Community Based Health Support Services to Child-Mothers in Mbale District, Eastern Region, Uganda

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ABSTRACT

The study examined the health support services provided to child mothers in Mbale District. Child-mothers are girls who gave birth before reaching the age of 18 years. The researchers used a convergent parallel mixed-methods design. Quantitative data was collected alongside qualitative data. The study included 150 participants selected across the five sub-counties. One hundred and twenty child mothers completed the questionnaires, 20 child mothers were interviewed, and 10 parents/caretakers participated in focus group discussions. We used questionnaire surveys, interviews, and focus group discussions to collect data. The quantitative sample was selected through disproportionate stratified sampling across the five sub-counties. Interview participants were purposively selected. Expert judgment was used for validity testing, and principal component analysis (PCA) was used to assess construct validity. The questionnaire's reliability was tested using Cronbach's alpha. Rigour of qualitative data was ensured through triangulation and member checking. Local council leaders helped with participant identification. The findings revealed that child mothers received health support services in the form of treatment (medical and herbal), paying medical bills, health care, counselling, emotional support, etc. The community supporters included health workers, parents, friends, community organisations, and NGOs. The study concluded that child mothers received very high health support from the community. Community leaders should sensitise stakeholders to the study findings and urge them to support child mothers across the district. In addition Community outreach programmes and training adolescent peer mothers to offer health support are recommended.

Keywords: Community-based, Child mothers, health support services, Mbale District, Eastern Uganda

INTRODUCTON

Child motherhood is a universal issue, leading to significant 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 teenage mothers. In this study child mothers refer to girls who gave birth before reaching the age of 18 years. The World Health Organisation (WHO) reported that the global birth rate (10-19) is high, with some regions, such as sub-Saharan Africa, seeing higher rates than others (WHO, 2024). In Uganda, it has been established that teenage pregnancies increased on average by 35%, with rural districts being the most affected (Okello et al., 2020; Ministry of Gender, Labour and Social Development, 2017). According to the 2022 Uganda Demographic and Health Survey (UDHS), approximately 30% of teenage pregnancies occur in Eastern Uganda (Uganda Bureau of Statistics [UBOS], 2023). In particular, the Mbale District Health Office (MDHO) recorded 8,819 births to mothers aged 10 -19 years from 2021 to 2024 (MDHO, 2025). Due

to early birth, child mothers have faced great challenges regarding their health and well-being in the communities where they come from (Leerlooijer, 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 experience emotional and psychological distress, which increases the burden of motherhood at a young age. It brings about anxiety, depression, and low self-esteem among child mothers (Magunda et al., 2023; Moucheraud et al., 2015).

In line with improving the lives of child mothers, attention is being paid to improve access to quality maternal care for pregnant and parenting adolescents (WHO, 2024). To combat the vice of child motherhood, several Non-Governmental Organisations (NGOs), Community-based organisations (CBOs), and Government initiatives through Government Ministries Have been used to address the situation (Hartley & Okune, 2022; Butura et al., 2024). Also, other different stakeholders have joined their hands to fight the greatly escalating vice through various comprehensive approaches such as education and awareness-raising, which promotes reproductive health education, consent, and healthy relationships; and health services, which provide access to prenatal care, safe delivery, and postpartum support (AlDughaishi et al., 2023; Erzse et al., 2024). In this study the areas of focus included post natal care, nutrition, emotional and psychological support, preventive support like immunization, family planning, etc.

In Mbale District, several Non-Governmental Organisations (NGOs), Community-based organisations (CBOs), and Government initiatives have supported the underprivileged, including child mothers. The health sector supports pregnant teenagers in health centres and provides services near them by integrating antenatal services into routine outreach immunisation services. They also engage local council leaders to help pregnant women (Defeat, 2021). Mbale Area Federation of Communities (MACOF) is a CBO based in Busui community. It provides health intervention, vocational training, and education services. 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). The health sector provides family planning, immunisation, HIV testing, prenatal care, and youth-friendly services (MDHO, 2025). However, documentation of the health support services provided to child mothers in the Mbale District community remains limited. This study therefore examined the health support services provided to child mothers in the Mbale District community. The findings provide highlights for health support to child mothers from humble families. It is hoped that stakeholders in the Mbale District community will adopt these findings to provide health support services to child mothers from humble backgrounds.

