

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

NOREEN AKATUKUNDA

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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.

Signature:

Date: 24/07/2025.....

Akatukunda Noreen

Student

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.

Ambalema

Date: *24/7/2025*

Mr.Mbalema Apollo

Supervisor

Uganda Christian University

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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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. It was suggested in this research that policymakers create and introduce comprehensive sexuality education policies that are culturally sensitive as well as age-appropriate to manage the core causes of adolescent pregnancy.

In summary, research unveiled that adolescent pregnancy impacts family stability in Rubanda District's Bubaare Sub-County considerably through added economic pressures, emotional distress, school dropouts, inter-family disagreements, and damage to reputation. The research identified significant contributing factors as peer pressure, poverty, absence of sexual education, fragmented households, as well as media influence. Families counter these through seeking counseling,

enlisting religious leaders' involvement, aid from extended family members, education priority on the adolescent mother's part, as well as in a few instances through early marriage.

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Adolescent pregnancy remains a common experience worldwide, impacting individuals, families, and communities. Adolescent pregnancy disrupts the usual development of young individuals towards becoming adults and thus leads to economic hardship, emotional distress, and social stigma. Teenage motherhood families may face substantial disruption, particularly among rural societies with socioeconomic circumstances like Bubaare Sub-County, Rubanda District. Taking into consideration the cause, effect, and adaptations of the affected families, this research aimed at assessing the impact of teenage pregnancy on family stability.

1.2 Background of the Study

1.2.1 Historical Background

Teenage pregnancy is socio-economical and public health issue for a long time, mainly due to the gendered, cultural and economic dynamics that are historical to it. The childbearing of adolescents has been a phenomenon that has left a mark on the underprivileged people throughout the world and it has been most common in low and middle-income countries. The international organizations, among them the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), have acknowledged the continuous rise of teenage pregnancies over the years, especially in the areas where access to economic, medical, and educational opportunities is very limited (UNFPA, 2021). Teenage pregnancy has caused many problems in family life in South America which has been mostly due to poverty, cultural expectations, and limited access to education (Del Mastro, 2023). In the

past, having a child at a young age was acceptable in extended family settings but the coming of colonizers brought strict religious beliefs that condemned pregnancy outside marriage. The growing urbanization and widening economic gap during the 20th century saw a rise in adolescent pregnancies particularly in the poorer areas. These pregnancies were one of the factors that led to unstable family structures as they cut off people's economic and educational prospects. The problems of poverty, gender inequality, and weak enforcement of policies are still prevalent even though there are today's fertility health initiatives (Smith & Sinkford, 2022). Hence, teenage pregnancy continues to put a strain on families by keeping the cycles of dependency and low social mobility alive. In the past, teenage pregnancy had been more prevalent in countries with traditional customs and gender norms that promoted early marriage and little female autonomy. These customs have been able to survive in Sub-Saharan Africa where they are the ones with the most pronounced impact on the issue of teenage pregnancy. 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 a lively process, and the duration of the changes like the stability of the family or the financial steady can greatly affect the outcomes of one's life (Tudge, 2019). This theory has something in common with the study examining the effects of teenage pregnancy on family stability in Bubaare Sub-County, as it points to the environmental factors that lead to it and the afterward impacts on families. At the microsystem level, the support or lack thereof from family may determine

how a young woman will cope with her pregnancy. The teenager's along with education or support seeking capacity is determined by the mesosystem, which consists of the home, school, and community interactions. The financial management of young pregnancy strains by families is determined by the exosystem comprising factors like parents' employment status and local economic stability (Bronfenbrenner, 2005). At the macrosystem level, family reactions and the overall stability of the home depend on the coming of an early pregnancy; in such cases, cultural and societal conventions that dictate the roles of the genders and marriage greatly influence these reactions. Besides, the historical and life transitions, such as changes in socioeconomic conditions or policy regarding youth reproductive health, affect the trend of teenage pregnancy and family adaptability (Darling, 2020). The proposed framework allows the researcher to systematically assess the multiple factors that lead to teenage pregnancy and their interactions with family stability in Bubaare Sub-County. Strain Theory Robert K. Merton, a sociologist, developed the Strain Theory in 1938. He provides a model that helps to explain the impact of social factors on deviant behavior. The idea is that people are compelled to go for different means to reach their ends when the society's virtue is blocked to them.

1.2.3 Conceptual Background

Teenage pregnancy is the term used to describe the pregnancy of a girl who is still in her teens, specifically between the ages of 10 and 19. The present research considers teenage pregnancy an issue that is rich in factors and henceforth it is acknowledged not only as a reproductive health problem but also as having socioeconomic and psychological implications. The primary aspects being discussed are the interlinked repercussions of teenage pregnancy which include, among

others, early sexual initiation the cycle of unplanned pregnancies, school dropouts and family disintegration.

Family stability in this regard means the capacity of a family to keep up functional relationships, emotional support networks and economic viability. Especially in the case of Rubanda district where resources are quite limited, teenage pregnancy disturbs family stability by introducing unanticipated caregiving responsibilities, financial burden, and social stigma. However, families after an case of teenage pregnancy soon experience emotional strain, intergenerational conflict, and breakdown (Banke-Thomas et al., 2020).

Moreover, one of the most crucial conceptual pillars is access to reproductive health information and services. In most cases, young individuals living in rural regions are not provided with complete sexual education, which results in wrong sexual behavior decisions. If such teenagers lack proper support and information, they are at a higher risk of engaging in unprotected sex and getting pregnant accidentally (Habumugisha et al., 2021). The last but not the least is the concept of social support networks that plays an important role in mitigating the consequences of teenage pregnancy.

The mentioned support systems may include schools, hospitals, peers, religious places, and NGOs. The availability and accessibility of such services have a significant impact on whether young mothers will be able to continue their education, access healthcare or get integrated back into their community.

1.2.4 Contextual Background

Teenage pregnancy is still a significant challenge to the growth and development of Uganda. According to UBOS (2022), one-fourth of girls aged 15 to 19 years in the country are already pregnant or have gone through childbirth at least once. One of the most affected areas is Western Uganda's rural areas where the aforementioned factors coupled with high poverty and illiteracy levels continue to prevail. Bubaare Sub-County, located in the Rubanda District, is one such area where these nationwide trends can be clearly seen. It is a place that can be characterized by low educational levels, extreme poverty, and strong gender stereotypes.

