



COLLEGE OF MEDICINE AND HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH
MASTERS OF PUBLIC HEALTH

**TEENAGE PREGNANCIES AND MOTHERHOOD:
A QUALITATIVE STUDY OF EXPERIENCES AND
REACTIONS OF FEMALE PARENTS
IN GASABO DISTRICT, KIGALI CITY.**

A dissertation submitted in Partial Fulfilment of the Requirements for the degree of **Master of Public Health**, in the School of Public Health, College of Medicine and Health Sciences, University of Rwanda.

by

ZIMULINDA Alain

UR/CMHS/SPH/10108021

Supervisor: Prof. NYIRAZINYOYE Laetitia (MSc, PhD)

2019



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October 2019

DECLARATION

I, ZIMULINDA Alain, declare that this Dissertation contains my own work, except where specifically acknowledged, and has not been submitted for any other degree at the University of Rwanda or any other institution. It has been passed through the anti-plagiarism system and found to be compliant, and this is the approved final version of the Dissertation: “TEENAGE PREGNANCIES AND MOTHERHOOD: A Qualitative Study of Experiences and Reactions of Female Parents in Gasabo District, Kigali City”.

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ABSTRACT

Background: Teenage pregnancies have become rampant in Rwanda which negatively affects teens' lives, despite numerous interventions. Their impact also expands to the entire family, community and the country in general. This study focuses on female parents' experiences and reactions towards teenage pregnancies and motherhood. The main aim is to be able to understand their perceptions, reactions, challenges and impact on individual and social life for the promotion of health.

Methods: The study used a phenomenology approach to qualitative research that focuses on the commonality of a lived experience within female parents of teens in Gasabo district of Kigali city in Rwanda. The study used a purposive sampling method to recruit 22 women in the in-depth interviews and 38 in the 4 FGDs grouped as: 2 groups of female parents with pregnant or nursing teens, one group of female parents with multiple teen pregnancies and one group of female parents without experience of teen pregnancy. All 60 participants were recruited in 8 villages located in Kinyinya sector. Interviews were recorded and transcripts written. Data were analyzed for content manually.

Results: The main perceived reasons discussed included poverty, parenting styles, knowledge and teens' behaviors. Sex communication was identified as an important tool, and in regard to parental support, findings revealed that positive parent-teenager relationship during pregnancy gave hope to the teenager and led to desired outcomes for both the teenager and infant and the vice versa. Perceived reactions upon learning of teen pregnancy included denial from mothers of teenagers, scare, and confusion. For most, the relationship between mothers and their daughters during the pregnancy period was good and they were ready to usher in their grandchildren.

Conclusion: The growing numbers of pregnancies among teenagers is a public health menace that calls for the attention of parents, guardians, governments, health care practitioners, and other relevant agencies to collaborate in the effort to prevent its occurrence. The study recommended, parents should try to be accommodating to help their daughters go through the crises situation successfully and thereafter, support them to achieve their full potentials.

Key Concepts: parents, teenage pregnancies, motherhood, parent-teen communication.

DEFINITION OF KEY WORDS

Teenage: Refers to a period between the ages of 13 and 19 when children approach to responsible adults, and progresses from their initial appearances of secondary maturity to full sexual maturity characteristics (1). It is a period during which emotional and psychological processes develop from those of a child to those of an adult.

Teenage Pregnancy: Refers to the gestation in women who have not reach their full somatic development, or pregnancy under the age of 20 years (2). The current study defined teenage pregnancy as gestation in women between the ages of 13 and 19.

Motherhood: Refers to the experience or state of raising or having a child (3). It could also be used to refer to a female parent. The current study defines motherhood as the state of teenage mothers engaging in duties of delivering and bringing up children.

Perception: Refers to someone's intuitive understanding and insight about something or someone. Perceptions describe the organization and interpretation of a certain external stimulus, which could someone's thoughts, beliefs, thoughts, opinions, or impressions towards something or somebody(4). The current study defines perception as the thoughts, beliefs, thoughts, opinions, or impressions towards teenage pregnancy and motherhood.

Attitudes: Refers to approach towards something. Attitudes describe a tendency, which can be favorable or unfavorable towards an object (4). The current study defined attitudes as the evaluation of teenage pregnancy as either favorable or unfavorable as per the respondents.

LIST OF ACRONYMS AND ABBREVIATIONS

DV	:	Dependent Variable
FGDs	:	Focus Group Discussions
GoR	:	Government of Rwanda
GT	:	Grounded Theory
IV	:	Independent Variable
NISR	:	National Institute of Statistics of Rwanda
RDHS	:	Rwanda Demographic and Health Survey
WHO	:	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Parents are a primary reference group for most adolescents and as such, are significant foci for teenage females who suspect they are pregnant (5). How parent or parents respond to this situation generally cannot be a matter of indifference to her. For one thing, teenagers are particularly sensitive to the possibility of sanctions from others and are at a stage of development when they are likely to anticipate them. Besides, of course, most adolescents live with parents, and their parents have emotional, financial, and physical power and resources which must critically affect the course of their daughter's pregnancies. While in most instances parents may not have a direct influence on how their daughters deal with their pregnancies, their projected reactions are significant (6). For example, teenagers may develop a desire to hide the pregnancy from their parents, out of the concern and fear that their parents would have adverse reactions, which could be an essential factor in the decision to procure abortions (7). Parents are more often than not in a position to play a critical part in the management decisions which follow the original choice of how the pregnancy is to be resolved. In other words, they can generally affect how the pregnancy resolution decision will be implemented and how the consequences of it will be dealt with over time.