THEORETICAL FRAMEWORK

The study was guided by two major theories: Trauma-informed care theory and Social Support 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 emphasises safety, empowerment, and victims' healing. 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 trauma-informed care theory to improve child mothers' well-being by providing health support.

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 social support domain includes community, family, and work. The study examined the social support provided in health care to child mothers in Mbale District (Cohen & Wills, 1985; House, 1981).

These are mapped below:

- A trauma-informed care approach informs (offering counselling, therapy, emotional coping, and mental support, etc)

- Social support includes family, community, instrumental, and information support (e.g., health education, like diet choices, immunization, etc)

The objective

To examine the health support services received by child mothers in Mbale District, Eastern Uganda.

Research question

What types of health support services were received by child mothers in Mbale District?

LITERATURE REVIEW

Health support services for child mothers

Health support services refer to a range of services that help individuals manage their health and well-being. They include preventive services, e.g., immunisation, screening, health education, etc.; rehabilitation services, e.g., physical therapy, speech therapy, home health care, e.g., in-home nursing, personal care assistance; mental health services, e.g., counselling, support groups to address emotional and psychological needs; and nutrition support, e.g., dietary counselling, meal planning. Health support improves quality of life, promotes independence, facilitates recovery, and prevents health issues. Numerous related studies were done on health support, and they include:

Namutebi et al. (2022) studied the perception of teen mothers who gave birth for the first time about their health care needs immediately after birth. Using exploratory descriptive design, in-depth interviews were carried out on 42 young mothers who were between the age of 14 and 19. The study revealed two main themes, health promotions need, and rehabilitation and guidance need.

UNICEF and the Government of Iceland (2025) highlighted the challenges teenage mothers face in refugee-hosting districts in Uganda. Among them are stigma, limited access to health care, economic marginalisation, and weak social protection. To address these challenges, UNICEF partnered with the Ministry of Gender, Labour, and Social Development and the Office of the Prime Minister, funded by the Government of Iceland, to implement a cash-plus social protection programme supporting teenage mothers in refugee and host communities across the two districts.

Kokuru and Nassimbwa (2024) carried out a youth led project in Uganda. The project was to empower young mothers and to amplify their lived experiences. The project undertook social stigma and systemic challenges around teenage pregnancy. The method used was community engagement and peer researchers. Using purposive sampling, 40 young mothers were identified by community leaders from rural and urban settings in Uganda. They shaped the direction of the study.

Ngonzi et al. (2024) explored the physical, social, emotional, realities of adolescents navigating pregnancy and early parenting in two districts of Bundibugyo and Kasese in Uganda. Using purposive sampling, 32 teenage mothers were selected for the study. The study revealed that the journey to motherhood was faced with socio-economic, and trauma challenges.

Apolot et al. (2020) explored the challenges faced by young mothers in Kibuku District. They also examined the efficacy of score cards on addressing the challenges faced by the young mothers. Among the challenges include psychosocial, physical abuse, and unfriendly health facility service, etc. The study found that community score cards were infective at addressing the challenges faced by adolescent mothers.

UN Population Fund (UNFPA) 2022 report highlights the drivers of teen pregnancies, which are gender-based, and income inequalities, and which result in increased child marriage, limited education, restricted career goals and inadequate health care. These factors affect the country's ability to develop and compete in the world's economy.

Baluku (2024) observed that many young women in Uganda fail to access contraceptives to prevent unwanted pregnancies. As a result, they may lose the chance to earn a university degree or pursue a career of their choice. In addition, they die at a high rate while pregnant or when giving birth, especially in rural areas.

Shefawa et al. (2019) studied the kinds of mistreatment women faced in Ethiopian government health facilities in the country using quantitative method. The study found that there was wide spread mistreatment women faced in health facilities. The most common were poor rapport and failure to meet professional standards. This study was purely quantitative yet the current study used mixed method.

Abageda et al. (2024) evaluated the effect of male – partner targeted breast feeding education and support innervations in central Ethiopia. They used two randomised control trial a quantitative method. The study involved 408 couples from central Ethiopia. The study introduced targeted counseling, home visits, and educational materials for fathers to foster spousal involvement in maternal and infant nutrition. The study Improved feeding practices, higher maternal confidence in breast feeding, decrease in infant morbidity.

