# EXPLORING THE SOCIOECONOMIC EFFECTS OF ADOLESCENT MOTHERHOOD: LIVED EXPERIENCES FROM MUTUNDA SUB-COUNTY, KIRYANDONGO DISTRICT, UGANDA

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## ABSTRACT

**BACKGROUND:** Adolescent motherhood is a global public health concern due to its detrimental impact on mothers, children, and society as a whole. In Uganda, Adolescent motherhood is evident, with a significant 25% of women delivering babies before they turn 18 years old.

**METHODOLOGY:** Founded on a phenomenological perspective, this qualitative study used in-depth interview method. Twenty adolescent mothers aged 19 and younger selected using the snowball sampling technique were interviewed. The snowball sampling was chosen due to its importance in overcoming barriers of access, trust, and stigma, allowing researchers to gather valuable qualitative data from a population that would otherwise remain largely unheard. Eight key informants selected from the community that had in-depth knowledge about the research topic were interviewed. The data collected was transcribed verbatim and presented thematically.

**RESULTS:** This study found Adolescent motherhood caused a cycle of disadvantage. All school dropout due to financial strain and stigma, leading to shattered career dreams. These young mothers also experienced poorer physical health and emotional distress, with limited access to resources like healthcare and nutritious food further impacting their well-being.

**CONCLUSION:** Adolescent motherhood led to school dropout, limited healthcare access, and low-paying jobs, highlighting the need for programs to support education, healthcare, and economic opportunities for these young mothers. This cycle of social and economic disadvantage can be broken with interventions that empower adolescent mothers to build a brighter future for themselves and their children.

**KEY WORDS:** Adolescent Motherhood, Education, Health, Access to Resources

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## BACKGROUND

Adolescent motherhood (AM) affects 21 million girls globally, with 55% of pregnancies unintended[1]. This crisis fuels a cycle of disadvantage marked by violence, stigma, and limited education[2], hindering progress on poverty, health, and education (SDGs [1, 3, 4, 3]. Health complications further impede women's empowerment (SDG 5)[4]. In Africa, AM is a major barrier to human capital development, increasing school dropout and limiting job opportunities [5, 6]. Its impact extends beyond individuals to households, communities, and nations[7]. Additionally, AM is associated with significant health risks, including HIV/AIDS, mental health issues, and vulnerability to abuse[8, 9].

Uganda faces a significant AM crisis, with 25% of women giving birth before 18[10, 11]. This rate is increasing, rising from 71.5 births per 1,000 adolescents in 2006 to 83.5 in 2011[12]. Lira District has an alarming 49.3% birth rate for teenage mothers in 2020[11]. COVID-19 exacerbated the problem, pushing the national rate to 28%. Busoga has the highest number of teen mothers, with 45% under 17, followed by Mukono, Wakiso, Kampala, Kasese, and Oyam[11].Ugandan young mothers face a poverty cycle: 66% lack primary education, leading to limited jobs (5% formal, 45% subsistence)[13,14]. This strains government resources, requiring over Ug.Shs. 645 billion equivalent to USD 181.8 million) for healthcare and education. Mothers suffer from poor social and economic outcomes, low education, and limited healthcare[14]. Despite the existence of legal protections (e.g., Education for All and Convention on the Rights of the Child), AM remains a major challenge in Uganda[14] Policies such as "Education for All" directly support Sustainable Development Goals (SDGs) 1 (No Poverty), 3 (Good Health and Well-being), and 4 (Quality Education). These policies are meant to reduce poverty through improved opportunities, enhance health outcomes through increased awareness and access to services, and directly contribute to achieving inclusive and equitable quality education. Unfortunately, Kiryandongo General Hospital data (2018-2022: 1735 to 4298 cases) and Mutunda Sub-County (3,372 cases: 2018-2022) reveal fluctuating and high AM rates[15].

