

A Study of Child Mothers' Experiences on Community-Based Support Services in Mbale District, Eastern Uganda

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ABSTRACT

Introduction: Child motherhood is a pervasive issue in developing countries. Child mothers face several challenges related to their health and well-being. This study highlights the experiences of child mothers' community-based support services in Mbale District, Eastern Uganda. Specifically, the study evaluates the support services provided to child mothers by community support services. The study addresses the research question: How does the community support child mothers in Mbale District?

Methods: The study used a convergent parallel mixed-method approach. The target population of the study was 250. The sample comprised of 126 participants. One hundred six (106) child mothers completed the questionnaire, 10 child mothers were interviewed, and 10 parents/guardians participated in the Focus Group Discussion (FGDs). The survey sample was selected proportionally across the five sub-counties. And participants for the interviews were selected purposively. A survey and interview guide were used to collect data. Quantitative data were analyzed using simple descriptive statistics (Frequencies, percentages, mean, and standard deviation). Qualitative data were analyzed using thematic analysis. Quality was ensured through triangulation and member checking.

Results: The findings revealed that child mothers received moderate psycho-social support and minimal financial support.

Conclusion and discussion: The findings concur with the trauma-informed care theory, social support theory, and empowerment theory, which guided the study. The study recommended that the community sensitize the stakeholders about the support services to enable them act accordingly. Also, NGOs should provide their services to rural communities to benefit the vulnerable.

KEYWORDS: Child mothers, Community support, experiences, Mbale District, Uganda

INTRODUCTION

Child motherhood is a pervasive issue in many developing countries, leading to significant social, economic, and health challenges for young mothers and their children. Child mothers are girls who become pregnant and give birth at an early age. They are also known as adolescent mothers or teenage mothers. According to the African Health Organization (AHO), some 11% of all births worldwide are still to girls aged 15 to 19 years old. The vast majority of these births (95%) occur in low-and middle-income countries (AHO, 2025). In Uganda, Eastern Uganda is one of the regions with the highest rates of teenage pregnancy and child marriage in the country (UNICEF, 2015). According to the 2022 Uganda Demographic and Health Survey (UDHS), Eastern Uganda has a high prevalence of teenage pregnancy, at approximately 30% (Uganda Bureau of Statistics [UBOS], 2023). The Mbale District health office (MDHO) recorded 8,819 births aged 10 -19 years, from 2021 to 2024 (MDHO, 2025).

It was noted that child mothers in Mbale District, Eastern Uganda, faced several challenges that affected their livelihoods and well-being (Leerlooijer et al., 2013). The challenges include poor health conditions, increased risk of maternal and infant mortality, complications during pregnancy and childbirth, and long-term health consequences. They have emotional and psychological distress, which brings the burden of motherhood at a young age. It brings about anxiety, depression, and low self-esteem among child mothers. Child mothers may be more susceptible to gender-based violence, human trafficking, and other forms of exploitation (Magunda et al., 2023; Moucheraud et al., 2015). They also face social stigma and isolation, which lead them to experience social exclusion, discrimination, shame, and, conversely, blame from their communities (Kabwire, 2022). Most child mothers in eastern Uganda have no education or limited access to education and economic opportunities. Most child mothers drop out of school, leading to limited job prospects and economic dependence (CIFF, 2018; Hofferth, Hayes, & National Research Council, 1987). Child mothers and their children face the problem of poor health and nutrition, malnutrition, and inadequate healthcare. Child mothers are

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also vulnerable to violence and abuse, which is physical, emotional, and sexual by their sexual partners or friends (Ziaei et al., 2014; Rahman et al., 2012; WHO, 2022).

To improve the lives of child mothers, governments and several non-governmental organizations (NGOs) have initiated community-based support programmes for child mothers to have an appropriate livelihood (Hartley & Okune, 2022; Butura et al., 2024). According to Smythe et al. (2023) and Clifford (2024), several support services are provided to improve the livelihood of child mothers. These include (a) support groups to which community-based support groups provide a safe space for child mothers to share experiences, receive counseling, and build peer relationships, (b) vocational training where child mothers are provided with training in skills like tailoring, baking, and entrepreneurship empowers child mothers to gain economic independence, and (c) education and literacy where literacy programs and education support which have been provided to child mothers to resume their studies or acquire basic literacy skills. In other circumstances, (d) health and nutrition services, such as community-based health services to access prenatal care, childcare, and nutrition counseling. There is advocacy and awareness through community mobilization and awareness to raise efforts to address stigma, promote acceptance, and advocate for the rights of child mothers. In this study, community-based initiative support included psychosocial, financial, and education/skilling support.