The health centers in the area are reporting increased teenage births based on anecdotal and observational evidence. Among the reasons for this change, that the de facto parents are not taking care of their kids, the economic situation is difficult, and the kids are not taught about sex. Girls who become pregnant are often reported as being stigmatized socially and, as a result, are expelled from schools and are sometimes forced to rely on their older partners or families. The government and NGOs have been providing youth-friendly health services and community trainings as part of a strategy to reduce cases of teenage pregnancies in Bubaare.

However, these actions have not reduced the number of pregnancies among teenagers appreciably indicating that more serious structural issues might be at play. Muwonge et al. (2020) identify these as deep-rooted poverty, lack of job opportunities for the youth, and weak enforcement of child protection laws. Societal and familial factors surrounding teenage pregnancy need an urgent investigation, since it is still very much a crime against family structures in the Rubanda District.

This research was designed to assess the impact of teenage pregnancy on family stability in Bubaare Sub-County.

1.3 Problem Statement

Teenage pregnancy is an issue of great concern for the public health and socio-economic aspects all over the world, especially in the low- and middle-income countries where the majority of teenage girls are prone to vulnerability. As per the United Nations Population Fund's assessment (UNFPA, 2021), there are around 16 million births every year to girls in the age group of 15-19, with Sub-Saharan Africa being the most affected, that is, experiencing the highest rates of teenage births due to factors like poverty, cultural beliefs, and practices like early marriages, and low access to reproductive health services. East Africa, Kenya, Tanzania, and Uganda are some of the areas that continue to report teenage pregnancy as a major concern, which in turn has a negative impact on maternal health, makes it difficult for girls to stay in school, and leads to instability in family life. In Uganda, according to the Uganda Bureau of Statistics (UBOS, 2022), one-fourth of girls in the teenage age group have had their first child at the most, which is even more in the western region, 27%, thus, making it apparent that rural areas have a larger population of these girls who are more vulnerable. In the Rubanda District, and specifically in the Bubaare Sub-County, teenage pregnancy is an issue that community development and family stability are at risk of being threatened by. The trouble is mainly for girls who are 13-19 years old and from very poor rural backgrounds that hardly access educational and health services. The outcomes are school dropout, early marriage, reliance on parents, mental distress, and the family system getting more strained. School dropout, early marriages, economic dependence, psychological distress, and

increased strain on extended family systems are just a few of the negative consequences of teenage pregnancy. Still, the methods used for government and NGO interventions such as reproductive health education and youth-friendly services have so far failed to bring down teenage pregnancy rates in rural Bubaare. This can be interpreted as either the existing strategies being ineffective, lacking in accessibility, or not being culturally sensitive. The problem is also shaped by parents' and teens'

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

The scope of the content of this study was limited to the investigation of the issue of teenage pregnancy in Bubaare Sub-County, intending to uncover its underlying causes, how it impacts family stability, and the coping mechanisms employed by the families concerned. More precisely, the study aims to investigate the reasons of the

adolescent pregnancies in the locality, to evaluate the impact of such pregnancies on the family stability and functioning, and to discover the different means through which these families manage and get past the difficulties connected 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 potential impact of the research on the social and health aspects of teenage pregnancy in rural areas is very significant. In addition, the information derived from the study will not only be a basis but also help activate the progressive policies and the like social supportive measures that would contribute to the overall health and growth of the society. Healthcare Providers the research will probably cover a wide range of aspects including the psychological, reproductive, and general health needs of adolescents mothers.

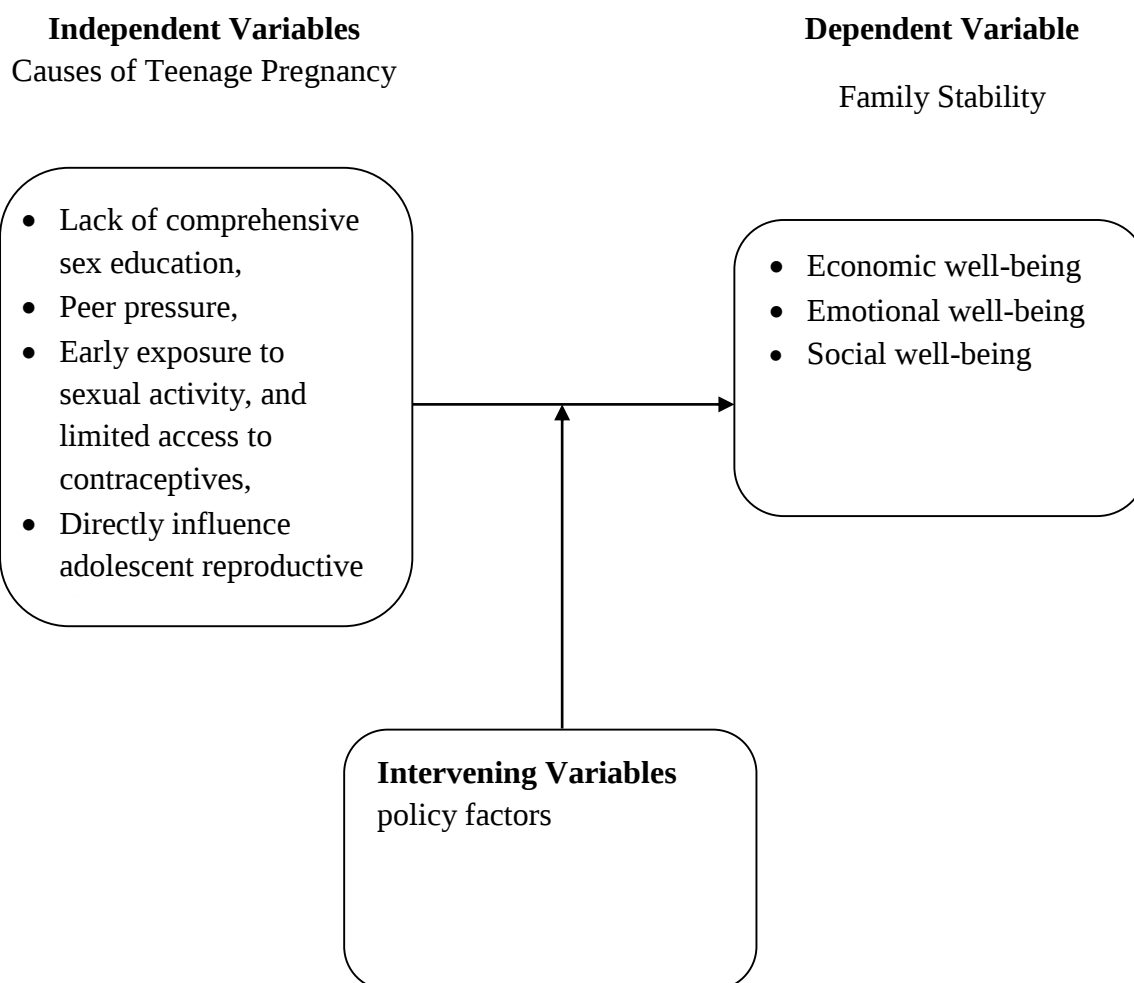
This possibly would be one way towards the setting up and operating of health services that is said to be youth-friendly and that concerns issues such as counseling and education on reproductive health for teenagers. Community Leaders and Local Government The research is likely to specifically offer a model for community-based methods and awareness campaigns. Community leaders will be able to advocate for changes in culture and behavior through informed by social factors that lead to teenage pregnancies being identified and their actions that are guided by advocacy and local actions. Families and Community Members The research can possibly