In the United States, empirical findings linked adolescent parents' experiences with teenage pregnancies as complicated and abrupt among low-income, unmarried African American parents and their households (8). Similar studies among African America teenagers linked parental education on sexual risk consequences with reduced risk behaviors among the youth (9). Parents would also be unhappy in the instance that their boys impregnated girls, while more girls suffered negative feelings compared to their male counterparts. Thus, it was evident that parents' spoken and unspoken attitudes were visible to their children, and how the teenagers perceived those attitudes impacted their behaviors. In Australia, girls older than 14 years access hormonal contraceptives and can make decisions to procure abortion without parental consent. Private and government facilities play a significant role in reducing teenage motherhood in the country (10)

The situation within the Brazilian context is different as teenagers who get pregnant receive social network support not only from their mothers but also from their extended family

members (11). Teenage pregnancies within the Brazilian context has been linked with prevailing values and beliefs of specific families. Hence, pregnancy was not perceived negatively (5). Unlike in most situations where pregnant teenagers and teen mothers are blushed by their parents, families, and the society, most of the Brazilian families' support teenagers who find themselves in such situations to minimize any undesirable events and make the situation positive (5,11). Hence, it is evident that while the Brazilian situation appeared unique in supporting pregnant teenagers and mothers, the cases vary among families. Studies have shown positive perception of teenagers towards their mothers due to the roles they play in defining their femininity and acting as mediators between any internal and external events happening in their daughter's lives (5,12)

In Rwanda, an empirical analysis by the Overseas Development Institute uncovered high prevalence rates of teenage pregnancies in urban regions, hence, the insinuation that adolescent girls residing in urban areas of the country were bound to confront undesirable pregnancies compared to their counterparts living in the rural regions and those attending school (13,14). Rwanda, just like other developing countries, has linked teenage pregnancy with negative health impacts on adolescent mothers, employment opportunities, and education. The Thematic Report on Fertility published by the Government of Rwanda (GoR) in 2012 (10) associated pregnancy among teenagers with high risks of health complications due to the insufficient biological maturity of their reproductive health and inadequate experience in caring for infants (15). This teenage pregnancy also transcends to mortality among teenage pregnancies with high complications arising from the pregnancies (16). Despite this, the job of guardians in the lives of their teenage daughters has remained an area that is yet to be captured by most government and non-governmental reports on reproductive health.

Owing to the critical role that guardians, more so female ones have in the lives of their teenagers and the possible implications presented by teenage pregnancies, it is astonishing that little attention has been given to unravel the misery as most of the scholars are anchored on identifying factors associated with adolescent pregnancies or resolutions. Directly or indirectly, a number of studies at least include parental influence as an intervening variable towards decisions made by pregnant teenagers and mothers, (1,17,18)but very few have so far considered the central role that parents have towards these pregnancies (5,7). Of those who do

take parents into account, many have sampled only of abortion patients, and some have sampled only of teenagers who deliver (1). The inability to make comparisons among various decision groups in such studies limits the usefulness of the findings. Given the abovementioned, this exploration depended on the accompanying concerns of parental attitudes towards teenage pregnancy; various forms of support given to teen mothers by their parents; coping mechanisms of the parents towards stigma on teen pregnancy; and appropriate measures for addressing the challenges faced by parents of teen mothers.

1.2 Problem statement

Teenage pregnancies have become a usual phenomenon in Rwanda which negatively affects their health, employment opportunities, and education. These pregnancies don't only affect those teens, but their parents/guardians, children, and the community at large. Teenagers who are pregnant are school dropouts or seen as outcast within their communities and this does not allow them to pursue their full potentials as some still engage in similar acts. This is seen as there is an increasing fertility rate of about 40% among these teens with effects on their health and wellbeing despite numerous interventions such as youth corners and legal punishment on perpetrator. Hence, the study focused on parents' experiences and reactions towards teenage pregnancies and motherhood.

1.3 Study objectives

1.3.1 General objectives

To examine the experiences and reactions of parents towards teenage pregnancies and motherhood in Rwanda.

1.3.2 Specific objectives

The research objectives guiding the study included:

- a) To evaluate parental perceived reasons leading to teen pregnancies.
- b) To evaluate the perceptions of parents about sex communication in prevention of teen pregnancies.
- c) To assess perceived reactions and support of female parents towards their pregnant or nursing teens.
- d) To identify challenges faced by parents of teen mothers.

1.4. Research questions

The research questions guiding the study included:

- a) What are the parental perceived reasons leading to teen pregnancies?
- b) What are the perceptions of parents about sex communication in teen pregnancies prevention?
- c) How do female parents react and support their pregnant or nursing teens?
- d) What are the challenges faced by parents of teen mothers?

1.5. Significance of the study

Research

The findings of the current study will act as a foundation for future studies aimed at limiting fertility rate among young women.

Public health education

The current study will be used in public health departments as reference material to increase student's level of awareness regarding experiences and reactions of parents towards teenage pregnancies and motherhood.

Public health practice

Findings from the examination will increase the level of knowledge among public health practitioners regarding factors associated with teenage pregnancies. As such, they will be able to handle such cases more professionally, bearing in mind the background of the respective teenagers. Besides, practitioners will be able to understand the parental origin of teenagers seeking medical help due to pregnancy-related issues and offer adequate guidance.

Public health leadership and management

The findings will be significant to public health as it will broaden their horizon on teenage pregnancy and coordinate educational and preventive measures aimed at taming down the prevalence of teenage pregnancies by involving their parents in educational programs.

Young and teenage girls

As the most affected and vulnerable population, the findings of the present examination will be important to teenagers and young girls as they will gain essential concepts into challenges associated with teenage pregnancies. The study will also empower young and teenage girls

with crucial information to aid them in analyzing and understanding how their parents' experiences and reactions towards sexual practices, to define their sexual behaviors and taking preventive measures before diving into the teenage pregnancy menace.