In Mbale District, several Non-Governmental Organizations (NGOs), Community-based organizations (CBOs), and Government initiatives have supported the underprivileged, including child mothers. The government established the presidential regional skilling Hub for the Bugisu region. It has facilities for training hairdressing, cosmetology, industrial art, metal fabrication, and more (Siraji, 2024). This regional Hub has benefited many child mothers, among others. They also engage local council leaders to help pregnant women (Defeat, 2021). Mbale Area Federation of Communities (MACOF) is a CBO based in the Busui community. It provides health intervention, vocational training, and education services. Many child mothers received vocational training from MACOF during the COVID-19 period. Save the Children of Mbale is an NGO that supports orphans and vulnerable single mothers. It has a capacity for 70 vulnerable single mothers (Geurts, nd).

There was limited documentation of child mothers' experiences with the services provided by these organizations and with community efforts to improve the well-being of child mothers in the Bugisu region. It was not clear whether the organizations and community services met the needs of the child mothers. This study assessed the experiences of child mothers who received community-based support services.

The findings provide important insights as potential community-based support to the wider population of child mothers. It is hoped that the communities and organizations will expand successful programs to reach more child mothers to improve their well-being.

THEORETICAL FRAMEWORK

The study was informed by three major theories: Trauma-informed care theory, Social Support theory, and Empowerment theory. Trauma-informed care theory: This theory encompasses a wide scope of trauma, including its causes, impact, and strategies for addressing the situation through care, support, and services for trauma victims. It emphasizes safety, empowerment, and healing of the victims. This can be achieved by reducing stigma, fostering empathy, and promoting care, among other measures. Trauma-informed approaches can be applied in health care, education, social services, justice systems, and workplaces (Herman, 1992; Van der Kolk, 2014). In this study, we examined how the Mbale District community applied the trauma-informed care theory to improve the well-being of child mothers.

Social support theory: This theory explains how help, care, and information from others improve well-being. This can be achieved through emotional, instrumental, informational, and appraisal support. The domain of social support includes the community, family, and work domains. The study examined the social support provided to child mothers in Mbale District (Cohen & Wills, 1985; House, 1981).

Empowerment theory: Rappaport proposed an empowerment theory that views people as complete human beings whose needs and rights should be satisfied. People should be empowered through satisfying both their needs and wants (Rappaport, 1981). Freire (1970) advocated for critical pedagogy, which enables learners to understand and transform the world they live in. His works influenced movements for social justice, literacy programmes, and community development worldwide. This study examined how the Mbale District community transformed the lives of child mothers, thereby empowering them.

These are mapped below:

- a) A trauma-informed care approach informs psychosocial support
- b) Social support includes family, community, instrumental, and information support
- c) Empowerment informs financial and skills support

Main objective

The main objective of the study is to examine the experiences of child mothers with community-based support services in Mbale District, Eastern Uganda.

Specific Objective(s)

1. To assess the psychosocial support received by child mothers.
2. To assess financial and livelihood-related support received by child mothers.

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Research questions

1. What types of psychosocial support were received by child mothers in Mbale District?
2. What types of financial and livelihood-related support were received by child mothers in Mbale District?

Hypothesis

LITERATURE REVIEW

This section reviewed related literature to the study variables. The literature is organized under the two constructs in the study: psycho-social support and financial and livelihood support.

Child mother, and Psychosocial support

Undie & Birungi (2022) explored the psychosocial support desired by pregnant girls in Homa Bay County, Kenya. This would help to develop appropriate interventions to support pregnant girls and parenting girls. The study used a descriptive case study design. Twenty respondents were involved, including counsellors' notes who engaged the pregnant girls and the 6 mothers among the pregnant girls. Findings revealed sexual violence, adverse child birth outcomes, psychological trauma confronted by the girls and their parents, need to support parents in communication with their daughters, sex and sexuality education, and family support as a resource to the young mothers.

UN Women shared the success story of the mobile clinic services in Rwanda, where they provided psychosocial support to women and girls who undergo gender based violence (UN Women, 2023). Among the group included were teenage mothers who benefited from the program. Among the activities were psychosocial group counseling, parental-adolescent communication forum sessions, etc. While this was a community-based program supporting young mothers in Rwanda, the current study examined teenage mothers' experiences of community support in Mbale District, Uganda.