suggest coping strategies and approaches to support that families can adopt. This could be a situation where the emotional, financial, and social aspects attached to teenage pregnancy are handled which in turn allows the affected families to be more resilient and have better quality of life.

Researchers and Academics

Not only the literature is unmasked by the study but also it is pointed out as a reference for subsequent researchers investigating comparable problems. The work done here might ultimately trigger more research in the sphere of rural reproductive health, family dynamics, and youth development. The conceptual framework underpinning this study utilizes socio-ecological model, which explores the influences of individual, family, community, and societal factors on teenage pregnancy and family stability.

1.8 Conceptual framework



Source: Author, 2025

Narrative of the conceptual framework

The reasons behind teenage pregnancy, which include the absence of comprehensive sex education, peer pressure, early sexual activity, and restricted access to contraceptives, have a direct effect on the reproductive choices of teenagers. Nevertheless, these reasons do not work separately; they are influenced and intermixed by the factors of the economy, culture, and policy. Poverty and lack of education, for instance, can lead one to become pregnant at a very young age, while cultural practices such as the acceptance of early marriages or the prohibition of

contraceptives might make the issue worse. Moreover, poor execution of reproductive health education policies and no youth-friendly health services may prevent the adoption of preventive strategies.

Together, these intervening variables determine the extent of the long-term impact of teenage pregnancy on family stability, which then, as one of the sources of financial strain, affects the economic, emotional, and social well-being of the family. Thus, a holistic approach that acknowledges these broader systemic influences as well as the promotion of stability and resilience in the affected families is required to tackle the issue of teenage pregnancy.

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 established in 1979, human development is a result of the interplay of various environmental system levels that interact with the individual's biological potential so that the person's experiences and behavior are literally shaped (Bronfenbrenner, 1979). The model consists of five systems that are interconnected: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Each system in turn influences the development of an individual through the interactions of the individual with their peers, family, community, and societal institutions (Neal & Neal, 2019).

The Ecological Systems Theory is based on the idea that human development unfolds in an environment that consists of different levels and that the interactions played out among these systems constantly affect the individual's development. A person is viewed as being affected by both the immediate and extended environments and not as developing in a vacuum. The theory also postulates that development is dynamic, meaning that changes over time such as variations in family stability or income can significantly alter a person's life outcomes (Tudge, 2019). This theory not only points out the connection between the environmental factors coming to the pregnancy of a young girl and their impacts on her family, but also echoes the study about the influence of teenage pregnancy on family stability in Bubaare Sub-County. The manner in which a young girl copes with her pregnancy may be greatly dependent on the presence or absence of family support at the microsystem level.

The young girl's ability to continue her studies or to look for support networks is determined by the ecosystem comprising of the home, school, and neighborhood interactions. To what extent families are capable of coping with the financial burdens of a teenage pregnancy.

2.2.2 Strain Theory

Overview Sociologist Robert K. Merton developed Merton's Strain Theory in 1938. It provides a method for understanding how social elements affect abnormal behaviors. The theory asserts that people are pushed to seek other ways of attaining the missed legal methods of success such as risky or criminal activities by social pressures and lack of access to legal means of success (Agnew, 2019). Among these outcomes, early sexual engagement and teenage pregnancies are the most common,

particularly for teens living in poverty-stricken areas. The core concept of Merton's Strain Theory states that although society communicates the need for certain things like financial well-being and stability, not everyone has the same rights to access the legal means of achieving them. Some people, however, use drugs, crime, and vice to succeed due to the stress and anomie their circumstances cause (Agnew, 2019). Merton has classified the ways of coping with stress into five categories: conformity—where one abides by the social norms and goals; innovation—the means to success are through illegal activities; ritualism—the norms are abandoned while the customs are still followed; retreatism—the rejection of norms and means both; and finally, rebellion—striving to overthrow the present social order and replace it with a new one (Passas & Agnew, 2020). The Strain Theory is good for studying socioeconomic problems and deviance even as these adaptations explain the variety in deviant behavior and the social reactions to inequality. Merton's Strain Theory indicates that the cultural expectations, limited educational opportunities, and financial strain could all contribute to stress caused by the issue of teenage pregnancy in the case of low-income communities, especially the teenagers (Bunting et al., 2020; Madkour et al., 2021).