Non-governmental organization programs in Mutunda focused on child protection, sexuality education, and parental awareness[15], while the Ministry of Education and Sports provided guidelines for preventing and managing adolescent pregnancy, including re-entry policies[16]. Despite these interventions, adolescent motherhood persisted and negatively affected young mothers' social and economic well-being. This study investigated the socio-economic consequences of adolescent motherhood (AM) within Mutunda Sub-County, Kiryandongo District, Uganda. Specifically, the research examined the structural impacts of early childbearing on young mothers' educational attainment, health outcomes, and resource accessibility. By critically evaluating these dynamics, the study aimed to provide a nuanced, empirical understanding of how adolescent motherhood alters a young woman's societal and economic status. Finally, these findings are intended to inform context-specific policy interventions, targeted public health programs, and inclusive educational initiatives.

### Methodology

To explore the social and economic impacts of AM, this study employed a phenomenological qualitative research design due to its unique ability to delve into the lived experiences of individuals regarding a specific challenge like health, education and access to resources. In the context of adolescent motherhood in Mutunda Sub-County, this design would allow researchers to understand the social and economic impacts not just through statistics, but through the actual experiences, perceptions, and meanings attributed to these experiences by the young mothers themselves. Adolescent mothers who became pregnant while in school were included and interviewed for participation while those who

got pregnant while out of school were excluded from the study. In-depth interview method was used to gather information about adolescent mothers' beliefs, perceptions, feelings experiences and convictions towards the experienced effects of AM towards their education, health and access to resources[16, 17]. Qualitative approach, guided by the transitions theory[18] and snow ball sampling[19] were used to conduct in-depth interviews from 20 AM who gave birth between 2018 and 2022 while still in school.

This study employed thematic analysis, a preferred qualitative method for closely identifying recurring themes, ideas, and patterns of meaning within participant discussions [20]. This approach facilitated the extraction of participants' views, opinions, and experiences from the qualitative data through familiarization, coding, and theme generation. The sample size of 24 was determined based on the principles of data saturation within qualitative research, particularly for a phenomenological study aiming to explore the lived experiences of adolescent mothers in Mutunda Sub-County. Data saturation is reached when the collection of new data no longer yields additional insights or themes relevant to the research questions[21]. Therefore the sample size for the study was 24. Eight key informants provided in-depth, insightful and detailed information towards the study and they included; school heads, a community development officer, healthcare providers, and local leaders were interviewed. The collected data was then transcribed verbatim, coded, interpreted, and analyzed thematically for presentation.

**Ethical Considerations**

Ethical approval was granted by the Directorate of Research and Graduate Training, Kyambogo University (Ref: DRGT/21/U/GMADS/14225/PE-31-07-203) and Local Council Leader in Mutundwe Subcounty. Participants were assigned anonymous identifiers to protect their privacy. Written consent and assent were obtained from adolescent mothers and parents where the adolescent mother was below 19.

## RESULTS

The study included 24 adolescent mothers and 8 key informants from Mutunda Sub-County, Kiryandongo District, Uganda. Most adolescent mothers were 19 years old (33%), had become mothers at 15–16 years of age (38% each), had attained primary-level education, and were never married (63%). The key informants comprised head teachers, health professionals, local government officials, and community leaders from the Diima and Nyamahasa parishes, providing diverse perspectives on adolescent motherhood.

**Table 1: Demographic characteristics of Adolescent Mothers in Mutunda Sub-County Kiryandongo District- Uganda**

| Demographic characteristics | Category | Frequency | Percentages |
|---|---|---|---|
| **Current Age** | 15 | 1 | 4 % |
| | 16 | 6 | 25% |
| | 17 | 6 | 25% |
| | 18 | 3 | 13% |
| | 19 | 8 | 33% |
| **Age at motherhood** | 13 | 1 | 4% |
| | 14 | 2 | 8% |
| | 15 | 9 | 38% |
| | 16 | 9 | 38% |
| | 17 | 3 | 13% |
| **Education** | Primary 4 | 5 | 21% |
| | Primary 5 | 9 | 38% |
| | Primary 6 | 3 | 13% |
| | Primary 7 | 4 | 16% |
| | Senior 1 | 1 | 4% |
| | Senior 2 | 1 | 4% |
| | Senior 4 | 1 | 4% |
| **Marital status** | Married | 6 | 26% |
| | Separated | 3 | 13% |
| | Never married | 15 | 63% |