Angom (2019) studied the role of social support and re-enrolment in creating resilience among teenage mothers at Pader Girls' School. She used a cross-sectional survey design. Their experiences immediately after pregnancy and after re-enrolment in school were examined. Eight girls, two school administrators, and two focus groups were interviewed. Focus groups of student and non-student mothers, 6 members per group. Thematic analysis was used to analyze data. Findings revealed that school dropout, running away from home, being chased from home, disappointments, and sickness, being judged by the community, were some of the experiences faced by the teen mothers after delivery. As a result, they developed a sense of responsibility and maturity. They became happy after seeing their babies. They embraced a second chance at education and focused on their lives after pregnancy, which made them resilient.

Ngonzi et al. (2024) explored the experiences of teenage mothers delivering at a tertiary referral hospital in South Western Uganda, specifically Kasese and Bundibugyo. They used a qualitative research approach. An inductive content analysis approach was used to analyze data. Their experiences characterized shattered dreams, concerns about changes in their body size, abandonment, and neglect by family members and spouses. The process of transition to motherhood occurred along with resilience post-pregnancy and supportive environments from their loved ones, which enabled them to accept reality and care for their children.

All the studies above revealed the experiences of young mothers using qualitative methods. Some used a case study design (Undie & Birungi, 2022), while others used a cross-sectional design (Angom, 2019). Two studies were in Uganda (Angom, 2019), one study in Kenya (Undie & Birungi, 2022), and one in Rwanda (UN Women, 2023). Content studied include experiences of teen mothers during and after delivery done by Ngonzi., et al, experiences of teen mothers after child birth and re-enrolment in school done by Undie & Birungi (2022), experience of social support and re-entry in school to build resilience of teen mothers done by Angom, (2019), and lastly effect of mobile clinic to young mothers in Rwanda done by UN Women (2023). These studies leave a gap regarding the experiences of young mothers in community-based support services, which this study addresses. In addition, they used a qualitative method, while this study used mixed methods.

Financial support for child mothers

Financial support is the provision of money or resources to individuals or groups to alleviate financial burdens or facilitate projects. In this study, financial support refers to all money or resources provided to child mothers in their community during their difficult time. This section examined related studies on financial support extended to child mothers.

Eze et al. (2025) examined the financial impact of travel expenses for patients with pediatric colorectal disease in South Western Uganda awaiting elective surgery. Caregivers completed surveys on income, assets, and travel expenses. Group comparisons were analyzed. 110 participants were enrolled (78 males and 32 females). Caregivers were mostly young mothers. Findings revealed that at least 28% of colorectal patients in the study experienced catastrophic health expenditure. Much of this was repeated transportation trips to the hospital in an unsuccessful attempt to obtain surgical care. Eze et al. (2025) examined expenditure incurred by young mothers in South Western Uganda, while the current studied financial support to young mothers in Mbale District.

Schneider et al. (2024) explored how social realities and access to resources manifest in infant and young child feeding in the remote village of Kirewa in Uganda. Two focus group discussions were conducted, each with mothers, fathers, and grandparents. Two clan leaders, six village health teams, and four healthcare workers were interviewed. Findings revealed that financial support came from

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fathers. Also, access to resources was stratified and affected by poverty and patriarchy. Schneider et al. (2024) focused on access to resources for feeding infants in the remote village of Kirewa, while the current study focused on financial support for child mothers in Mbale District.

Muthuri et al. (2016) investigated whether financial support to educate children of mothers living in the Korogocho slum in Nairobi would help them work and earn. The financial support was extended to mothers educating their children. Whereas Muthuri et al. (2016) examined how financial support would help mothers work, the current study examined the financial support received by vulnerable child mothers.

Namazi (2024) examined the child support in financially stable households in Uganda. She examined the legal, ethical, and cultural dimensions. She conducted a literature review of published data from 2004 to 2024. She found that understanding the intricate interplay among legal mandates, ethical considerations, and cultural influences is crucial to advancing child support policies that universally promote children's welfare.

McArthur and Winkworth (2013) explored the experiences of young mothers receiving income support. The study found that the hopes and dreams of these young mothers aligned with key policy outcomes for children and families. However, the achievements of the hopes and dreams were hampered by stigma, lack of access to resources, networks, and social support.

Studies under financial study revealed that Eze et al. (2025) examined expenditure incurred by young mothers, Shneider et al. (2024) focused on access to resources for feeding infants, Muthuri et al. (2016) examined effect of school fees to children of poor parents, McArthur and Winkworth (2013) explored the experiences of young mothers received financial support in Australia. These studies left a gap of experiences of financial support to child mothers in Mbale district.