2.3 Empirical Review

2.3.1 Causes of Teenage Pregnancy among Teenagers

Poverty and financial difficulties are the leading factors that result in teenage pregnancy. Economic insecurity is one of the reasons why many teenage girls end up engaging in transactional sex, which is exchanging sex for money or basic needs like food and other essentials (UNFPA, 2020). Many teenage females in places like Bubare Sub-County are driven to seek financial support by marrying young or through

relationships with older men because of the lack of job opportunities and poverty in the families. Poverty is a very strong factor to preterm birth but no studies have yet investigated the direct impact of such economic vulnerabilities on the stability of families, especially in rural areas of Uganda. By looking into the issue, the researcher aims to fill the gap by investigating how pregnancies caused by poverty affect the relationships of parents, the resources of the family, and the family responsibilities in Bubare Sub-County. The lack of access to comprehensive sexual and reproductive health education is another vital factor that contributes to this issue. Many young people are still not well-informed about STIs, contraceptives, and the negative consequences of getting pregnant very young. This lack of knowledge increases the risk of unplanned pregnancies and sexual acts without protection (Guttmacher Institute, 2021).

Despite the fact that this educational gap has been highlighted by previous studies, there are hardly any that have investigated the effects of this ignorance on the teenage girl and the family as a whole, which includes stress, increased dependency, and social stigma. Moreover, teenage pregnancy is significantly accelerated by cultural and religious practices. In Uganda and some other African countries, early marriage and childbearing are often promoted as a way of preserving family honor, lineage, and cultural practices (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. In the rural parts of Uganda, the youngsters do not go for sexual and reproductive health treatments due to the unavailability of teenager-centered care, skilled personnel, and privacy at many health facilities. The likelihood of unwanted pregnancies for girls increases if they are completely cut off from counseling and contraceptive services.

The trickle-down effect of this gap in the system has been widely acknowledged (WHO, 2022), although its impact on family stability through increased caring responsibilities, financial pressure, and intergenerational disputes is not well documented. This research will investigate the overlooked repercussions on families due to teenage pregnancy in Bubare Sub-County.

2.3.2 Effects of Teenage Pregnancy on Family Stability

One of the major impacts of teenage pregnancy is the financial pressure it puts on families. Typically, teenage mothers do not have enough money to take care of themselves and their infants and always rely on their parents. Thus, the families are left to handle the expenses for baby-sitting, food, clothes, and even medical care. This financial burden could push households in so-called 'resource-constrained' areas like Bubare Sub-County deeper into poverty since poverty rates in such regions are already high. Teenage pregnancy leads to increased household expenditure, which in turn reduces the family's capability to support the welfare and education of other children (UNICEF, 2021). On top of this, there is still no local research about the economic pressure that young parentage would cause in rural communities of southwestern Uganda, as most of the studies on this issue focus on urban or national settings.

Emotional and Psychological Distress

A study that was recently published, showed that more often than not families of teen mothers go through emotional and psychological hardships. The parents might feel the whole spectrum of emotions like anxiety, shame, or disappointment, especially in places where teen pregnancy is socially unacceptable. These negative

feelings could even lead to social withdrawal, poor communication between the parents and the child, and conflicts among the family members (Kagimu, Sekiwunga, & Atuhaire, 2021).

Being stigmatized further aggravates the already existing emotional difficulties, thus, ironically, the communities that are affected by teenage pregnancy do not get to enjoy their rights under the law. Still, only a handful of studies have been conducted on the impact of emotional turmoil on the parenting styles and family cohesion in rural Uganda. Besides, by revealing the emotional burden and mental pressure that teenage pregnancy inflicts on families in Bubare Sub-County, the earlier reference underscored an area that needs more exploration. Delineation of Family Roles and Responsibilities Teenage pregnancies quite often result in alterations within family structure, that is, similar to the case when a pregnant teenager had to take over the mother's duties. A change in family dynamics can also be brought about through sibling neglect or siblings being forced to assist in raising the child, with the grandparents possibly having to co-parent the grandchildren. Families might face a variety of issues such as disagreement, anxiety, and bitterness due to these sudden changes in roles (Nabukalu, Lwanga, & Tumwine, 2019). Such role disturbances are often neither well-studied nor reflected in policy responses. Yet, the fact that the research of Nabukalu, Lwanga, and Tumwine (2019) did not show how the reassignments caused by teenage pregnancy impact the long-term household harmony and stability in Bubare Sub-County, contributes to the existing research gap.

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

Another underestimated impact of teenage pregnancy is the lack or insufficiency of official and informal support networks for impacted families. There are non-governmental organizations that offer interventions in urban areas, but usually, these services are non-existent in the countryside. Psychosocial and financial support are not available and thus families have to manage the complicated realities of teenage pregnancy (Gahongayire et al., 2022). This situation creates wider dysfunction within the family as it increases feelings of helplessness and isolation. Even though the issue of teenage reproductive health is gaining more national attention, there is no research-based evidence that support networks in Rubanda District are available and effective in preventing family separation.

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. Support from informal networks is a very important part of life for many families in the community facing the burden of prettifying a teenager (Muwonge et al., 2021).

There are still some families that are ready to sacrifice just about everything to keep their daughters in school so that they can get a decent job after the birth. They may push their daughters to go back to school or take vocational training as a way to increase their chances of getting a steady job after the birth. Usually, these activities are very crucial to the young mother getting greater opportunity for self-reliance and a more secure future (Nalwoga & Namuli, 2021).

To the large extent, families are looking for various means of generating money to cover the expenses of parenting a teenager when the pregnancy was not initially planned. Among these means could be running small businesses, taking on extra work, or working together in a community-based revenue-generating activity. The initiatives also help the family to take care of the increased costs of healthcare and childcare that are associated with the teenage mother (Atuhaire et al., 2021). To sum up, some families are seeking professional therapy or psychosocial support to help them get through the psychological and emotional impacts of teenage pregnancy. The teenage mother is the one who benefits the most from the counseling service as it enables her to manage her stress, depression, and guilt. WHO

(2021) states that psychosocial support not only helps the young mother to be accepted back into the family but also strengthens the relationships between family members and improves the overall health of the family.