Mudiyanselage et al. (2024) explored how a maternal health exposures (mental and physical) during the first five years of a child's life affect a child's physical health, mental health, health-related quality of life, and health service use. The analysis was restricted to high income countries with universal healthcare systems similar to Australia. They used longitudinal and cohort data collected between 2010 and 2022. The findings revealed elevated physical illnesses, worse child behavioral and mental health, and surging health care system costs. However, the review found no direct statistical association between maternal chronic conditions and a child's overall reported health quality of life.

Several studies have been reviewed in Uganda, and areas of concern include causes of early pregnancy, effects of early pregnancy and motherhood, and experiences of child mothers (Namutebi et al. 2022; Kokuru & Nassimbwa, 2024; Apolot et al, 2020; Ngonzi et a.l, 2024). In Ethiopia, they explored how public health institutions treat mothers (Sheferwa et al. (2019), while in Australia, the study highlighted the association between a mother's health and that of the child in the first five years of motherhood Mudiyanselage et al. (2024). Hence, there is a scarcity of literature on health support services provided to child mothers, particularly in Mbale District, Eastern Uganda. This study examined the health support services provided to child mothers in Mbale District. The findings are expected to be expanded to similar settings and improve the health and wellbeing of child mothers in rural settings, thereby supporting the Sustainable Development Goals related to maternal and newborn health (SDG3).

METHODOLOGY

Study site/location

The study was carried out in Mbale District, which has 14 sub-counties, 48 parishes, and 677 villages. The Mbale District has many vulnerable communities with high incidences of child mothers. The study selected five sub-counties, Nyondo, Bufumbo, Bumbobi, Busiu, and Bunghokho, because of their vulnerability. In addition, some community-based organisations, government organisations, NGOs, and community health centres offer community support, including health support, to all, including vulnerable groups.

Time scope

The study covered 2021 to 2024, during which child-motherhood occurrences in the Mbale region were very high.

Approach and design

The researchers employed a convergent parallel mixed-methods research design. Quantitative data was collected alongside qualitative data. Each data set was analysed separately. Thereafter the results were integrated to provide a broad understanding of the research problem. The sample included child mothers and

their parents/caretakers across the selected five sub-counties of Nyondo, Bufumbo, Bumbobi, Busiu, and Bunghokho.

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). One hundred and twenty (120) child mothers completed the questionnaire, 20 child mothers were interviewed, and 10 parents/guardians participated in focus group discussions. In total, the study included 150 participants.

Sampling procedure

For quantitative data, the number-of-cases-per-item principle, as guided by Nunnally (1978), was used to select 120 participants. Nunnally (1978) recommended at least a 10:1 ratio to perform PCA. Disproportionate stratified sampling was used to select 24 subjects from each of the five sub-counties for the survey. For qualitative data, purposive sampling was used to select participants for the interviews. Twenty (20) child mothers were chosen for interviews, and 10 parents/caregivers were selected for focus group discussions. Few participants were engaged in interviews because interviews do not require large numbers. Local council leaders helped with participant identification.

Sample distribution: The total sample of participants was 150, collected from 5 sub-counties. Therefore, the sample distribution is 30. Scholars have recommended 30 participants for each group in a study (Crudu & Moldstud, 2025; Saunders et al., 2023).

Inclusion criteria

The study included child mothers and their parents/caregivers from the five sub-counties of Busiu, Nyondo, Bungokho, Bufumbo, and Bumboi in Mbale District, Eastern Uganda. They spoke Lugisu and delivered from 2021 to 2024. In addition, they came from humble families who needed support.

Exclusion criteria

A child mother who speaks Lugisu and is a resident of Mbale District communities but 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. We used closed-ended questionnaires to collect data from 120 child mothers. Semi-structured interview questions were used to collect data from 20 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 reviewed the questionnaire items and interview questions. This helped refine the questions before administration. Some questions were rephrased, others dropped, while some new ones were added.

Furthermore, a factor analysis was performed to assess the component validity. We subjected the 6 health care items to Principal Components Analysis (PCA) using SPSS version 20. Before performing PCA, the

suitability of data for factor analysis was assessed. Inspection of the correlation matrix revealed many coefficients of .3 and above. The Kaiser-Meyer-Olkin value was .72, exceeding the recommended .6 (Kaiser, 1970, 1974), and Bartlett's Test of Sphericity (Bartlett, 1954) was statistically significant (P=.000), supporting the correlation matrix's factorability.