Parents and guardians

The findings of the study will empower parents and guardians with information on how to handle pregnancies of their teenagers. As a result, they will be enabled to take precaution measures, educate, and counsel their children on understanding factors leading to teenage pregnancies as well as negative consequences of these pregnancies to their health, education, and overall well-being.

Non-governmental organizations

The study is of significance to non-governmental organizations, particularly those that deal with empowering women and the girl child. The findings will enable such organizations to document possible factors associated with teenage pregnancies, and develop their training programs and policies based on the empirical evidence present.

CHAPTER TWO: LITERATURE REVIEW

This chapter brings out what previous researchers have found out in the area of study. This chapter covers how study variables interact with each other. It also encompasses theoretical and conceptual frameworks.

2.1 Parental perceived reasons leading to teen pregnancies

Teenage pregnancy has been linked with adverse health, social, and economic issues across nations globally. There are many factors associated with teenage pregnancies, among them poor parental supervision, and inadequate or absence of contraceptives, exposure to pornographic films and lack of sex education. Scholars link the problem with diverse factors emanating from social permissiveness leading to early exposure of teenagers to casual sexual activities, early marriages, maternal deprivation, and the availability and use of contraceptives which encourages sexual permissiveness among others (19,20)

For developing nations, the use of contraceptives has been low, and hence inaccessible to most of the populations (21). The situation has also been aggravated by religions and traditional beliefs that heavily condemn artificial birth control methods. For instance, Akpor, Thupayagale-Tshweneagae, and Mmusi-Phetoe carried out an empirical analysis to examine the perceptions of parents towards teenage pregnancy in South Africa (4). The study deduced that due to the religious inclination of the parents, the use of contraceptives was highly discouraged and hence teenage pregnancy was a common occurrence in the community. Teenage mothers and their infants are presented with high social and health risks compared to older women. Studies reveal that delaying childbearing until 20 years of age or thereafter would significantly reduce maternal and infant mortality and morbidity rates as well as reduce population growth and improve the quality of life (19). The age at which women get married significantly impacts the social and economic growth of the community.

Empirical evidence by Brahmabhatt suggested that Baltimore recorded high rates of teenage pregnancies, with more than half of the female population having commenced the child bearing process (22). In South Africa, the prevalence of teenage pregnancy was high than that reported in the country. Similar studies by Isa and Gani established that the determinants of adolescent pregnancy in the United States and South Africa were characterized by teenagers growing up

in single parent families, alcoholism and substance use, early sexual debut, lack of knowledge on use of contraception, and societal instances of crime and violence (23).

In South Asia, Acharya linked high prevalence rates with low financial status, restricted education, social factors and family structure (24). In India, huge problems emanating from teenage pregnancy were associated with unemployment, low education, early menarche, and early age marriages (2). Similar studies linked lack of contraceptive measures, poverty, domestic pressure, traditions, and low education levels as the main socio-demographic factors that influenced teenage pregnancy in India (25). In Bangladesh, teenagers who came from low socio-economic backgrounds characterized by destitution, welfare reliance, scholarly under-accomplishment and low parental instructive yearnings were referred to be at an expanded danger of getting to be pregnant at an early age (14).

Empirical evidence had associated parental perceives reasons leading to teenage pregnancies with social deviance, parental failure, and attitudinal behavior in Africa (36). Literature has linked established family patterns with teen pregnancies, where some social contexts encourage fertility and adult status is recognized in the community, and in other contexts teen pregnancies is seen as an economic burden and restricted opportunity for professional development (26). Other factors associated with teen pregnancies include low self-esteem, loneliness and abandonment by family and friends, poor teen-parent communication, and lack of prior information about safe sexual practices and birth control.

Teen pregnancies can be derived from combines factors within the family setting, including psychological and economic aspects. Hence, the causes of teen pregnancies are specific to each case, but have remained uncertain. The phenomenon does also not exclude family types of neighborhoods, and most pregnancy teenagers receive support from their mothers or partners. A qualitative exploration in the social reality of pregnant teens linked increased prevalence of teen pregnancies with family background of teen pregnancy, feelings of loneliness, repression, and indifference to parents with early sexual debut and unprotected sexual relations which led them to early pregnancy (26).

2.2 Perceptions of parents about sex communication in prevention of teen pregnancies.

Scholarly evidence examining parent-teenager communication about sexual relations has dominated public health academic field (27–30). The degree of the communication and the content however varies significantly, and empirical evidence has linked the influence of such dialogue with sexual behaviors among the teenagers, and these behaviors are not necessarily uniform and consistent (6). Studies in the United states by Hicks and colleagues examined how parents' relationships with their teenagers, control, and attitudes towards sex were linked to the outcome of pregnancies (17). Predictors of pregnancy outcomes included reports on parental relationship, disapproval of pre-marital and adolescent sex, sexual health discussion, and sexual communication attitudes. Findings from the study deduced parent child relationships and parental attitudes towards sex with pregnancy outcomes among teenagers.

An empirical analysis by Lantos suggested that dialogues between parents and their teenagers were important, more so when they touched on the topics of reproduction and engagement in risk sexual behaviors, prevention of pregnancy, STIs, and contraception use (6). Scholars have linked increased communication between girls and their parents regarding topics touching on sex among them use of contraceptives, prevention of pregnancy, and abstinence among others with high levels of practicing safe sexual behaviors, and abstaining from behaviors exposing them to STIs and pregnancies(29–31).

More empirical evidence has linked with high levels of parent-teenager communication with delayed sexual debut, debate pregnancy and STI prevention with their sexual partners, and make decisions to use contraception and condoms from the first sexual intercourse continuously (17,32). Mothers have been identified as the primary communicators with teenagers in matters pertaining sexuality(27). Importantly, teens themselves believe in this association and studies have indicated that teenagers link open and honest conversations with their parents to high rates of pregnancy avoidance (33,34).