2.4 Research Gaps

Literature review reveals that social, cultural, and economic factors individually or collectively contribute to sculpture the teenager pregnancy issue. Mental anguish, financial pressure, and inversion of roles Family are among the problems that pregnancy brings, and all these are big contributors to family instability. Families are employing a wide range of coping strategies but their effectiveness remains unknown. In targeting Bubaare Sub-County, Rubanda District with its rural setting, the study has filled in the gaps left by previous research by telling local tales about the impacts of teenage pregnancy on family stability and suggested even medical treatments that might help.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

The approach of the research dealing with the impact of teenage motherhood on the family and the living conditions of the families in Bubaare Sub-County, Rubanda District is outlined in this section. The study used a systematic approach for data collection and analysis which guaranteed reliability and accuracy in the attainment of the research objectives.

3.1 Study Area

The Western Region of Uganda's Rubanda District, notably Bubaare Sub-County, was the main focus of the research. The sub-county has numerous primary and secondary schools, health facilities, and community centers that contributed valuable information to our study. The incidence of teenage pregnancy is a major problem in Bubaare, a rural area with a population mostly relying on agriculture. Bubaare's geographical position and socio-economic factors are suited for the investigation of the consequences of teenage pregnancies on family stability, as the district has a higher rate of teenage pregnancies than the national average.

3.2 Research Approach

Qualitative research methodology was used for a study aimed at uncovering the genuine experiences of families undergoing the adolescent pregnancy process. The qualitative method was responsible for painting a vivid picture of the difficulties and often absurd social issues relating to teenage pregnancy and its impact on family

ties. Individual experiences, perceptions, and social influences all contributed to the understanding of family stability.

3.3 Research Design

Descriptive research designs are the main methods used in the systematic description of populations, situations, or phenomena without the researcher intervening (Ellis & Hart, 2023). Through the descriptive research design, the study was able to thoroughly investigate the connection between adolescent pregnancy and family disruption. This approach was utilized in Bubaare Sub-County since it offered the researcher insight into the features of teenage pregnancy and its effects on family divisions. The descriptive study provided a full picture of the problems and the solutions employed by the families in the area due to teenage pregnancy.

3.4 Research Procedure

The very first thing that the researcher did was to go through the existing literature to find out the causes of teenage pregnancies and the consequences for family stability. After that, the researcher got in touch with local leaders, health workers, teachers, and parents of teenage mothers to ask for their cooperation and, at the same time, to get permission for the collection of data.

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 study's target population of 65 individuals consisted of families with adolescent mothers living in Bubaare Sub-County, and in addition, community leaders, teachers, and health care personnel. The focus being more so on mothers of the age bracket of 13 to 19 years who had at least one child, and also their immediate family of parents, guardians, and siblings. Furthermore, community leaders, inclusive of local council officials and religious leaders, as well as secondary school teachers, and health workers in the local health centers, were to be part of the study. This target population was selected because they were the ones who experienced teenage pregnancies directly, thus giving the researchers a lot of insights into the matter of the 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		

3.8 Methods of Data Collection

Qualitative data collection methods were mainly employed in the study to understand thoroughly the causes, effects, and coping mechanisms corresponding to adolescent pregnancy and the resultant family instability in Bubaare Sub-County, Rubanda District. The main data was drawn through two principal methods: i.e., in-depth interviews and focus group discussions (FGDs).

In-depth Interviews

The data collection process involved the purposive sampling method whereby key informants such as teachers, community leaders, health care providers, parents or guardians of young mothers, and mothers themselves were interviewed using the semi-structured in-depth interview technique. The semi-structured method gave the

researcher the opportunity to move in and out of the different experiences of individuals while at the same time considering the objectives of the study. The interviews talked about young mothers' life histories, the situations that finally brought about pregnancy, and the help of the family or the lack of it. Parents and guardians were inquired about the emotional, financial, and social consequences that teenage pregnancy had on the family. Teachers and health workers shared their opinions on the broader consequences of this issue for education and health, whereas community leaders spoke about their community's perception and the reactions that were elicited. The interviews were held in a private and confidential setting to reassure the participants of their safety and the freedom to share their views without restraint. The interviews were recorded (with the interviewees' consent) and then transcribed for thematic analysis.

Focus Group Discussions (FGDs)

To better comprehend the community's perspectives, cultural norms, and social dynamics that impact adolescent pregnancy and family stability, focus group discussions were conducted with parents, community leaders, and local opinion leaders. A total of 6-10 participants were involved in each FGD, and the sessions were moderated with a discussion guide conforming to the study objectives. The discussions centered on community-related issues such as early sexual activity and marriage, the stigma of teenage pregnancy, and the provision of family support systems. The FGDs were held at places that were easy to reach and suitable for the participants, and each session was recorded in audio (with permission) and later transcribed and analyzed to detect recurring themes and the insights of the group.

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

The primary data collection methods of the study aimed at obtaining rich and elaborate insights from different stakeholders. The interview guides were formulated for conducting one-on-one deep interviews with parents, teachers, community leaders, health care professionals, and teenage mothers. The open-ended questions in these guides allowed the subjects to provide their viewpoints, experiences, and views in a very extensive style. By using open-ended questionnaires, the research intended to get a great variety of factual and personal characteristics that might influence teenage pregnancy and family stability.

Moreover, the guides for focus group discussions (FGDs) with parents and community leaders were also designed. These discussions, which were largely centered on the social, economic, and psychological aspects of teenage pregnancy on family relationships, encouraged the participants to think and communicate with one another. Finally, an observation checklist was employed to record human behavior, silent communication, and other environmental facts during the fieldwork that could support the comprehension of the scenario and contribute to data triangulation.

Secondary data collection instruments

The study was supported by secondary data which contributed to the broader institutional perspective. The analysis was done through a document that conferred the records and reports emanating from the health and educational institutions in order to look into institutional policies, resources, and services for the young mothers, as well as the difficulties encountered by the institutions in combating teenage pregnancy. Reviewed key documents were the Uganda Demographic and Health Survey (UDHS) 2022, which pinpoints the national prevalence and health repercussions of teenage pregnancy, and the Ministry of Education and Sports Annual Performance Report (2023), which mentions its influence on school attendance and dropout rates. Also, the policy papers like 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 scrutinized for institutional response mechanisms. By looking into these sources together with health service reports and school records, the investigation created a clear picture of the external factors influencing teenage pregnancies and their impacts on family stability. The combination of primary data gathered in the field with secondary data from institutional sources led to a more complete and nuanced analysis of the topic.