Principal components analysis revealed two components with eigenvalues exceeding 1, explaining 43.939% and 17.931%, respectively. The screeplot showed a clear break after the first component. The screeplot results were supported by parallel analysis, which showed only one component with an eigenvalue exceeding the corresponding criterion value for a randomly generated data matrix of the same size (6 variables x 120 respondents). The component solution explained 43.939% of the total variance. An Oblimin rotation was performed, and all items in the component loaded strongly. The results supported using the health support items generated by the researchers.

Reliability

Cronbach's alpha was used to test the questionnaire's reliability. The Cronbach's alpha for the construct health support was .72, which met the recommended .7 Threshold.

Rigour of the qualitative data

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

Data collection plan

The researchers collected data using 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 registered with the National Council for Science and Technology (NCST). The participants and their parents/caregivers signed the consent form. We also obtained clearance from the Resident District Commissioner (RDC) and the Sub-County Chief. Local leaders (Local Council One (LC1) woman representative and youth representative) helped identify the child mothers and their parents/guardians. The researchers explained the study's purpose, role, risks, rights, and benefits to participants before they participated. They were free to choose whether to participate. The researchers then scheduled the day and venue for completing the questionnaire or interview. Data were collected in real time, enabling the researchers to obtain a strong response from the target sample. Data were collected by two research assistants. They held master's degrees and spoke Lugisu, so they could communicate in Lugisu. This made communication easy for the respondents in their local language (Lugisu). Participants used Lugisu or English, based on their preference.

Data analysis

Quantitative data analysis

The collected **quantitative** data for the study were entered into software (SPSS) for its management and analysis. The data were analysed using simple descriptive statistics. The researchers computed frequencies, percentages, mean, and standard deviation. The researchers interpreted the results based on the calculated arithmetic mean and its range. 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. A research assistant from the Department of English Language translated interviews in the local language into English. Thematic analysis was used to analyse the data. The team conducted qualitative analysis 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 and the principal investigator worked together to identify the codes. At first, each identified codes independently, and then met to combine them. The fieldwork notebooks were also consulted to corroborate the findings. Several codes were identified and categorised. Relevant text was highlighted for each code. Each participant's codes were categorised separately until all were done. Then, through constant checking, matching, and comparing sub-categories across participants, new categories were generated. The generated codes and categories were sent to some participants to check whether they resonated with what they said. Furthermore, these codes and categories (codebook) were sent to the research team for verification and rating. The team valued their input, and the categories were refined. Finally, the team regrouped related categories 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. 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 participant information was anonymous, used coded data, stored data securely, and limited access to authorised 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. The researchers held a community dissemination workshop to benefit the community. Copies of the study report were distributed to the sub-counties.

Risks/Discomforts

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

IRB/REC Approval: Before the study, the researchers obtained approval from MUREC-2025-793 and NCST (SS3834ES).

RESULTS

The study aimed to examine the health support services child mothers received in the Mbale District community. The quantitative data used a five-point Likert scale: 1 strongly disagrees, 2 disagree, 3 neutral, 4 agree, and 5 strongly agree.

Demographic data

The quantitative sample of 120 child mothers was selected from five sub-counties in Mbale District, Eastern Uganda. The sub-counties included Bufumbo, Bumbobi, Nyondo, Busiu, and Bunghokho, and each sub-county provided 24 child mothers to fill out the questionnaire. By education level, 72 (60%) of the child mothers who participated in the survey had stopped at primary school, while 48 (40%) had stopped at secondary school. None of the participants had accessed tertiary education. The results showed that 66 (55%) respondents were single, 49 (40.8%) were married, 2 (1.7%) were cohabiting, and 3 (2.5%) were widowed. Regarding the number of children each child mother had, 114 (95%) had one child, 3 (2.5%) had two children (twins), and 3 (2.5%) had 3 children. The age of the child mothers at first birth was below 18 years. The average age was 16 years and the youngest was 14 years.

Table 1: Interpretation of mean values

Mean score range	Scale rating	Mean interpretation
1 – 1.79	Strongly Disagree	Very low support
1.80 – 2.59	Disagree	Low Support
2.60 – 3.39	Neutral	Moderate support
3.40 – 4.19	Agree	High support
4.20 – 5.00	Strongly Agree	Very High support

Source: Calculated by the researchers

The interpretation of the mean values in this study was guided by the scale presented in Table 1 above, which was calculated by the researchers based on the scale used to collect data.
The rubric for interpreting standard deviation followed Boone and Boone (2012) template. Using a five likert scale, an SD less than .8 is low variability, and an SD greater than 1.2 is high variability.