2.3 Perceived reactions and support of female parents towards their pregnant or nursing teens.

Parents are never happy with the news regarding teenage daughter's pregnancy, with some authors linked the description of these feelings as devastating, and difficult to believe, accept,

or welcome (35). For many, accepting reality may appear as an eternity due to the shock that cause's discontentment (15). Research has linked male parents with high rates of disappointment and expressed difficulties in their daughter's pregnancies as well as the arrival of the new born baby, acknowledging it as a mistake (15). Other parents were guilty of their daughter's outcomes, and felt that they had terribly failed in their responsibility, as they had the chance to do more to protect their children from the predicament (35). There have also been cases where parents would feel embarrassed regarding reactions from other family, friends, and neighbors.

Mothers of adolescents who have experienced adolescent pregnancy are more likely to understand pregnant adolescents, and they directly accept the situation and offer their daughters support required (35) Adolescent pregnancy is also associated with significant changes in the behavior of families, and the mother figure is seen as the primary source of support. Emotional support and effecting throughout the gestation period is a determinant factor for the adjustment and maternal role of adolescents(15). Even though mothers' express negative emotions of discontent, sadness and criticism upon learning their daughter's pregnancies, most of them accept the fact, and proceed to exercise the roles and execute duties of accompanying their daughters throughout the pregnancy and motherhood phase. In most instances, support is offered in the form of care for the teen financially, physically, emotionally, and psychologically(15). Sriyasak carried out interviews to examine parental experiences on the parenthood of their teenagers in Australia (36). Findings from the study linked parental norms and values with religious beliefs, and hence recorded mixed reactions regarding teenage pregnancy phenomenon. Parents were positive and instrumental in supporting teenagers towards the transition into parenthood, and had future plans for them to continue their education.

Caldeira examined the experiences and expectations of mothers of pregnant adolescents in Brazil. Empirical evidence linked pregnant adolescent mothers' knowledge about their daughter's pregnancy with disappointment and shock (8). Parents expectations were that they would support their children during and after the pregnancy. Fernandes assessed the perceptions and experiences of mothers to adolescent teenagers in Brazil (15). The study deduced that mothers offered sexual advice to their daughters prior to the pregnancies, and

hence explaining why they ended up being surprised upon learning that their teenagers were pregnant. Despite of the situation, mothers were present during the pregnancy period and child birth. The study did not link any changes in the family relationship with teenage pregnancy.

Acceptance of the situation eliminates any conflicts between mother and daughter, and scholars have advised mothers to remain as calm as possible no matter how overwhelming the situation is, and try to understand their teenage girls (35). Besides, behaving in a positive manner would be the most favorable outcome for a pregnant teenager. Fathers have been mentioned as having a great impact on how families support pregnant and nursing teenagers as most of them see it as an action of shame. The aftermath is breaking contact with their daughters, and to extreme cases chasing them out of their family homes (15). In some cases, fathers are resentment with their daughters, with time they accept the situation and mend their relationships, even accept their grandchildren.

Challenges associated with teenage pregnancy are multifaceted and hence calls for multidimensional solutions. To begin with, the pregnancy adversely affects both the teenager and family. High prevalence rates of teenage pregnancies have been associated with low financial status and absence of education (20). The significant effects that teenage pregnancies pose to young girls in the country is tremendous. The extend of the problem is yet to be documented, and there is lack of specific data. However, issues related with teenage pregnancies have reliably been identified as challenging to the health sector, with an increase in teenage abortions being documented.

2.4 Conceptual framework

Figure 2.1 illustrates the conceptual framework that guided the study. The reactions and perceived experiences of parents towards their teens who are pregnant or nursing, while the dependent variable is the full potentials for the teen mothers. The figure state some parental perceived experiences and negative reactions towards their teen's pregnancy that may affect negatively the teen with her child, the family, as well as parents themselves. Whereas on the other hand, the attitudes and support they provide to those teenagers, coupled with enabling factors could help their pregnant and nursing teens to avoid those actions that led them to be

pregnant in the first place. Thus, change of behavior, prevention of pregnancies, and promotion of wellbeing.