METHODOLOGY

Study site/location

The study was carried out in 2025 in Mbale District. The district has 14 sub-counties, 48 parishes, and 677 villages. Mbale District was chosen because of the high prevalence of early pregnancy and child mothers in the region. The five sub-counties considered for the study are Bumbobi, Bungokho, Nyondo, Bufumbo, and Busiu. These sub-counties are among the vulnerable communities. Also, some NGOs and community-based organizations (CBOs) provide community-based support services for vulnerable groups. The organizations include the Mbale Area Federation of Communities (MAFOC), the Elgon Youth Development Centre Uganda, the Presidential Industrial Hub, and others.

Time scope

The time scope considered was 2021 to 2024, during which child-mother occurrences in the Mbale region were very high.

Approach and design

The study used a convergent parallel design and mixed-method approach. A cross-section of participants from the Bugisu community included child mothers and their parents/caretakers across the selected five sub-counties of Bunghokho, Bumbobi, Busiu, Nyondo, and Bufumbo.

Population and sample

The population of child mothers aged 10 -19 years in the five sub-counties was 2166 from 2021 to 2024 (Mbale District Health Office [MDHO], 2025). The target population is 250. The sample size was 150 child mothers and 20 parents/guardians. This was based on Krejcie & Morgan's 1970 guide. They state that a population of 250 will need a sample of 152.

Sampling procedure

For quantitative data, disproportionate Stratified sampling was used to select subjects from each of the five selected sub-counties. Each sub-county provided 30 child mothers. Crudu & Moldstud (2025) recommend 30 participants for each group. In addition, Saunders et al. (2023) recommend a sample size of at least 30 respondents per group for a comparison.

For qualitative data, purposive sampling was used to select child mothers for the interviews. They were chosen because they were vulnerable mothers who gave birth at a young age, and they needed support. Their parents/guardians were also selected to participate in focus group discussions. Four parents were sampled in each sub-county.

Response rate

One hundred ten (110) child mothers completed the questionnaire, but only 106 were included in the analysis. The four questionnaires were not complete. Ten child mothers were interviewed, and ten parents/guardians participated in two focus group discussions (five in each group). A few informants were involved in the interviews because qualitative studies do not require large numbers of participants. A total of 126 participants participated in the study (Survey and Interviews). This sample was enough, since Crudu & Moldstud (2025) recommend a sample size of 100+ for descriptive statistics.

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Inclusion criteria

The study considered child mothers who were residents of Mbale District, specifically the sub-counties of Bumbobi, Bungokho, Nyondo, Bufumbo, and Busiu. They were able to speak the Lugisu language. They delivered from 2021 to 2024. They were child mothers from humble families who needed support.

Exclusion criteria.

A child mother who is able to speak Lugisu and is a resident of Mbale District communities, but who delivered before 2021 or after 2024, was not considered for the study.

Data collection method

Quantitative data were collected through a questionnaire survey, while qualitative data were collected through semi-structured interviews and focus group discussions [FGD].

Data collection instruments

The instruments used were a questionnaire and an interview guide. Closed-ended questionnaires were used to collect data from 106 child mothers. Semi-structured interview questions were used to collect data from 10 child mothers. Semi-structured questions were used in a focus group discussion with 10 parents. Two FGDs were conducted, each with 5 parents/guardians.

Validity

The tools were sent to 3 experts, who provided input on the items of the questionnaire and the interview questions. This helped to refine the questions before administering them. Some questions were rephrased, others dropped, while some new ones were added.

Reliability

The reliability of the questionnaire was tested through Cronbach's alpha. The Cronbach's alpha for the constructs was as follows: psychosocial, 0.45; financial support, 0.6. Due to low Cronbach's alpha, the items under psychosocial and financial support were analyzed item by item.

Rigor

Rigor was ensured through triangulation and member checking. Triangulation of methods comprised of qualitative data, quantitative data, and field notes. In addition, data from child mothers was corroborated with data from their parents/guardians. Also, multiple researchers conducted the research, findings were taken to some respondents for verification. The research process was clearly explained.