Table 2: Health support services

Health support	N	Mean	Std. Deviation	Decision
I accessed healthcare in the community health centre	120	4.29	1.212	Very high support
I received healthcare counselling in the community health centre	120	4.06	1.434	High support
I accessed birth control services from the community health centre	120	4.05	1.454	High support
I received balanced diet education from the community health centre	120	3.96	1.520	High support
I received breastfeeding education from the community health centre	120	4.31	1.314	Very high support
I took my child for immunisation at the community health centre	120	4.59	1.073	Very high support
Overall mean		4.21		Very high support

Source: Field data (2025)

Table 1 shows responses on health support services provided to child mothers. A number of items were examined, which revealed the health support services provided to child mothers in Mbale District. They are explained below:

The Immunisation item was rated as very high support (M = 4.59, SD = 1.073), and the standard deviation indicated moderate variation in responses. The implication is that the child mothers were highly supported in immunisation services, though the standard deviation indicates a sizable number experiences lower levels of immunization. This was supported by interview responses. One child mother said: "I take the child to the health Centre for immunisation and treatment when sick (R 1). Parents also mentioned in the FGD that "they {their daughters} received Health care, e.g treatment, immunisation, and referral, antenatal "(FGD 1).

Breastfeeding education was also rated very highly (M = 4.31, SD = 1.314), and the standard deviation meant high variation in responses. This meant that child mothers strongly agreed that they received breastfeeding education. Interview results supported this finding. A child mother revealed that: "I attended parenting programmes" (R 6).

Regarding access to health care in the community, respondents showed very high support (M = 4.29, SD = 1.212). The standard deviations implied moderate variation in responses. The child mothers strongly agreed that they received health care from their community, though some members experienced lower health care as indicated by the standard deviation. Interview findings supported this, revealing that they received health care from family and community members, NGOs, health workers, and others. And they received health care in various forms. The parents said in FGD that: "they were supported by family and the community e.g they give food, cloth, medicine especially to the twins" (FGD 1). "The health centre offered support. She was given a mosquito Net and a Mama Kit" (FGD 1). "I gave her financial support to go for antenatal care and scanning" (FGD2). The child mothers said: "My biological mother treated me locally until I healed {herbal treatment}" R 1. An NGO supported financially: "They paid for scanning, blood tests, transport. That is ITEK" (R 2).

Regarding healthcare counselling, child mothers rated support highly (M=4.06, SD = 1.434); the standard deviation indicated high variation in responses. This meant that child mothers agreed that they received counselling about health issues. Though the majority received high support, some did not. This was supported by interview findings. The child mothers who were distressed due to the pregnancy received emotional support from different members of the community. They were guided, encouraged, strengthened, and comforted. They were helped to accept the situation and continue with life. A parent said: "I told her she was not the first one and she's not the last. It's something which has happened. We have to accept it, and life has to go on. And after the child grows, I gave her a promise that she'll definitely get back to school and continue her studies" (FGD 2). Another parent who had two children said, "I called them back and counselled them and kept them at home (FGD 1). The child mothers also revealed that. "From the health centre, they encouraged me. At the end, they gave me a net as a pregnant girl" (R 9). Another one mentioned support from friends: "Giving me advice … don't be so scared even if they discriminate you, just take it easy, provided you're eating and sleeping" (R 8). Another child mother mentioned support from health workers: "Now, like some of us, we could go there when we are sick. But those nurses and doctors could arrange so that… to give advice to our (us) patients. They talk about many things, telling us that if you have anything that is hurting you or making you stressed, just come here. … We give you some advice" (R 8). Another child mother mentioned support from the family: "My family….. They advised me to be strong, to never lose hope" (R 9). "I got that emotional support from my mother and some friends. One friend said that it is not a crime to get pregnant at that age; even… they may fall victim" (R 3). Another one mentioned what strengthened her: "What gave me strength is counselling" (R 7).

The item on access to birth control services received high support (M = 4.05, SD = 1.520), and the standard deviation indicated high variation in responses. From the interviews, a child mother advised that, to prevent unwanted children, they should access family planning services from clinics or health centres. "They should wait to give birth to more children. If they feel they want men, they should use family planning services from clinics or health centres" (R 4).