3.10 Data Analysis

Thematic analysis was utilized to assess the data due to the nature of the research being qualitative. Thematic analysis is one of the most common techniques for delineating, analyzing, and interpreting the basic meanings in qualitative research (Braun & Clarke, 2006). The researcher got the opportunity to scrutinize the interview transcripts and field notes for the purpose of discovering the different

themes that the impact of teenage pregnancy on family stability was incorporated. The data were extracted from the audiotapes of the interviews, which also had prior consent from the participants to be taped.

The employment of a digital recorder not only secured the accuracy and the completeness of the data capture but also supported the field notes that were taken during the interactions. The generation of themes was done in accordance with the study variables and then classification into coding categories was done. A plan for analysis was made which included direct citations and the concepts that frequently occurred to ensure a rich interpretation of the results. According to Noel et al. (2017), thematic analysis is still recommended in qualitative research due to its clarity and simplicity; thus it is deemed suitable for this study. This technique revealed the institutional, social, and economic factors that were playing a role in the way adolescent pregnancy was impacting family tie-ups, roles, and support systems in Bubare Sub-County. Quantitative data was processed via Microsoft Excel to create frequency and percentage distributions, while the qualitative data was subjected to content analysis technique.

3.11 Quality Control

In order to provide quality and valid data several steps were implemented. First, a small sample containing respondents from a neighboring sub-county was used for a pilot study that aimed at testing the data collection instruments and procedures, and feedback was utilized to make the interview and FGD guides better. The use of multiple data sources namely interviews, FGDs, and document analysis brought about triangulation thus guaranteeing very strong findings that are supported by

different viewpoints. One of the methods used in the process was member checking which involved sharing preliminary findings with chosen participants in order to confirm accuracy and relevance. Besides, the research assistants being regularly supervised ensured that there was uniformity in the conducting of interviews and discussions at all times during the data collection phase.

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 research was limited in its scope and its ability to be widely accepted, this was a substantial methodological limitation, as it was only concerned with Bubare Sub-

County in Rubanda District. Such a geographic limitation made it impossible to use the results in other regions of Uganda. Moreover, the particular cultural, economic, and social features of Bubare might have been different from those of other communities, thus further restricting the generalization of the results outside the specific area of study. Nevertheless, the researcher made it clear where the limitations were in both the scope and methodology sections of the report and advised to be careful in generalizing the findings, while also recommending that similar studies be conducted in different districts for comparison and wider applicability.

Sampling limitations were one of the main factors that impacted the reliability of the findings of the study. With the use of a small sample size, the results could not be considered statistically indicative of the larger population. Moreover, the non-probability sampling method applied in this research was probably going to bring about sampling bias, and so it was difficult to be objective and generalize the study's results. The researcher made the effort to include different individuals within the chosen sample, acknowledging the sampling limitations, and at the same time, suggesting that future studies with larger, probability-based sampling techniques might result in more representative results. Data collection was one of the challenges faced by the study and it had a negative impact on the accuracy of the findings.

Respondents did not give true answers because they considered the issue of teenage pregnancy socially undesirable and hence the community's stigma would affect them, resulting in social desirability bias. Moreover, the practice of obtaining information directly from teenage mothers or their families boosted the risk of

getting answers that might be exaggerated or understated, hence the validity and reliability of the collected data were compromised. To lessen the impact of this bias, the researcher gave the participants the assurance of complete confidentiality and anonymity, the interviews were conducted in private and safe places, and the use of trained data collectors who are competent in dealing with sensitive issues was promoted so that honest disclosure might be encouraged. The study employed a cross-sectional design, which restrained it from being able to establish causal relationships between teenage pregnancy and family stability over a period of time. No longitudinal data made it tough to follow changes and long-term impacts, thus limiting the analysis and the understanding of how teenage pregnancy affected family dynamics through different stages.

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 persons constituted 14% of the sample and they offered their experiences from more organized work settings and possibly greater access to reproductive health knowledge. Unemployed participants were 11%, bringing their views from the non-working population whose unoccupied time and social interactions might have influenced their vulnerability. The least represented group of 7% was farmers, who due to their daily routines were mostly involved in farming with less social contact and thus were less exposed to the situations that can lead to teenage pregnancy. The researcher intentionally picked respondents by job category to see how different work contexts affect behaviors, risks, and perceptions regarding the research issue.

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

The findings revealed in Table 4.1.4 indicated that the largest group of participants, which consisted of 43%, identified themselves as Anglicans. The reason for this was that the Anglican faith was the most basic and widely observed religious denomination in the study area. The next largest group was Catholics, who represented 39% of the respondents. This also indicated that the past Catholic missionaries had a strong influence in the area and there was a considerable number of the Catholic community in the region. Furthermore, Muslims were a minor group constituting only 14% of the sample. Nevertheless, this could be attributed to the presence of a modest but established Muslim population in 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. The study has posited that media content was one of the factors that helped to create the sex-related views and behaviors of teenagers, and thus it underlined the need for the responsible media consumption and comprehensive sexuality education to be the measures to cope with the negative influences, which is exactly what the researcher thinks too.

During the interviews the researcher had with the participants discussing what he thought to be the major causes of teenage pregnancy in the community, the issue of Bubaare Sub-County teenage pregnancy being mainly the outcome of the interplay between the above-mentioned issues plus no parental guidance was coming in early sexual exposure and unavailability of information on reproductive health was one of the salient conclusions. Many parents were either entirely absent or too timid to talk about sex with their youngsters. Consequently, the young generation relied on their friends and social networking sites for knowledge, which made them prone to misguidance and dangerous habits. A similar, though the opposite way, connotation of interviews concerning how peers influenced the case of teenage pregnancy in

Bubaare Sub-County was that peer pressure is a major cause of teenage pregnancy, naturally, in the area. A lot of young people were subject to the influence of their friends who were having sexual relations, thus they considered it necessary to blend in.