Data collection plan

Data were collected using validated tools, including a questionnaire, an interview guide, and a focus group guide. The researchers obtained ethical review clearance from the Mildmay Uganda Research Ethics Committee (MUREC) and the National Council for Science and Technology (NCST). The participants and their parents/guardians signed the consent form. Clearances were also obtained from the resident district commissioner (RDC) and sub-county chief. The local leaders, Local Council One (LC1) woman representative and youth representative, assisted in identifying the child mothers and their parents/guardians. The purpose of the study, role, risks, rights, and benefits were explained to the participants before participating in the study. They were free to choose whether to participate in the study. The researchers then made an appointment for the day and venue for filling out the questionnaire or the interview. Data were collected in real time, enabling the researchers to obtain a strong response from the target sample. Data was collected by two research assistants. They were master's degree holders and Bagisu, so they were able to speak Lugisu. This made communication easy for the respondents in their local language (Lugisu). Lugisu or the English language was used based on the participant's preference.

Data analysis

Quantitative data analysis

The collected **quantitative** data for the study were entered into software (SPSS) for its management and analysis. Data was analyzed through simple descriptive statistics. The frequencies, percentages, mean, and standard deviation were computed. Interpretation was based on the point range of the arithmetic mean calculated by the researchers. The findings were presented in line with the research objectives.

Qualitative data analysis

All interviews were audio-recorded, transcribed, and then typed in MS Word. Those interviews in the local language were translated into English by a research assistant from the department of English language. Thematic analysis was used to analyze the data. Qualitative analysis was conducted manually using an emergent, inductive approach (Patton, 1990). Codes were also created through personal reflections, a literature review, and alignment with the research questions. The research assistants, together with the principal investigator, worked to identify the codes. In the first place, each identified the codes alone, and later met and put the codes together. The notebooks from the fieldwork were also consulted to corroborate the findings. Several codes were identified and categorized. Relevant text was highlighted for each code. Each participant's code was categorized separately until all were done. Then, through constant checking, matching, and comparing of all sub-categories across all participants, new categories were generated. The generated codes and categories were sent to some participants to check whether they resonated with what they said.

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Furthermore, these codes and categories (code book) were sent to the research team for verification and rating. Their input was valued, and the categories were refined. Finally, all related categories were regrouped into themes aligned with the research questions. The findings were presented descriptively following the research questions. Verbatim quotes were added to support the findings.

Thereafter, qualitative findings were integrated with quantitative findings to support one another.

Ethical consideration

The ethical considerations observed include the following;

Informed Consent: The study obtained informed consent from child mothers and their parents/caregivers before data collection. The researchers sought permission from the parents/guardians of the child mothers before collecting data from them. And emancipated child mothers consented independently, for example, those who were working or married. They ensured that participants understood the purpose and risks, used simple language, and received information in the local language. Informed consent provided participants with autonomy and the right to withdraw from the study at any time.

Confidentiality and Anonymity: To protect participants' confidentiality, the researchers ensured that participant information was kept anonymous, used coded data, stored data in a secure location, and limited access to data to authorized personnel only. The audio data was collected in a single folder, and the transcripts were stored in their respective folders on a password-protected computer. The questionnaires were put in one file and locked up in a cupboard. During data collection, the researchers ensured the special protection of child mothers and used age-appropriate instruments to collect the study data.

Beneficence: During the study, the researchers ensured that respondents received a transport refund and simple snacks during the interviews. This was modest and non-coercive. A community dissemination workshop was held to benefit the community. And copies of the study report were distributed to the sub-counties.

Risks/Discomforts:

We did not experience much risk during the study. However, the participants were informed in advance that, in the event of any unpleasant experiences requiring psychosocial support, they would be referred to a counselor or psychologist for further management. The research team also handled the participants with care.

IRB/ REC Approval: Before the study was conducted, the researchers obtained approval from MUREC and NCST.

Results: The objective of the study was to examine the support services child mothers received in the Mbale District community. The quantitative data used a five-point Likert scale; the 'strongly agree' and 'agree' responses were combined as 'agreement', and the 'strongly disagree' and 'disagree' responses were combined as 'disagreement'. The point range for the arithmetic mean used to guide mean interpretation is as follows: 1.00 – 1.79 very low support, 1.80 – 2.59 low support, 2.60 – 3.39 moderate support, 3.40 – 4.19 high support, and 4.20 – 5.00 very high support, following the Likert scale.