Regarding balanced diet education, responses were under high support (M = 3.96, SD = 1.520), and the standard deviation indicated high variation in responses. This meant that the child mothers received education about a balanced diet. This was supported by the interview findings as follows: "Also health care like advising them on what to feed the babies on and treatment issues (FGD 1). A child mother mentioned: "When we go for antenatal, we find there are midwives, doctors, and they advise us how to handle our babies. And the type of food, soft foods, we can give them" (R 9)

The overall mean for health support services was (M = 4.21), indicating that participants agreed they received very high health support services in their community. Items rated as very high support included immunisation, breastfeeding education, and access to healthcare. The rest were rated as high support, including health care counselling, access to birth control, and balanced diet education.

DISCUSSION OF FINDINGS

The study aimed to examine the health support services provided to child mothers in Mbale District, Eastern Uganda.

The findings revealed that most child mothers received immunisation services in their community. They took their children to health centres for immunisation. This finding is contrary to UNICEF (2025), who found that children of adolescent mothers are more likely to be unvaccinated or under-vaccinated than children of mothers in their 20s and early 30s in low- and middle-income countries. Omobowale et al. (2023) found that a mobile clinic could help immunise children of adolescent mothers who had not taken their children for immunisation in Nigeria.

The child mothers also reported receiving education on breastfeeding. During antenatal care, they were educated about child upbringing. Topics included breastfeeding, balanced diet, etc. This finding aligns with Yas et al. (2024), who found that educating young mothers about breastfeeding is important. Adolescent mothers need reassurance about their breastfeeding experiences.

The findings revealed that child mothers received health care services. Support included, among other things, antenatal care, Western medicine, herbal medicine, provision of mosquito nets and Mama kits, and payment for blood tests and scanning.

Family and community members, health workers, and NGOs provided this support. This aligns with social support theory, which guided this study (Cohen & Wills, 1985; House, 1981). Consistent with this finding, Namutebi et al. (2022) found that child mothers wanted health care promotion, rehabilitation, and counselling.

The child mothers also received healthcare counselling from their community. They were comforted, reassured, encouraged, guided, and shown empathy. These findings align with trauma-informed care theory, which guided the study (Herman, 1992; Van der Kolk, 2014). In relation to addressing mental health issues among teen mothers, Hodkinson et al. (2014) recommended that paediatricians spend some time during primary care visits to assess the psychological and emotional well-being of teen mothers and their babies.

Many child mothers reported that they receive birth control services in Mbale district. This finding is contrary to Baluku (2024), who reported that many young women in Uganda cannot access the contraceptives they need to avoid pregnancy before they are ready for it.

The child mothers agreed that they were educated about a balanced diet. During antenatal care visits, the midwives and the doctors advised them on how to feed their babies and what to feed them. They also attended parenting programs organised in the community.

World Health Organization {WHO}, (2026) observed that every child has a right to good nutrition according to the convention on the rights of the child. WHO recommends that governments educate their citizens about breastfeeding and provide counselling to families with children less than two years old.

CONCLUSION

The study found that child mothers received strong support from the Mbale District community. They received support services, including treatment (medical and herbal), payment of medical bills, health care, counselling, emotional support, provision of mosquito net and Mama Kit, etc. Community supporters included health workers (from health centres II, III, and IV), parents, friends, community organisations, and NGOs.

RECOMMENDATIONS

Stakeholders' sensitisation of study findings

The community should sensitise stakeholders (parents, community elders and leaders, teachers, health workers, councellors, etc) to the study's health support findings and urge them to implement them in their communities to support child mothers.

Community outreach programme

The community can organize community-based clinical care and mobile clinics. They can use community halls or mobile vans to offer antenatal and postnatal care. For example laboratory screening, provide delivery incentives, mental health, emotional and psychological support etc.

Adolescent peer health training

Community leaders should recruit and train slightly older, experienced mothers from the same community to serve as health guides. They can conduct home visits to monitor newborn immunization schedules, track infant growth, verify postpartum recovery, and offer emotional and psychological support among others.

Limitations of the study

The study was conducted in only one district, which limits the generalisation of the results to Uganda as a country. Sampling considerations also presented limitations.

Purposively selecting child mothers and their parents without considering reports from health facilities, village health teams, and community members limited the reliability of the findings.