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%, 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. The researcher believed that, along with this, there was a strong need to improve communication and awareness in order to remove the misunderstandings and the stigma surrounding teenage pregnancy in their area. The interviews the researcher conducted with the

respondents on how families usually reacted when a girl teen became pregnant disclosed that families generally exhibited a variety of emotions such as disbelief, letdown, and worry. Some families turned out to be supportive and even helped the girls to manage their new obligations, while others responded in an unkind or accusatory manner. Sometimes, the girls were made to leave school or even home. The different families' responses were often linked to their values, beliefs, and financial situations.

The interviewees who were questioned regarding the family economic impacts stated that adolescents' pregnancies were a very significant financial burden for the families since they first paid for the newborn and mother medical treatment, nursing, and renting in some cases even the whole family, so the money already did not stretch for food, education, and other household essentials resources were further stretched and thus adversely affected all the above-mentioned. In many cases, parents or guardians opted to reduce working hours or take up additional jobs. This was a setback to the already slow progress of development for the whole household. The study results obtained from the interviews regarding the influence of teenage pregnancy on family relationships and decision making indicated that teenage pregnancies caused the disintegration of communication and trust in families and more often than not resulted in tensions and conflicts. The parents were ashamed or anxious about being judged by society while the teenagers were feeling lonely or not understood.

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 opinion of the not so sure 16% may indicate that they do not really know how peer influence works, but the agreement of the other majority highlights that peer pressure is a powerful social force of early pregnancy in Bubaare Sub-County. As for sex education, 70% of the respondents (38% strongly agreed and 32% agreed) confirmed that lack of comprehensive sexual and reproductive health education leads to teenage pregnancy which is in line with Guttmacher Institute (2021) findings.

The 23% of respondents who were unsure most probably indicate the absence of knowledge or lack of access to information. This emphasizes the fact that ignorance of contraception and sexual health risks encourages unsafe sexual practices among teenagers thus leading to the problem of pregnancy and family welfare being affected. Poverty was the main reason by far, as 83% strongly and 30% agreed with the statement (the overlap should be considered due to multiple answers) that economic difficulties lead to premarital sexual activities among youngsters. So, it

coincides with UNFPA (2020) assertions that poverty forces adolescents to have sex or enter relationships as a means of living. The study shows that poor people not only raise the rate of teenage pregnancy but also cause disruptions in family roles and resources thus there is the need for poverty alleviation to promote family stability. As many as 57% of the study participants considered broken family structures (38% strongly agreed, 19% agreed) as a major factor pushing the youth into risky behaviors because of the lack of parents' supervision and emotional support, which is in agreement with Ninsiima et al. (2020). The 26% who were undecided might not have been able to observe such family dynamics. The results reveal that dysfunctional families are a major risk factor for teenage pregnancy and the emotional distress and instability are the consequences of such pregnancies in the households.

Seventy percent of the respondents (29% strongly agreed, 41% agreed) acknowledged the media's influence as a factor in early sexual behavior, which is in line with the viewpoint of Kalule and Ochen (2019) claiming that media often exaggerates the risks of sexual behavior. The 30% uncertain group signals the necessity of communication and understanding about the media in the community to a greater extent. This scenario points out the necessity for responsible media messaging and sexuality education to lessen the media's effect on teenagers' behavior. The literature suggests that poverty and financial difficulties lead to the participation of a considerable number of girls in exchanging sex for money or marrying early, which is quite evident in the study since responses related to poverty were the most common. The issue of poverty and its effect on family stability is now known locally thanks to the study, which has illuminated the fact that in Bubaare, economic strain

not only leads to the poor quality but also to the breakdown of parental relationships and resources.

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 demonstrates that adolescent pregnancy disrupts the financial planning of families and makes them more reliant on others, thus causing a decline in the stability of families living in poor resource areas, such as Bubaare Sub-County. With regard to educational disruption, 37% of the respondents (16% strongly agreed and 21% agreed) accepted that the teenage pregnancy leads to the dropping out from school, which is in line with MoES (2020) report that young mothers very often drop out of school because of the caregiving and being financially dependent. However, the 30% who were unsure and the 33% who disagreed or strongly disagreed imply mixed perceptions or gaps in knowledge about the long-term consequences of school dropout on the family's and the individual's futures. A significant 67% of the respondents (41% strongly agreed and 26% agreed) were of the opinion that teenage pregnancy causes emotional stress within families. This is in line with one of the findings of Kagimu, Sekiwunga, and Atuhairi (2021) where they say that feelings of shame, disappointment, and anxiety create tensions and strain parent-child relationships. The 18% who were unsure may not have participated in the talk about emotional burdens, but still, the majority agreement signifies that the psychological

strain on the family due to the teenage pregnancy is quite significant. Conflicts between parents and children were seen by 41% of the participants in the study (23% strongly agreed and 18% agreed) to be a direct result of teenage pregnancy. The literature by Nabukalu, Lwanga, & Tumwine, (2019) illustrates that such conflicts are due to misunderstandings, blame, and communication breakdowns, and that the influence of teenage pregnancy on role reassignment is also one of the causes of the long-term disharmony and instability in the Bubare Sub-County household thus creating a research gap. However, the 35% unsure and 24% who disagreed or strongly disagreed signal different community perceptions regarding the extent of conflict caused by teenage pregnancy. This indicates that while many observers see family tensions, others may not or may interpret such dynamics differently.

Regarding the impact of teenage pregnancy on family honor, most respondents to the survey a large 68% (comprising 24% who strongly agreed and 44% who agreed) saw early pregnancy as having a very negative effect on family reputation as Gahongayire et al. (2022) expressed when they stated that it generates feelings of powerlessness and seclusion, which in turn may increase family disintegration.