Source: Extracted from Primary Data 2023

**Table 2: Demographic characteristics of Key Informants in Mutunda Sub-County Kiryandongo District- Uganda**

| S/N | KI Category | Frequency | | Parish |
|---|---|---|---|---|
| 1 | Head teacher Nyabwengi Primary school | 1 | Female | Nyamahasa |
| 2 | Head teacher Diima Primary school | 1 | Female | Diima |
| 3 | Midwife | 1 | Female | Diima |
| 4 | Incharge Mutunda health center | 1 | Male | Diima |
| 5 | Secretary Women Affairs | 1 | Female | Nyamahasa |
| 6 | Parish Chief | 1 | Male | Diima |
| 7 | Community Development Officer(CDO) | 1 | Male | Diima |
| 8 | Local Council 1 | 1 | Male | Nyamahasa |

Source: Extracted from Primary Data 2023

**Table 3: Study Themes and Subthems in Mutunda Sub-County Kiryandongo District- Uganda**

The findings of the study are presented and discussed according to the following themes and sub-themes

| Themes | Subthemes | Implications |
|---|---|---|
| Thematic1:Experienced effects of AM on education | Effects of AM on Education | • Low educational attainment<br>• School dropout |
| | Career Aspiration of AM | • Hairdresser<br>• Teacher<br>• Nurse<br>• Fashion and design<br>• Welder |
| Thematic2:Experienced Effects of AM on Health | Mode of delivery | • Natural childbirth.<br>• Cesarean section |
| | Feelings about motherhood | • Thrilled<br>• Sad<br>• Ambivalence |
| | Effects of AM on Heath | • Social stigma |
| | Poor physical health | • Back and lower abdominal pain<br>• Blood clots<br>• Retained placenta<br>• Eclampsia<br>• |
| Thematic 3: Access to Resources by AMs | Current economic activities | • Agriculture<br>• Making snacks |
| | Experienced effect on resources accessibility | • Limited access to finances<br>• Limited access to food<br>• Limited access to health services |
| | Support received | • Fathers to children support<br>• No support received<br>• Support from relatives |
| | Support required to increase resource accessibility | • Financial support<br>• Equip and stock health centres |

## Theme 1: Experienced Effects of AM on Education in Mutunda Sub-County Kiryandongo District-Uganda

Data from the study reveals a concerning trend: all 20 young mothers in the study left school early with limited education, effectively halting their career aspirations. Notably, 6 dreamt of becoming hairdressers, 5 teachers, 3 nurses, 6 aimed for fashion and design, and 1 for welding, highlighting the diverse paths motherhood cut short.

**Table 4: Experienced effects of AM on education in Mutunda Sub-County Kiryandongo District- Uganda**

| Main Theme: Experienced Effects of AM on Education | Education and career Implications on AM | Frequency |
|---|---|---|
| **Effects of AM on Education** | Low educational attainment | 20 |
| | School dropout | 20 |
| **Career Aspiration of AM** | Hairdresser | 6 |
| | Teacher | 5 |
| | Nurse | 3 |
| | Fashion and design | 6 |
| | Welder | 1 |

*Source: Primary Data, 2023*

Data from Table 3 indicates all participants' left formal education at a young age. None returned after childbirth, effectively ending their formal education. While some considered vocational training, financial constraints ultimately forced many to abandon their educational aspirations entirely.

**Early pregnancy forced all AM to drop out of school**

*I got pregnant at Kakwokwo Primary School, I did not collect Primary Leaving Examination results, I didn't bother knowing how I performed.*
*e being in school.*
*[17 years, married Primary 7].*

*I became pregnant in 1st term of S1 holidays. I went back to school for 2nd term, I became sickly and later the school nurse checked and found that I was pregnant and I was expelled and faced parental disapproval. That marked the end of me being in school.*
*[18 years, never married, and senior 1].*

Overwhelmed by childcare, all adolescent mothers in the study faced a triple threat to returning to school: poverty, stigma, and an ineffective re-entry program. This, along with disapproval from teachers and the community, shattered their educational and career dreams. Becoming a welder and having a workshop was shattered by early pregnancy. The lack of support from the child's father has led to disappointment and a current situation of staying at home,
*[*18 years, and never married, senior four*].*

**Theme 2: Experienced Effects of AM on Health in Mutunda Sub-County Kiryandongo District-Uganda**

The experienced effects of AM on health are presented in table 5 below.