Areas for further research

The study was carried out in only one District of Uganda; therefore, the study should be replicated in more districts of Uganda. Further, the study can expand the scope of respondents beyond child-mothers and their parents/caretakers to include village health staff, community leaders, and data from community health facilities.

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Conflict of interest

There are no conflicts of interest

REFERENCES

1. Abageda, M., Jena, B. H., & Belachew, T. (2024). Effectiveness of male partner-targeted breastfeeding education and support interventions on mothers' breastfeeding self-efficacy in central Ethiopia: A cluster-randomised controlled trial. Scientific Reports, 14(1), 18563. https://doi.org/10.1038/s41598-024-68032-3
2. AlDughaishi, M. Y. K., Seshan, V., Matua, G. A. (2023). Challenges and strategies of providing effective antenatal education services in Oman's public healthcare system: Perspectives of service providers and pregnant women. Sultan Qaboos University Medical Journal, 23(4):510– 518. doi: 10.18295/squmj.5.2023.032
3. Apolot, R. R., Tetui, M., Nyachwo, E. B., Waldman, L., Morgan, R., Aanyu, C., Mutebi, A., Kiwanuka, S. N., & Ekirapa, E. (2020). Maternal health challenges experienced by adolescents: Could community scorecards address them? A case study of Kibuku District, Uganda. International Journal for Equity in Health, 19(1), 191. https://doi.org/10.1186/s12939-020-01267-4
4. Baluku, A. (2024). Uganda's staggering rate of teen motherhood can shatter life dreams. https://passblue.com/2024/01/15/ugandas-staggering-rate-of-teen-motherhood-can-shatter-life-dreams
5. Boone, H. N., & Boone, D. A. (2012). Analysing likert data. Journal of Extention, 50(2).
6. Butura, A. M., Ryan, G. K., Shakespeare, T., Ogunmola, O., Omobowale, O., Greenley, R., & Eaton, J. (2024). Community-based rehabilitation for people with psychosocial disabilities in low- and middle-income countries: A systematic review of the grey literature. International Journal of Mental Health Systems, 18(1):13. doi: 10.1186/s13033-024-00630-0.
7. Cohen, S., & Wills, T. A. (1985). Stress, social support, and buffering hypothesis. Psychological Bulletin, 98(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310
8. Defeat, D. D. (2021). How a midwife in Uganda is helping young mothers and babies. https://www.defeatdd.org
9. Erzse, A., Desmond, C., Hofman, K., Barker, M., & Christofides, N. J. (2024). Identifying pregnant and postpartum women's priorities for enhancing nutrition support through social needs programmes in a resource-constrained urban community in South Africa. BMC Public Health, 24(1):2231. doi: 10.1186/s12889-024-19591-7.
10. Hartley, S., & Okune, J. (2022). CBR policy development and implementation. University of East Anglia Norwich. https://www.african.org/CBR%20Information/CBR%20-Inclusive%20Policy%20Development%20and%20Implementation.pdf
11. Herman, J. (1992). Trauma and recovery. New York: Basic Books.
12. Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. Pediatrics, 133(1), 114–122. https://doi.org/10.1542/peds.2013-0927
13. House (1981). Work, Stress, and Social Support. Wesley Publishing Company.
14. Kokuru, D & Nassimbwa, J. (2024). The youth-led research giving voice to teen mothers in Uganda. https://theconversation.com/the-youth-led-research-giving-voice-to-teen-mothers-in-uganda-239876
15. Leerlooijer J. N., Bos A. E., Ruiter R. A., van Reeuwijk M. A., Rijsdijk L. E., Nshakira N., & Kok G. (2013). Qualitative evaluation of the Teenage Mothers Project in Uganda: A community-based empowerment intervention for unmarried teenage mothers. BMC Public Health. 2013 Sep 8;13:816. doi: 10.1186/1471-2458-13-816.
16. Magunda A, Ononge S, Balaba D, Waiswa P, Okello D, Kaula H, Keller B, Felker-Kantor E, Mugerwa Y, Bennett C. (2023). Maternal and newborn healthcare utilisation in Kampala urban slums: Perspectives of women, their spouses, and healthcare providers. **BMC** Pregnancy and Childbirth, 23(1):321. doi: 10.1186/s12884-023-05643-0.
17. Mbale District Health Office (2025). Mbale District Birth Statistics F/Y 2024, MBHO, Mbale District Local Government.