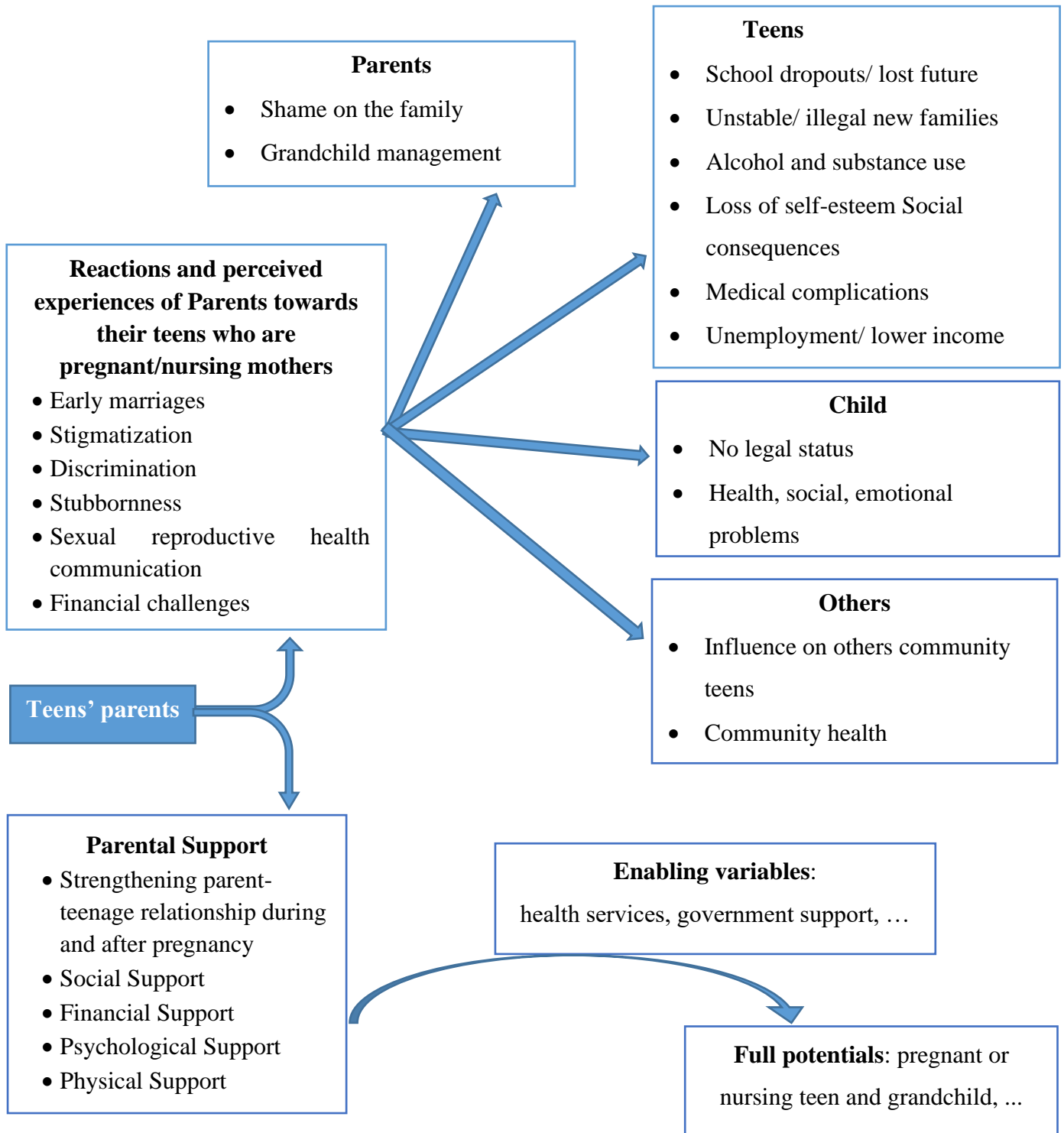


Figure 1: Conceptual Framework

As illustrated, parents develop different perceptions regarding teen pregnancies, which determine how the teenager's life during and after the pregnancy period as well as the unborn and infant child. When the perceptions are negative; that is when parents opine that teenage pregnancies result from deviance, the outcome is early marriage to the teenagers and minimal support, which significantly impacts the wellbeing of both the teenager and their unborn. At times even leading to early marriages, psychological suffering for the teenagers, discrimination, and self-esteem issues which have damaging effects on the teenager's future life. Positive perception is associated with increased support from parents, who though may be discouraged by their daughter's pregnancies, look at the brighter end and choose to support their daughters. The outcomes of positive parental perception strengthen relationships between parents and pregnant or nursing teenagers, which leads to the achievement of their full potentials.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research design

The study used a phenomenology approach to qualitative research that focuses on the commonality of a lived experience within a group. The fundamental goal of the approach is to arrive at a description of the nature of the phenomenon (37). Typically, interviews were conducted with a group of individuals who had first-hand knowledge of the situation.

3.2 Research setting

The study was conducted in Kinyinya sector, Gasabo District, City of Kigali. Gasabo district had the highest number of teenage pregnancies and motherhood (175), that puts it to the 2nd place among districts with women aged 15-19 who were pregnant with first child (4.2%), following Gatsibo district with (4.8%) (38). The Ministry of Health data puts Gasabo district at the 3rd Place in teenage pregnancies in Year-2018, following Nyagatare and Gatsibo districts, which shows an unfortunate consistence.

3.3 Study population

The study population was made up of female parents residing in the research setting and meeting the selection criteria. Among them participants were mothers of teenagers who were either pregnant or mothers at the time of the study, mothers with multiple pregnant or nursing teens, and mothers of teenagers who were not pregnant or mothers at the time of the study. The difference in the characteristic among mothers was used to expose factors within the family that came first before the pregnancy including; parental permissive attitudes towards sex, poor communication between mothers and teenagers, low levels of parental monitoring among teenagers, and levels of sexual education among teenagers.

Inclusion Criteria

The eligibility criteria for the study was mothers from Kinyinya sector who;
Had a teenage daughter (13 – 19 years of age) who had never been pregnant; or currently pregnant for the first time, and with the intention to keep the pregnancy to maturity; or who had given birth not more than 6 months and was taking care of the child.

3.4 Sampling procedures

3.4.1 Sample size determination

The sample size was made of 64 female parents selected from the total number of parents meeting the selection criteria. For the in-depth interviews, we selected 24 female parents with different characteristics in equal number (8 per group), from the total number of grouped female parents with a pregnant teen, a nursing teen or with additional previous experience of teenage pregnancy. For the FGDs, 40 participants were selected within 4 groups with different characteristics, such as female parents with a pregnant teen, a nursing teen, a pregnant or nursing teen on previous teenage pregnancy experience, and female parents without any history of teenage pregnancy.

3.4.2 Sampling techniques

Purposive sampling, commonly referred to as judgmental technique which involves the ability of the researcher to determine the ability of a population to offer relevant information was used to select the study respondents. The researcher got the list of all participants responding to the research characteristics from the sector authority, and they were put in 4 homogenous groups as per their similarities:

- 2 groups of female parents of pregnant teens and teen mothers, as it is the first experience for them.
- Female parents of more than 1 history of teenage pregnancy. It is a group of people that are experiencing this for the second or more times, and they probably tried to prevent it again and failed, or not. They have experience on post-delivery period and are able to discuss about the reasons that make teens not learning from their first experience or their elderly sisters.
- Female parents without history of teen pregnancy. An interesting group that will help for comparison group. They also take the role of participants at “helicopter view”, as they discuss in representatively of other responsible parents within the community.