**Table 5 Experienced Effects of AM on Health in Mutunda Sub-County Kiryandongo District- Uganda**

| Main Theme: Experienced effects of am on health | Health Implications | Frequency |
|---|---|---|
| Mode of delivery | Vaginal delivery | 15 |
| | Cesarean section | 9 |
| Feelings about motherhood | Excited and happy | 2 |
| | Sad | 18 |
| | Mixed feelings | 4 |
| | Social stigma | 20 |
| *]*Effects of AM on physical health | Back and lower abdominal Pain | 18 |
| | Blood clots | 2 |
| | Retained placenta | 3 |
| | Eclampsia | 1 |

Source: Primary Data, 2023

Table 5 above shows that out of 20 young mothers in the study, fifteen AMs delivered vaginally, with 5 relying on Traditional Birth Attendants (TBAs). One AM who used a TBA reported an unexpected birth before her Expected Delivery Date (EDD).

*I was planning to go to hospital a few days to my EDD but surprisingly my labor pains were quick and started a week to my EDD, so when the labor pains intensified my mother called our neighbor that helps deliver children. I only went to the hospital when I took the baby for immunization.*
*[16 years, never married Primary 6].*

The study found teenage mothers faced difficulties during childbirth. Some had vaginal deliveries with tearing and pain, while others had C-sections, often after prenatal care outside the hospital. These risky pregnancies resulted in extra costs for transfers and deliveries, putting financial strain on the mothers. Regardless of delivery method, all the mothers, even the youngest at 15, experienced pain and weakness afterwards.

*I delivered at Kiryandongo General Hospital at a young age. The incision caused severe pain and took nine months to heal. Despite needing rest, financial pressure forced me to resume digging for money after only three months.*
*[15 years, never married Primary 4]."*

*I was operated from Nyapyeya Hospital and my wound took 3 months to heal. During that time, I was in pain and the anesthesia left my left body paralyzed for over 6 months. [17 years, never married Primary 5]."*

**Feelings about motherhood**

**Happiness:** Some mothers felt blessed and accomplished.

*I feel happy that I have this baby, there are so many people out there who want children but they do not have them. For me God has blessed me with this one.*
*[16 years, never married Primary 5]."*

**Sadness:** Many felt overwhelmed and lost opportunities due to early pregnancy. Negative experiences with healthcare providers added to their burden.

*An unplanned pregnancy led to an unwanted marriage. The desire to escape the situation due to the torture my husband subjected me did not work because I could not leave young child behind. When the child made 3 years, I left the marriage.*
[18 years, separated, Primary 7].

**Mixed feelings:** The study revealed a complex emotional experience for young mothers. While some found motherhood fulfilling and a chance to break the cycle of teen pregnancy for their children, others faced isolation and sadness due to negative treatment from healthcare providers during critical visits.

*Sometimes I am mad at myself because motherhood spoilt my education and yet my friends are still at school, but then sometimes I am also happy when I see my baby. My baby gives me so much joy.*
*[17 years, married, Primary 5].*

*I was expelled from school because of this baby and I was very disappointed with myself for having a baby while in school. But every time people carry my baby, they tell me she is beautiful and this makes me happy and proud*
*[17 years, never married, Primary 5].*

**Back and lower abdominal pain**

Due to prolonged labor, delivery interventions, and stitches, 18 adolescent mothers endured lingering back and abdominal pain, hindering their ability to perform strenuous activities.

*After delivery, I had lower abdominal pain that lasted 6 months and it affected my general engagement in activities. I normally gets a burning sensation on my back every time I bend. [17 years, never married, Primary 6].*

Key informants revealed that adolescent mothers often suffered persistent back pain due to inadequate postnatal rest and work demands, with some unable to afford prescribed pain medication due to financial limitations or clinic shortages.

**Blood clots**

Childbirth complications involving blood clots left two mothers in severe postpartum pain, with one, A9, a young mother of two now pregnant again, unable to afford further hospital treatment and resorting to local remedies.