18. Ministry of Gender, Labour and Social Development (2017). https://library.health.go.ug/category/sexual-and-reproductive health?f%5B0%5D=category%3A320
19. Moucheraud, C., Worku, A., Molla, M., Finlay, J. E., Leaning, J., & Yamin, A. (2015). Consequences of maternal mortality on infant and child survival: A 25-year longitudinal analysis in Butajira, Ethiopia (1987-2011). Reproductive Health, Suppl 1(Suppl 1): S4. doi: 10.1186/1742-4755-12-S1-S4.
20. Mudiyanselage, S. B., Dona, W. A. S., Angeles, M. R., Majmudar, I., Marembo, M., Tan, E. J., Price, A., Watts, J. J., Gold, L., Abimanyi-Ochom, J. (2024). The impact of maternal health on child's health outcomes during the first five years of child's life in countries with health systems similar to Australia: A systematic review. PLoS One, 19(3):e0295295. doi: 10.1371/journal.pone.0295295.
21. Namutebi, M., Kabahinda, D., Mbalinda, N. S., Nabunya, R., Nanfuka, G. D., Kabiri, L., Ngabirano, D. T., & Muwanguzi, A. P. (2022). Teenage first-time mothers' perceptions about their health care needs in the immediate and early postpartum period in Uganda. BMC Pregnancy and Childbirth, 22, 743. Doi:10.1186/s/12884-022-05062-7
22. Ngonzi, J., Ainomugisha, B., Byamukama, O., Tumuhimbise, W., Asiimwe, J., Kamugisha, A., Ntaro, M., Nambozi, G., & Bebell, L. (2024). Transition to motherhood and lived experiences of teenage mothers delivering in Kasese and Bundibugyo Districts, Western Uganda. Cureus, 16(7), e63985. https://doi.org/10.7759/cureus.63985
23. Nunally, J. (1978). Psychometric theory. New York: McGraw-Hill
24. Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd Ed.). Newbury Park: Sage.
25. Okello, G., Izudi, J., Teguzirigwa, S., Kakinda, A., & Van Hal, G. (2020). Findings of a cross-sectional survey on knowledge, attitudes, and practices about COVID-19 in Uganda: Implications for public health prevention and control measures. BioMed Research International, 2020, 5917378. https://doi.org/10.1155/2020/5917378
26. Omobowale, O.M., Amodu, K. O., & Amodu, A. F. (2023). Solving teenage and young mothers' childhood immunisation hesitancy and non-compliance through mobile immunisation-friendly service for working mothers in Ibadan, Nigeria. PLOS Glob Public Health, 3 (8): e0002109. Doi:101371/journal.pgph.0002109
27. Sheferaw, E. D., Kim, Y. M., van den Akker, T., & Stekelenburg, J. (2019). Mistreatment of women in public health facilities of Ethiopia. Reproductive Health, 16(1), 130. https://doi.org/10.1186/s12978-019-0781-y
28. Uganda Bureau of Statistics [UBOS] (2023). Uganda Demographic and Health Survey 2022. UBOS, Kampala, Uganda.
29. United Nations Children's Fund (UNICEF) (2025). How early motherhood shapes access to life-saving vaccines for children. New York, UNICEF. https://www.unicef.org/media/176701/file/Early-motherhood-shapes-access-vaccines-children-report-2025-en.pdf.pdf
30. UNICEF (2025). Empowering adolescent mothers and their children. A dual-generational approach. https://www.unicef.org/uganda/reports/empowering-adolescent- mothers-and-their-children
31. United Nations Population Fund (UNFPA). (2022). Women's sexual and reproductive health rights. UNFPA. https://www.who.int/health-topics/sexual-and-reproductive-health-and-rights#tab=tab_1
32. Van der Kolk, B. A. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. Penguin Books.
33. World Health Organisation (WHO) (2024). Adolescent pregnancy. https://who.int/news-room/fact-sheets/detail/adolescent-pregnancy#:
34. World Health Organisation (2026). Infant and young child feeding. www.http://who.int/news-room.fact- sheets/detail/infant-and-young-child-feeding
35. Yas, A., Karimi, Z. F., Khadivzadeh, T. (2024). Breastfeeding needs in adolescent mothers. A systematic review. Sultan Qaboos University Medical Journal, 24(3), 306-316, doi:10.18295/squmj.12.2023.090