Sectors in Gasabo District, with at least 100 teenage pregnancies and teens of less than six months of nursing period in the previous year (2018) were identified, and then Kinyinya sector was randomly selected within the last sample of selected sectors. Participants received a call invitation through their cell or village coordinators.

For the interviews, 8 female parents were randomly selected from each of the 3 groups of parents with pregnant or nursing teens, and 2 of them missed the interviews for personal reasons. Also, for the FGD, 2 persons were absent in a group of parents with multiple teenage pregnancies. This left us with a total of 22 participants to the interviews and 38 participants to the FGDs [Table 1].

Table 1: Sampling for interviews and FGD

Group	Selection criteria	Participants	Invited	Number of groups
In-depth interviews	Female parents with a pregnant teen.	7	8	NA
	Female parents with a teen mother.	8	8	NA
	Female parents with a pregnant teen and a previous history of teenage pregnancy.	7	8	NA
FGD	Female parents with a pregnant teen or teen mother.	10	10	2
	Female parents with multiple teenage pregnancies.	8	10	1
	Female parents without any history teenage pregnancy.	10	10	1

3.5 Data Collection procedures

Data was collected by the researcher. The primary data collection tools were an interview guide and focus group discussion guide. Both the tools were designed and administered in Kinyarwanda. A pilot study including 10 interviews and 1 FGD was conducted in Rutsiro district, Murunda sector in order to ensure validity, and any arising concerns related to the research tools corrected as per the study objectives. Primary data from FGDs was accurately transcribed into English language for effective analysis and reporting. Thereafter, transcribed data was read to a group of parents who participated in the FGDs for clarifications if the translated information was a replica of what they had indeed documented for the purposes in

order to ensure content validity of the data. The individual interviews took place in designated room within Kami village office and the focus group discussion in a room at the Gasharu cell office made up of 8-10 participants.

The researcher made prior plans with the respondents, with each having their own time slotted for the face-to-face encounter, and the interview time was agreed upon by the two parties. For FGDs, plans were made to meet the groups and once all were settled the data collection process started. The researcher introduced himself and initiated a friendly but professional conversation. He explained the purpose of the project and the importance of the interviewee's participation as, duration of the interview, and how information would be collected and recorded. A consent form was then issued to the interviewee, which upon successfully consenting to by signing the researcher proceeded to ask for information as guided by the interview guide. Neutrality and a professional tone and language was maintained throughout the interview with the researcher ensuring proper recording of the information without distracting the respondents. To ensure accuracy, the researcher checked his notebook and recorder frequently, and asked clarification where necessary. Respondents were also given a chance to ask questions related to the study whenever they felt necessary. Sessions were completed after ensuring that all questions were asked and a reminder of how the data would be used made. Finally, the researcher thanked the respondents for their participation. Notebooks and recorders were used for data documentation.

3.6 Data Management

The data were recorded with digital recorder, and used to insure the accuracy of field notes taken, then transcripts were analyzed. Transcripts and any other research material documenting primary data was kept under lock and key and would be destroyed after five years in line with the research guidelines. Soft copies of the data were saved in protected memory sticks.

3.7 Data Analysis

The researcher employed a grounded theory approach to inductively reveal the situation of teenagers who are pregnant/ nursing and their parents experiences and reactions. The initial stage was data transcription and sorting textual information systematically into categories. After, ATLAS Ti. Version 5.2 was used to analyze and construct the universal meaning of the

event, situation or experience and arrived at a more profound understanding of the phenomenon and used verbatim responses to present the data.

3.8 Ethical Considerations

High ethical guidelines were considered from the beginning of the study until the end. Prior to data collection, research subjects were briefed on the nature and sensitivity of the research. Anonymity and confidentiality were upheld and respondents protected by not disclosing any information potentially linking them to the investigation. Study participants were allowed to pull out of the study anytime they deemed necessary. Due to the sensitivity of the information that was collected regarding their daughter's sexual behaviors, the researcher ensured that the information was used for research purposes only, and no information that could potentially link the data with the respondents was disclosed. The ethical clearance of the study was granted by ethical committee at the College of Medicine and Health Sciences, University of Rwanda.

CHAPTER FOUR: RESULTS

The chapter begins with a description of the background information of the research subjects followed by the research findings. Given that the study was qualitative in nature, nature is presented thematically and interpreted as tables and graphs from combined verbatim responses and direct quotations from the respondents.

4.1 Background Characteristics of Study Participants

The 22 respondents who were interviewed were aged between 35 and 62 years while for those who participated in FGDs aged between 38 and 65 years. The highest education level among participants was secondary. The total number of children in the respective families varied from 2 to 9, and the pregnancy and nursing teenagers were aged between 15 and 19, with education level that was between primary 2 and secondary level 6 as presented in Table 2.

Table 2: Participants characteristics

Characteristics	Interviews	FGD
Age	35 – 62	38 – 65
Education level	None – S6	None – S6
Number of children per family	3 – 9	2 – 6
Number of pregnant or nursing teens per family	1 – 3	1 – 3
Age of their teenagers	15 – 19	16 – 19
Education level of their teenagers	P2 – S6	P2 – S5

4.2 Experiences and reactions of female parents towards teenage pregnancies and motherhood.

Table 3 presented an analysis of the identified themes, categories, and subcategories.