Demographic data

The sample of child mothers was disproportionately selected from five sub-counties in Mbale District, Eastern Uganda. The sub-counties included Bufumbo, Bumbobi, Nyondo, Busiu, and Bung'hokho, with respective representative percentages of 22 (20.8%), 23 (21.7%), 23 (21.7%), 18 (17%), and 20 (18.9%). By education level, 66 (62.3%) of the child mothers who participated in the study had stopped at primary school, while 40 (37.7%) had stopped at secondary school. None of the participants had accessed tertiary education. According to the results, 59 (55.6%) respondents were single, 43 (40.6%) were married, 1 (0.9%) was cohabiting, and 3 (2.8%) were widowed. In assessing the number of children each child mother had, it was noted that 105 (99.1%) had one child, while only 1 (0.9%) had two children (twins).

Objective 1: To assess the psychosocial support received by child mothers.

Table 1: Psychosocial support experiences.

		SA=5	A=4	N=3	D=2	SD=1	Mean	S.Dv.
	Psychosocial support experiences, N=106							
1	My parents cared for me	75 (70.8%)	9 (8.5%)	4 (3.8%)	2 (1.9%)	16 (15.1%)	4.18	1.472
2	Father of my child supported me	14 (13.2%)	-	1 (.9%)	6 (5.7%)	85 (80.2%)	2.75	1.825
3	NGO(s) supported me	8 (7.5%)	5 (4.7%)	6 (5.7%)	8 (7.5%)	79 (74.5%)	1.63	1.245

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4	My peers supported me	29 (27.4%)	7 (6.5%)	8 (7.5%)	13 (12.3%)	49 (46.2%)	2.57	1.724
5	My parents counseled me	65 (61.3%)	10 (9.4%)	7 (6.6%)	5 (4.7%)	19 (17.9%)	3.92	1.580
6	Members of the community counseled me	46 (43.4%)	14 (13.2%)	6 (5.7%)	8 (7.5%)	32 (30.2%)	3.32	1.754
7	The religious leader counseled	30 (28.3%)	14 (13.2%)	5 (4.7%)	7 (6.6%)	50 (47.2%)	2.69	1.775
	Overall						3.01	1.625

Source: Field Data, 2025

Table 1 above presents findings on the psychosocial support items received by child mothers in Mbale District across the five sub-counties studied. The findings revealed that 84 (79.3%) strongly agreed that parents cared for them, 4 (3.8%) were neutral, and 18 (17%) disagreed. The majority agreed, supported by a mean of 4.18. The high standard deviation of 1.472 indicated high variation in response.

These findings are supported by the interview and FGD results. All child mothers reported receiving support from their parents. The mothers were instrumental in supporting them. They revealed: "My mother supported me by providing food, clothes, and some money. ... My father supported me once in a while" (R 2). "From my mom, because she was there for me... because she was the one giving me food, clothes, and others, shelter" (R7). My mother has always supported me by washing my clothes, buying medicine and food, taking care of the baby..." (R1). One father said, "I buy them food; they work with their mother, who counsels them. I buy them jelly and cloth so that they look good" (FGD1).

With regard to support from the baby's father, 14 (13.2%) agreed they received support, 1 (.9%) were neutral, and 85 (80.2%) disagreed. The majority disagreed, as supported by a Mean of 2.75. The high standard deviation of 1.825 meant variation in responses.

This finding is supported by the interview results. The interviews revealed that most of the child mothers were abandoned by the baby's father after learning of the pregnancy. Most of them ran away from the village. The burden of looking after themselves and the child was upon them (the child's mother). They said: "When I told my boyfriend {about the pregnancy}, he ran away. So, everything was looking at me, buying clothes for my kids, hospital, like feeding them, and ... myself, but nothing was there..." (R6). "The father of my child ran away from me, no help ... I am completely alone in this struggle (R2).

On the question of NGO(s) support, 13 (12.3%) agreed, 6(5.7%) were neutral, and 87 (82%) disagreed. The disagreement is supported by a mean of 2.75. The standard deviation of 1.825 indicated high variation in responses.

The interview findings concur with the quantitative results. One child mother mentioned that the NGOs were selecting the child mothers to support. They were choosing the most vulnerable. One child-mother said: "Yes, like the NGOs. They look at the family. They say, this one, let us pick here, and let us live here, like that" (R6). Findings also revealed that most support from NGOs was received during pregnancy. One respondent reported being supported with a scan, blood test, and transport. She reported: "I got support from ITEK. They got me from main hospital Mbale during antenatal. They helped many pregnant child mothers. They paid for scanning, blood tests, and transport. That is ITEK" (R2).