*After the birth of my 2ndbaby, I was discharged from hospital but little did I know that I had blood clots. I felt horrible pain not until my mother in-law got for me some local herbs to expel the clots from my womb.*
*[19 years, married, Primary 4].*

The study revealed three cases of retained placenta, a complication where the placenta doesn't deliver naturally after childbirth. One such case involved a 17 year-old, whose baby is now 18 months old.

*I was over bleeding after giving birth and the placenta had also refused to come out, this resulted into serious unbearable pain and I blacked out only for me to find myself re-admitted into hospital.*
*[17 years, never married, Primary 5].*

Another AM aged 18 had endured a painful manual placenta removal and stitches after a difficult delivery at just 16, highlighting the physical challenges faced by these young mothers.

**Eclampsia.** One adolescent mother aged 19 years, shared a frightening experience of developing eclampsia after childbirth, a condition requiring immediate hospitalization.

*My vaginal delivery required stitches, but the pain worsened with fevers and convulsions. Both me and my baby developed health complications, requiring a weeklong hospital stay - a truly awful experience.*
*[19 years, married, Primary 5].*

**Social stigma**

The study found early motherhood in Uganda burdens young mothers with stigma, isolation, and mental/emotional strain due to childcare stress, gossip, and frequent abandonment.

*Public shaming for having some child young has led to friend isolation and constant stress.*
*[18 years, married, Primary 7].*

*I feeling isolated and judged. Villagers won't let their kids near me, fearing I'll influence them to get pregnant, and my friends mock me for being a young mom,*
*[18 years, separated, Primary 5].*

**Theme 3: Access to Resources by Adolescent Mothers in Mutunda Sub-county Kiryandongo District- Uganda**

**Access to resources by AMs in presented in table 6 below.**

**Table 6: Access to Resources by Adolescent Mothers in Mutunda Sub-county Kiryandongo District- Uganda**

| Main Theme: Access to Resources by AM | Implications | Frequency |
|---|---|---|
| Current economic activities | | |
| | Agriculture | 18 |
| | Snack-based small business | 2 |
| Experienced effect on resources accessibility | | |
| | Limited access to finances | 20 |
| | Limited access to food | 20 |
| | Limited access to health services | 20 |
| Support received | | |
| | Father's children support | 7 |
| | No support received | 8 |
| | Support from relatives | 9 |
| Support required to increase resource accessibility | | |
| | Financial support | 20 |
| | Equip and stock health Centres | 4 |

*Source: Primary Data, 2023*

**Current economic activity**

This study revealed that the 20 adolescent mothers were currently engaged into two economic activities that is small scale agriculture and making of snacks.

**Agriculture**

The study revealed that 18 adolescent mothers resorted to low-paying agricultural labor (weeding/ tilling) to support themselves and their children. Their earnings (Ushs. 1,000-5,000) covered basic necessities, with some relying on parents' gardens for additional food.

*I cultivate people's gardens where I earn just Ushs 1000 from it. I use this money to buy medicine and mukene for us to eat. This money is very little to satisfy all my needs. [18 years, separated, Primary 5].*

Despite low-paid agricultural work (Ushs. 1,000-5,000), some Ugandan teen mothers struggled financially. Married teens faced an even greater burden, as partners controlled family garden income, limiting their financial autonomy.

*My husband and I have gardens where we grow food crops. I do most of the garden work but whenever I sell produce from the garden, my husband collects all the money and I have no choice over it. I am unable to get proper health care for myself and the baby.*
*[18 years, married, Primary 4].*

**Making and selling of snacks**

The study also identified two adolescent mothers who found additional income by making and selling snacks like "mandaazi" and pancakes during school breaks and at the local trading center in the evenings.

*I am staying with my aged grandmother because I separated with the father of my child. I work extra hard to provide for our household. After birth, I started frying pancakes and it earns me a profit of about Ushs. 2000 (Two thousand shillings). [18 years, married, Primary 7].*

*I fry mandaazi which I sell to school children and it earns me shs 4000 profit on sale. I save part of the money and use the rest to take care of myself and the baby.*
*[18 years, never married, Senior 4].*

**Resource Accessibility**

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

**Limited access to finances**

This study revealed that adolescent motherhood significantly restricted access to resources, as demonstrated in Table 5. Young mothers relied on low-paid agricultural labor (Ushs. 1,000-5,000 per job), barely affording basic necessities. Financial dependence also led to domestic violence for some, like an 18-year-old AM faced abuse for refusing to hand over earnings to her husband.