Table 3: Summary of Analysis

Theme	Categories	Subcategories
Reasons leading to teen pregnancies	<ul style="list-style-type: none"> - Socio-economic reasons - Deviant behavioral/ individual reasons - Third party 	<ul style="list-style-type: none"> - Poverty - Disturbed family relations/ parents are role model - Disrespect to parents - Attractive/provocative dressings. - Social media - Drugs - Unhealthy relationships with boys - Sexual behaviour, safe sex - Opportunist men - Distractions from men - Peer pressure, siblings
Perceptions about sex communication	<ul style="list-style-type: none"> - Positive - Negative 	<ul style="list-style-type: none"> - Sexual education - Contraceptive methods
Reactions and support of female parents	<ul style="list-style-type: none"> - Reactions - Positive - Negative 	<ul style="list-style-type: none"> - Attitude of mother/ father - Type of assistance: pregnancy and nursing periods. - Teen's education
Challenges from teen pregnancies and motherhood	<ul style="list-style-type: none"> - Social - Economical - Grandchild 	<ul style="list-style-type: none"> - School dropouts - Choices of teens - Stigmatization/ discrimination - Additional burden, poverty - Early marriages/ illegal - Repeat birth - Teen mothers behavior - Grandchild's health, social, legal and emotional problems

4.2.1 Parental Perceived Reasons Leading to Teen Pregnancies

Perceived reasons mentioned by the participants differed among the respondents with the captured ones included; distractions from men, attractive/provocative dressing and behaviors, social media, relationships with boys, not respecting parents and grandparents, poverty, peer pressure, disturbed family relations, opportunist men who are after money from the girl's family and behavioral changes at school. The study established that causing factors associated with teenage pregnancies and motherhood as per the perceptions of parents were myriad. However, peer pressure and poverty were noted as the highest.

“...most of the teenagers engage in casual sex for money to cater for their basic needs”.

Mother with a pregnant teenage daughter.

“I would link the increase in these pregnancies with peer pressure. These girls will not listen to their parents but will follow into the footsteps of their colleagues”.

One of the FGD participants.

Perceptions about third parties responsible for teenager's sexual behaviors.

Findings linked parenting styles with teenage sexual behaviors and pregnancy outcomes. Women from all the four groups emphasized on the importance of parental being their role models and monitoring the behaviors of their teenagers. Mothers whose daughters had not been pregnant believed that they had done extra effort to ensure that they monitored the behaviors and conduct of their children, hence the reason as to why they had not been pregnant. Some of other opinions differed from them and insisted on difficulties to educate nowadays.

“...as a parent, the stricter you are and the more you monitor their behaviors, the more you are aware of their behaviors and you provide guidance, but you cannot determine how they end up behaving.”

Mother with a pregnant daughter.

“As a parent you can offer counsel and prevent negative outcomes such as unhealthy relationships and sexual behaviors”

Mother aged 42 with two teenage daughters.

“As parents, we are not to blame for the outcomes of this children, we wish and help them to prepare for the best future. I think my daughter was influenced by her schoolmates”.

Mother with a teenage daughter who had been pregnant twice.

“You can monitor your child, but you cannot decide what they do when out there. As a parent, I can tell you that I tried all forms of monitoring, nevertheless she got pregnant”

Mother with teen pregnant daughter.

4.2.2 Perceptions about sex communication before teen pregnancy

Perceptions regarding engaging their children in any form of sexual discussion before their pregnancy, introduced the aspect of parent – teenager communication regarding sexuality. Most respondents suggested to the researcher that they had engaged the respondents in discussions regarding sexuality before they carried pregnancy, others not engaged their daughters in any form of communication regarding the subject, or had somehow engaged their daughters in discussions regarding sexuality.

“Yes, I did speak to her before she became pregnant and even took her through the best options. Anyway, here we are”.

Mother whose teenage daughter was pregnant.

“I did not think she would know such things at such an early age. After she delivered, I told her to get contraceptives but look at her now, she might even give birth to more children more than me”.

Mother with teenager who was pregnant for the second time.

“It is a tricky situation, but I keep warning her not to play with men and boys.”

Mother with no history of teenage pregnancy.

Perceptions about use of family planning methods by teenagers to the prevention of early pregnancies.

There was a unanimous agreement that the use of contraception was very essential, and they fully supported it as controlling their daughter’s sexual behaviors were extremely difficult. In addition, they believed that controlling early pregnancies were better than having teenage mothers who burdened the family economically, socially, and financially.

“It’s true, it is like giving a go-ahead for sexual activities, but at least we will have to deal with this only aspect of it...”

Mother with a teenage daughter nursing an infant son.

“I cannot determine her sexual behaviors, so it would only be fair if I explained and educated her on the use of contraceptives.”

56-year-old mother of a pregnant teenage girl.

“The day you will find yourself with a nursery of children like in my house, you will ask God what went wrong. And especially with the economy, she better be aware of preventive measures early in advance”

Mother of an unmarried daughter who had 2 infants and one teen pregnant for the second child.

4.2.3 Reactions and support of female parents towards their pregnant or nursing teens.

Emotional reactions of female parents on information about their teen pregnancy.

Responses revealed that mothers were in denial and could not believe that their daughters were pregnant, were scared and confused, feared for the lives of their daughters, it was very difficult to accept, they not happy, devastated and shocked. Clearly, the responses demonstrated negative feelings and unexpected news. Some of the documented responses were as follows;

“I feared for her life, at such a tender age, I was not sure if she would make it through the pregnancy. But as time went by, we all accepted the situation and lived with it”.

Mother of a seventeen-year-old nursing girl.

“I felt confused. What was I supposed to do? Chase her to go and live with the man or take care of her. I was also worried; how would the society judge her and me?”

Mother of a teenager nursing a 3-month-old infant.

Same sentiments were shared from all the FGDs, where all the members expressed feelings of devastation and unhappiness with teenage pregnancies even among mothers whose teenagers were not pregnant or nursing.

“My daughter is not pregnant, but putting myself into the shoes of a parent to a mother of a pregnant teenager, I would be devastated and may be wish that the world would open and swallow me up”.