Although the issue of teenage reproductive health has gradually attracted national attention, there is still quite a lack of empirical studies on the availability and the effectiveness of local support networks in preventing or mitigating familial instability in the Rubanda District. Nevertheless, the community was reflected by a fairly large group of 45% who were uncertain, which may indicate ambivalence or lack of a clear understanding about the stigma attached to teenage pregnancy. This uncertainty points to the necessity of awareness raising campaigns that would focus

on misconceptions and social stigma reduction thus leading to 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 disclosed that counseling services were used as a coping mechanism by 69%, which comprised of 31% who strongly agreed and 38% who agreed. The majority of these responders thought that counseling was a way of dealing with an emotional crisis in a family, strengthening a previously broken relationship, and helping the teenage mother to make a choice based on good information. On the other hand, 30% were uncertain and 1% was against the idea of counseling that was regarded as a support system endorsed by WHO (2021), thus indicating that many families might still not be fully aware of or not able to access such services. It is, therefore, a good move to increase the community access to professional psychosocial support, especially in rural areas like Bubaare Sub-County. Religious leader's role in the findings was perceived as a less significant coping strategy. Only 32% (11% strongly agreed and 21% agreed) indicated that families seek support from religious leaders whereas a total of 33% (20% disagreed and 13% strongly disagreed) countered this notion. The 35% who were uncertain suggest a lack of clarity regarding the relevance or efficiency of religious guidance in dealing with the practical issues surrounding teenage pregnancy. These results are congruent with Muwonge et al. (2021) but also indicate a possible underutilization or continuum of disconnection between religious support and the real-life hardships experienced by families in this region.

The results also indicate a very high dependence on wider family relatives, as 64% (28% strongly agreed and 36% agreed) admitted that the family members like grandparents, aunts, and uncles play the main role in providing emotional and financial support. Only 21% (15% disagreed and 6% strongly disagreed) rejected this dependence, and 15% did not know. The corresponding literature (Atuhaire et al., 2021) is thus confirmed, which mentions informal support systems and asserts the extended family to be the primary source of financial and caregiving strain relief for the nuclear family. Returning to school for the teenage mothers was strongly supported, as 71% of the surveyed people (38% strongly agreed and 33% agreed) were in favor of the policy that education should be continued after delivery. However, 10% were not sure, and 19% were against it which means that the importance of education is still acknowledged but practical barriers like stigma, no school re-entry policies, or negative community attitudes have not been completely eliminated thus limiting the implementation of such a policy. These results are in line with Nalwoga & Namuli (2021) highlighting the necessity of both policy and community interventions to facilitate young mother's return to school.

The results about early marriage as a coping mechanism divided the respondents' views. According to the report of Atuhaire et al., (2021), 56% (21% strongly agreed and 35% agreed) thought families resort to early marriage to lessen social stigma and to guarantee the future of the teen mother as it was said that to cope with the financial challenges of teenage pregnancy, many families seek alternative livelihood opportunities. This could mean that families would start small businesses, take up additional jobs, or participate in income-generating activities that are community-based, while 28% disagreed and 16% were undecided. Thus, it can be inferred that

early marriage is still considered a solution in some situations, but there is a growing doubt and opposition towards the practice. The findings indicate a gradual change in attitudes and an emerging awareness of the long-term risks of early marriage, which is in line with the global rights-based approaches to teenager well-being.

5.2.1 Causes of marital instability in Kitumba Sub County

The research outcomes regarding the factors leading to marital instability in Kitumba Sub County indicated that the teenage pregnancy problem in Bubaare Sub-County was affected by social, educational, economic, and family factors mixed together. The major forces were peer pressure, no sexual education, poverty, family breakdowns, and media viewing. All these factors together form a situation where adolescents are at risk of participating in unsafe sex activities.

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

The results of the study on the influence of adolescent pregnancy on stability within the family in Bubaare Sub-County revealed that the issue of teenage pregnancy significantly and negatively affected the stability of the family by various means including economic hardship, emotional distress, and cessation of education. Moreover, it altered family roles, created disputes between parents and their children, and caused a decline in the family's social status. All these problems led to reduced family bonds and increased the households' load, thus making the situation more difficult.

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

The research conducted in Bubaare Sub-County regarding coping mechanisms employed by families to confront the challenges of teenage pregnancy concluded

that families in Bubaare Sub-County utilized different coping mechanisms such as counseling, support from extended family, and the measures taken to get the teenage mother back to school to deal with the problems related to teenage pregnancy. However, in the church community, the role of religious leaders was considered to be minimal, and the strategy of early marriage was still a topic of debate. The above-mentioned findings highlighted the need to make counseling services more available, to work on family support networks, and to advocate for education-centered solutions.

5.3 Recommendations

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

To Policymakers

In the first place, policymakers must create and enforce a comprehensive sex education program that is suitable for the age group and culture of the country, as the program gives teenagers the necessary knowledge and values to make informed decisions, thus helping to tackle the problem of teenage pregnancy. Secondly, they should work on the existing policies to make them more effective so that teenage mothers have no barriers or negative attitudes surrounding them when they come back to school because, after all, education is a powerful tool for not only getting rid of the poverty cycle but also empowering young mothers to have a brighter future..

To Healthcare Providers

It is recommended that healthcare professionals set the community up with youth-friendly reproductive health services which will provide confidential counseling, access to contraception, and education on safe sexual practices due to the fact that confidential and reliable services help teenagers to get care and rightly informed about reproductive matters. Moreover, health personnel should be trained to offer non-judgmental and supportive care to teenage mothers and their families because trust is created through compassionate care, and consequently, health outcome is better and stigma reduced.

To Community Leaders and Local Government

The public should be made aware of the dangers and consequences of teenage pregnancy by the community leaders and local governments taking the initiative. They will be instrumental in changing the community's mindset and behavioral practices preventing the occurrence of such cases through working hand in hand with the community in making the teenagers aware of their rights and the support available to them. Encouraging and supporting community-based programs that are offering the abovementioned things like mentorship, skills development, and peer education empowerment to teenagers are also part of their work. Solutions to early motherhood together with the factors that lead to making bad life choices will be provided through these initiatives helping the youngsters to grow positively and confidently.

To Families and Community Members

Because honest discussions build trust and help young people make informed, safer choices, families and community members need to promote open communication with youths concerning reproductive health and responsible decision-making. Besides, they should provide emotional and financial support to pregnant teenagers instead of stigmatizing them, promoting their return to education or skills training since supportive environments reduce long-term social and economic harm and facilitate 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.				
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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