*My husband takes away all the money I make and might only give me a small proportion of it or sometimes none and yet I toil so hard to get this money so that I address my personal needs. [18 years, married, Primary 7].*

**Limited access to food**

The study found that 18 AM faced food insecurity and malnutrition (Table 5). With little control over household food (frequency and quality). The frequency of meals and meal type eaten largely depended on the decisions made by the head of household where AM lived. Some mothers went hungry for days, impacting their health and their children's well-being. These children solely relied on breast milk and lacked access to additional nutritional support.

*I have a 4 months old baby I am breastfeeding but I last had a meal 4 days ago, I feel very hungry and sometimes I just survive on roasted maize and water. Such a situation has affected my breast milk production and also made me weak. [17 years, never married, Primary 7].*

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

*My husband and I have a quarter and acre of land where I grow crops like maize and beans. Sometimes I sell and get money from the crops and I use the money to buy sauce for the family, [18 years, married, Primary 7].*

**Limited Access to Healthcare Services**

A key informant highlighted that adolescent motherhood in Uganda significantly restricted access to reproductive healthcare. Financial constraints often led to home deliveries, while stock shortages at health centers made it difficult to obtain medications and specialized treatments. Additionally, adolescent mothers demonstrated limited knowledge of various sexual reproductive health services, including family planning methods, and were unaware of government-implemented reproductive health programs.

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

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

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

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

*The nurses are very hostile to me whenever I come for antenatal and they are always blaming me for getting pregnant again when my 1st child is not 2 years yet. [18 years, never married, senior 2].*

**Support Received**

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

**Support from Fathers of the Children**

The study revealed that seven adolescent mothers received financial and material support from the fathers of their children. While the support was inconsistent, it provided some assistance with child care expenses. For example, AM aged 19 years, married, and reported receiving financial support from her husband for food and child healthcare.

*He gives me money when I ask for it and if there is any medicines to buy for the baby, he goes to the clinic and buys them.*
*[19years, married, Primary 5].*

**Support from Relatives**

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

*My mother has been supportive from the time I gave birth. She is the one that buys for my baby cloths and when he is sick, she takes him to the hospital.*
*[15years, never married, Primary 4].*

*It is my grandmother that gives me money to buy clothes for the baby and myself. And when we are sick, my grandmother pays the money at the clinic.*
*[19 years, never married, Primary 7].*

**No Support Received**

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

*The father to my baby got me pregnant and ran away to live with his relatives in Gulu district. He has never sent me any money or even come to see his baby who is now 9 months old" revealed.*
*[19 years, never married, Primary 7].*

The 18-year-old reported being abandoned by the father of her child, who had left for West Nile, Uganda.

*He abandoned me when I was still pregnant and he went to Nebbi. He has never sent me any kind of support even when I gave birth.*
*[18 years, never married, senior 2].*

**Support Required to Increase Resource Accessibility**

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

**Financial Support**

Twenty adolescent mothers sought financial assistance to improve their access to healthcare services, purchase food and clothing for their children, and acquire land for agricultural purposes. A 17 year old AM noted that financial support would help her pay off an outstanding clinic bill.

*Right now, my baby is sick and they need Ushs 15,000 (fifteen thousand shillings) for treatment and I have only been able to raise Ushs 5,000 (five thousand shillings). So, if given financial support, I will be able to clear the debt at the clinic.*
*[17 years, never married, Primary 5].*

Adolescent mothers sought financial support to start income-generating activities. They believed that training in various income-generating activities would empower them to become financially independent and plan for their future. They expressed interest in starting small businesses such as roasting maize, making snacks, hair braiding, tailoring, and poultry farming.

