribute to early sexual behavior.				

Section C: Effects of Teenage Pregnancy on Family Stability

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
Teenage pregnancy increases economic burden on families.				
Teenage pregnancy leads to school dropout.				

Families experience emotional stress due to teenage pregnancies.				
Teenage pregnancy causes conflicts between parents and children.				
Teenage pregnancy affects the reputation of the family.				

Section D: Coping Strategies Used by Families

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
Families seek counseling services to handle teenage pregnancies.				
Families involve religious leaders for support.				
Families rely on extended family support.				
Families prioritize returning the teenage mother to school.				
Families often resort to early marriages as a solution.				

Thank you for participating

INTERVIEW GUIDE FOR TEACHERS FROM LOCAL SECONDARY SCHOOLS AND HEALTH WORKERS FROM LOCAL HEALTH CENTERS

SECTION A: Causes of Teenage Pregnancy

1. In your opinion, what are the major causes of teenage pregnancy in this community?
2. How does peer influence contribute to teenage pregnancy in Bubaare Sub-County?
3. What role do poverty and lack of education play in teenage pregnancies here?
4. Are there any cultural or traditional practices that encourage early pregnancies?

SECTION B: Effects on Family Stability

1. How do families typically respond when a teenage girl becomes pregnant?
2. What are some of the economic impacts on the family?
3. How does teenage pregnancy affect family relationships and decision-making?
4. 4. Are there any changes in the roles and responsibilities within the family?

C. Coping Strategies

1. What measures do families take to deal with the challenges brought by teenage pregnancy?
2. Do families receive any support from the community or institutions?
3. What interventions do you think could help families cope better?
4. What support mechanisms (e.g., counseling, reintegration into school) are available and accessible?

Thank you for participating