With regard to peer support, 36 (33.9%) agreed, 8 (7.5%) were neutral, and 62 (58.5%) disagreed. The majority disagreed, as indicated by a mean of 2.57. The high standard deviation of 1.724 means high variation in responses. This is supported by interview findings, which revealed that their peers supported them financially and by giving advice: One child's mother reported: "Some friends send me some financial support. When I send a message, they send something small" (R1). Another one said, "I feel like taking poison, but my friends advised me that when I die, my child might die too" (R5).

Regarding parental counseling, 75 (70.7%) agreed, 7 (6.6%) were neutral, and 24 (22.5%) disagreed. The majority reported being counseled by their parents, with a mean of 3.92. The high standard deviation of 1.580 meant high variation in responses. One parent said: I gave her counseling and explained to her, read the Bible for her, that there is a second chance" (FGD 2). This is supported by interview findings where they said: "My family..... They advised me to be strong, to never lose hope (R9). A parent said, "She was emotionally challenged and wanted to throw away the baby. I counseled her. If I had thrown you away, where would you be now?" (FGD 1). My mother supports and counsels me (R4). One parent said: "Well, I gave her psychosocial support to counsel her. I told her she was not the first and she's not the last." (FGD 2).

With regard to community counseling, 60 (56.6%) agreed, 6 (5.7%) were neutral, and 40 (37.7%) disagreed. A moderate number agreed, as indicated by a mean of 3.32. The high standard deviation of 1.754 indicates high variation in responses.

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The interview findings concur with the quantitative results. The child mothers said: "The community members used to come when I had just delivered for around three weeks" (R1). "In the community, ummm, they gave me food, and cloth after delivery" (R5). "They have supported me. Group of women. Some of them may come, and they say that, oh dear, you are still young. Let you go back to school, and you study. Let mummy help you to babysit your baby" (R10).

Regarding religious leaders' counseling, 44 (41.5%) agreed, 5 (4.7%) were neutral, and 57 (53.8%) disagreed. A moderate number of participants disagreed with religious counseling, as indicated by a mean of 2.69. The standard deviation of 1.775 meant variation in responses. The findings are supported by qualitative data as indicated below: "My mother counseled prayer partners and me like pastors come and pray for me. I get their telephone number and call them whenever I feel low in spirit (R1)." By attending meetings, like church meetings, sometimes they advise us like girls to be strong and to work hard" (R9). One parent said: Our pastor supported her. (21:56) Counseling her and rebuking her. (22:00) Not again to do the same mistake" (FGD 2).

Objective 2: To assess financial and livelihood-related support received by child mothers.

Table 2: Financial support experiences

	Financial support experiences, N= 106	SA	A	N	D	SD	Mean	Sd.DV.
1	I receive(d) financial support from an NGO	3 (2.8%)	1 (.9%)	3 (2.8%)	6 (5.7%)	93 (87.7%)	1.25	.805
2	I have an income-generating project	4 (3.8%)	3 (2.8%)	3 (2.8%)	9 (8.5%)	87 (82.1%)	1.38	.961
3	I attended a financial literacy workshop in the community	4 (3.8%)	3 (2.8%)	3 (2.8%)	6 (5.7%)	90 (84.9%)	1.35	.957
4	I received PDM money from the community	3 (2.8%)	1 (.9%)	- -	4 (3.8%)	98 (92.5%)	1.18	.741
5	I belong to a financial circle in my community	18 (17%)	3 (2.8%)	2 (1.9%)	7 (6.6%)	76 (71.7%)	1.87	1.544
	Overall						1.41	1.002

Source: Field data, 2025

Table 2 examines the financial support services received by child mothers. It examines five items as explained below.

Regarding receiving financial support from an NGO, 4 (3.7%) agreed, 3 (2.8%) were neutral, and 99 (93.4%) disagreed. The majority disagreed, as indicated by a mean of 1.24. The standard deviation of .805 meant varied responses. "I got support from ITEK. It is an NGO. They paid for scanning, blood tests, transport. That is ITEK" (R2).

Regarding attending a financial literacy workshop, 7 (6.6%) agreed, 3 (2.8%) were neutral, and 96 (90.6%) disagreed. The majority disagreed, as indicated by a mean of 1.35. The standard deviation of .957 meant varied responses.