*Government initiatives like the Parish Development Model (PDM) could support these efforts by providing loans of one million shillings. When AM generate their own income, they could more easily access healthcare services and food without relying on others.*
*[Key Informant, Diima, Parish, 5th August 2023].*

**Equip and Stock the Health Centre**

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

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

*We are understaffed at the health centre since we have only one midwife. Right now, she is also pregnant and weak, she needs extra help. Government should recruit more midwives in the health centre because we have more demand as well.*
*[Key informant, Diima parish, 15th August 2023].*

## DISCUSSION

The transition from youth to adulthood is a critical window for human capital accumulation[18], yet adolescent pregnancy inflicts systemic shocks that permanent halt this development[19]. Findings reported that trading long-term skill acquisition for immediate livelihood precarity, early childbearing creates an intergenerational poverty trap that diminishes lifetime productivity and relegates young women to marginal, low-skilled labor markets[20; 21]. This dynamic reflects broader structural inequalities, including rigid gender divisions of labor and restricted social citizenship. These barriers systematically exclude marginalized women from formal development paths[22] and impede their reproductive and economic rights[23].

This educational shock highlighted a failure to implement protective frameworks at the local level. As a result, progressive macro-level policies like Uganda's flexible re-entry guidelines become unfulfilled grassroots mandates driven by poverty, social stigma, and institutional exclusion. Across East Africa, local administrators lack the accountability mechanisms and training needed to enforce these policies against deep socio-cultural pressures[24]. Ultimately, this structural barrier causes severe opportunity deprivation, permanently shifting young women's ambitions toward low-wage survival while peer stigmatization and moralizing school environments restrict long-term literacy and labor market inclusion[25; 26; 27; 24].

Parallel to educational deprivation, the physiological and psychological demands on adolescent mothers exposed profound human development failures. Biological immaturity significantly elevated the risk for severe obstetric complications and chronic postpartum morbidities like eclampsia[28; 29]. At the same time, geographic and financial barriers forced a heavy reliance on non-formal delivery systems due to deep structural gaps in healthcare access. These vulnerabilities manifest as acute physical and psychosocial distress driven by community stigma and institutional hostility[30, 31, 28, 29]. Ultimately, postpartum depression was exacerbated by shattered educational aspirations[30], while healthcare worker bias acted as a critical deterrent to safe care, reflecting structural obstetric violence that penalizes young, unmarried patients[31].

These vulnerabilities culminated in acute socioeconomic precarity, forcing young mothers into informal roles that exposed them to immediate food insecurity and malnutrition[32]. This deprivation was compounded by rigid intra-household power asymmetries and paternal abandonment. These dynamics stripped adolescent mothers of financial autonomy and shifted long-term caretaking burdens onto natal families, creating a classic asset and agency poverty trap[32; 33; 34]. Ultimately, by treating households as homogenous units, development policies overlooked this internal disenfranchisement, preventing minor mothers from converting their labor into health security and validating feminist economics assertions that unequal resource distribution directly harms maternal and child welfare[33; 34].

The study further revealed critical operational and macroeconomic gaps driven by localized policy failures, narrow analytical frameworks, and systemic exclusions within flagship programs like Uganda's PDM. Collectively, these shortcomings overlooked the unique needs of unmarried minor mothers[31,24]. From a macro-development perspective, adolescent motherhood severely drains national structural potential by halting female education, disrupting the demographic dividend, and trapping the future workforce in low-productivity livelihoods[19; 32; 21].

### Conclusions and recommendations

The findings showed that adolescent motherhood adversely affected the socioeconomic status of young mothers in Mutunda Sub-County. Unplanned pregnancy and limited educational opportunities contributed to school dropout and poor educational attainment, restricting future employment prospects. Adolescent motherhood also negatively affected the physical and mental health of young mothers, further exacerbating

their socioeconomic disadvantage. The Ministry of Education and Sports should strengthen school re-entry programs and vocational training for adolescent mothers. The Ministry of Health should expand adolescent-friendly reproductive health services and improve access to counseling and contraception. Local government should increase awareness of livelihood support programs, while non-governmental organizations should provide educational, legal, and socioeconomic support. Community-based initiatives should promote positive attitudes and support the reintegration of adolescent mothers into education and society.

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KR conceived the research idea, KR, KH & LG formulated the research question and data collection tool, RK collected and analyzed data. KR, KH & LG wrote the manuscript, KH reviewed manuscript. All authors have read and approved the final manuscript for publication.

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