On the question of owning an income-generating project, 7 (6.6%) agreed that they have an income-generating project, 3 (2.8%) were neutral, and 96 (90.6%) disagreed. The majority disagreed, with a mean of 1.38, indicating a very low support. The standard deviation of .961 meant varied responses. Some mentioned that their mothers provided capital to start a trade so they could sustain themselves and the child. For example, the one who acquired the skill of shoe-making was given capital to start making shoes, and she is doing well. Another one was given money to start a trade, and indeed she started the trade. However, it did not last long because of too much needs and she ended up eating the capital. The child mothers said: "My mother gave me some small money to start a business/trade. And later she took me for skilling course and I learnt to make shoes" (R3, DU 24). "My mother helped me with some money. It was 50 K. That I do something so that I can take care of my child" (R7)

Regarding receiving PDM funds from the community, 4 (3.7%) agreed, and 102 (96.3%) disagreed. This finding is supported by a mean of 1.18. The standard deviation of .741 meant varied responses.

Regarding belonging to the financial circle in the community, 21 (19.8%) agreed, 2 (1.9%) were neutral, and 83 (78.3%) were neutral. This is supported by a low mean of 1.87. The standard deviation of 1.544 indicates variability in responses. Her mother supported her. She was in a savings group, and she got the money to support her daughter. "Uh, Child mothers should join saving groups and get some money to do business (R 2). They should get what to do and save for the future."

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The qualitative results also revealed substantial financial support from the parents. The parents provided financial support in all walks of life, including capital for business, healthcare, education, and more. The participants said: "My mother looked for the money to pay the facility after delivering and we were discharged" (R 5). "After delivering the child, the health centre wanted money and my mother came in to support" (R 4). "I provided financial support during pregnancy up to delivery" (FGD 1). "I bought free dresses for them and also took them for antenatal care" (FGD 1).

The overall mean of 1.41 implies that child mothers received very low financial support. The financial support came from the community financial circle, income-generating projects, financial literacy initiatives, and NGOs. And PDM money. Qualitative findings indicate that most of the financial support came from their parents.

DISCUSSION OF FINDINGS

The objective of the study was to examine community-based support services for child mothers in Mbale District, Eastern Region. The study found that:

Overall, the child mothers received moderate psycho-social support from the Mbale District community. High support was provided by parents; moderate support by community members, the baby's father, and religious leaders. Low support came from Peers/friends. And very low support from NGOs. This finding concurs with the social support theory, which calls for support from community members. Child mothers also received support in the form of counseling from various community members, like parents, friends/peers, women, and religious leaders. This was to ensure emotional safety for the child mothers. Qualitative findings revealed that, support also came in the form of basic needs, including shelter, food, clothing, medicine, and other necessities. This aligns with instrumental support, a form of social support. This finding also aligns with Angom (2019), who found that teenage mothers in Kasese and Bundibugyo received supportive environments from their loved ones, enabling them to accept reality and care for their children. Minimal support was provided by the child's father. This could be because the baby's father was also an adolescent in school. Perhaps they had no means to care for the mother and their baby. The interview data revealed that many baby fathers ran away after being informed of the pregnancy.

The child mothers received very low financial support from their community. Financial support is crucial because it empowers individuals (Rappaport, 1981; Freire, 1970). This support mostly came from their parents, with some girls receiving startup capital for trade. A few received money from Parish Development Model (PDM). This helped them to generate their own income. A few belonged to the community's financial circle. A few attend the financial literacy workshop. Garu and Dash (2023) observed that financial literacy enables rural communities to make informed choices, thereby improving economic development and reducing poverty. They further observed that financial literacy empowers women to participate confidently in financial endeavors and decision-making.

CONCLUSIONS

In conclusion, community support services are provided to child mothers in the five sub-counties of Mbale District. The highest level of support came from family members, whereas support from community members and NGOs was minimal. Although they received the support, it requires improvement.

RECOMMENDATIONS

The findings provide important insights as potential community-based support to the wider population of child mothers. To improve the well-being of child mothers, we recommend the following actions:

Community

The community leaders should sensitize stakeholders to the support services so they can act accordingly. This can be done by organizing workshops, radio presentations, meetings, and seminars at venues such as local council meetings, schools, and places of worship.

Family

Parents/guardians should help child mothers register with NIRA and obtain a national identification to enable them to access government services such as skilling hubs, PDM funds, etc.

NGOs

NGOs should extend their services to rural settings to reach more vulnerable communities, such as Mbale District.

Authors contributions

AH: Conceptualization, methodology, project management, supervision, data collection, data management, data analysis, writing the first draft of the paper, review & editing

M.M: Conceptualization, Funding acquisition, methodology, data collection, data management, data analysis, review & editing

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MN: Conceptualization, data management, data analysis, review & editing

SMB: Conceptualization, data analysis, review & editing

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Conflict of interest

There are no conflicts of interest

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