One of the FGD participants whose teenage daughter was not pregnant or nursing.

Perceived parental support towards their pregnant and nursing teen(s).

For most, the relationship between mothers and their daughters during the pregnancy period was good for some of the mothers who even travelled the pregnancy journey together with their daughters and were ready to usher in their grandchildren. Those who, by experience didn't support their teenagers, they ended up repeating the same mistakes or leaving to stay with their partners.

“It was actually better that she confided in me and trusted that as the mother I am supporting her throughout the journey”.

Mother of a teenage daughter was due to deliver in a month's time.

“Your daughter remains your daughter and you can't change that. I could not deal with her like a dog, my support has been great, and she and the baby are healthy. She even recognizes the mistakes, and myself can see changes in her”.

Mother of a nursing teen.

“There was a lot of criticism especially from my husband, the neighbors and close relatives. In retrospect, my daughter never leaves the house and is afraid of what people say about her. So, I always try to be close to her and make her understand that it is not the end of life.”

Mother of a pregnant teenager.

The question on how parents would support their daughters during the pregnancy period and even after childbirth elicited both positive and negative reactions among the participants. Table 4 documents the responses.

Table 4: Nature of parental support to the pregnant and nursing teens

Positive support	Negative support
Legal/ ethical politically and culturally accepted	Forced/early marriages
Provision of routine care for the child	Sending teenagers away to live with their grandparents or relatives
Provision of proper attendance of antenatal care	Locking daughters in the house to avoid being seen as failed parents by the society.
Provision of healthy nutrition and promoting proper prenatal care.	Discontinue with Education
Emotional support through the assurance that giving birth when young was not the end of life	
Continue with education after childbirth	

Perceived parental attitudes towards teen mother’s education.

In regard to the education of pregnant teenagers and mothers, a good number of participants were supportive for the teens to resume studies when the child is around the age of 2-3 years old, but others were not, by emphasizing on the education failure.

“It is a mistake yes, but given a second chance I am sure she will make it to be a better person. I am planning to take her to school after some time, to raise my grandchild.”

Mother of a nursing teen.

“If she got pregnant when in school, do you think she was really interested in the education? She has had enough let her care for the young one to be born”

Mother of a eighteen-year-old pregnant daughter.

“I don’t see her going back to school even, and with a new member into the family, it will be hard for me to manage it”

Frustrated mother of a pregnant teenage daughter.

Perceptions of participants about their expectations from men who impregnated their teenagers

When asked the roles of the men that had impregnated their daughters, parents told the researcher that their daughters cannot go living with their partners because it is illegal union that can result in different socio-economic problems affecting both teen mothers and their child. Here they talked about child health insurance, family disputes and resulting separations, unemployment, more children. Though, some teenagers left their families to stay with their partner illegally. Others said that the men responsible for the pregnancies disappeared, and teenagers kept the identity of the responsible persons as secrets, probably because they were afraid of life imprisonment, and holding the responsible men was not important as they could not help in any way. Some responsible men were reported to come from other areas, and came for casual labors in the locality.

“She claimed to love the man and left to be with him. They still live together although the union is not official”.

Mother of a teenage nursing daughter.

“Why would I even encourage her relationship with that good for nothing man? He cannot even help her with her needs nor that of the child”

Mother of a teenage nursing daughter.

She told me that she was raped during the darkness and could not be able to identify the guilty party, and the child is always asking about his father”

Mother of a nineteen-year-old nursing teenager.

4.2.4 Challenges faced by parents of pregnant or nursing teens.

Negative perceptions and relationships between mothers and teenage daughters.

Most of the participants appeared to shut down the dreams of the young girls, and the image painted was that, giving teenage pregnancy and motherhood was a warrant for an unfulfilled and life of poverty. To begin with, most of the teenagers were looked upon as deviant, sexual promiscuous who even had the potential of engaging in prostitution, and incapable of continuing with their education. Some of their parents even went ahead and forced them to get

married to the responsible men at that young age oblivious of the dangers they were exposing them.

“I let the man take care of her and the baby as a family since she messed up her future. At least her husband will assume his responsibilities”.

Mother of an 18-year-old nursing teenager.

“My husband said that it will be difficult for our daughter to get another man if this one disappears, so as they love each other, she can go and get married to him”.

Mother of a seventeen-year-old pregnant teenager.

For many mothers, teenage pregnancy and motherhood broke the parent-daughter relationship and family bonds.

“I got nervous and frustrated and she sunk into depression. I was a failure! Now, she left school, and I don’t see her future bright”.

Mother of a pregnant teenager.

“Our relationship became distant and we barely spoke to each other. At some point I looked at her as a failure and it blew up and got really bad for us. She left the family, and I was told she lives in Nyamirambo. The care to the grandson is really complicating my life as a widow”.

Female parent of a teen mother.

“It was bad. I hated her for letting me down. She could not live with me. My friends started talking negative things about my parenting and I send her to her grandmother back to the village.”

Mother of a pregnant teenager.

Social, economic, and psychological challenges on teenager’s mother

Mothers of teenage mothers were exposed to social and economic situations that significantly impacted how they perceived the pregnancy of their daughters and infants. To begin with, most of the mothers were uneducated and hence were in the informal business sector. Their levels of income were a challenge as they felt additional family members would be an economic burden to the family. The suggestion was having more children from their daughters would threaten their ability to cater for the family’s basic needs more so given that their daughters

were not working nor had they attained education that would enable them look for well-paying jobs.

“It is such a burden to the entire family. I am the sole provider and you can imagine providing food, shelter, and clothing to additional children. Economically it is not viable. [...] One of the grandsons is always asking about his father who disappeared since he was 1”.

Mother of two teenage daughters who had infants.

“Already I am struggling to cater for her siblings. Do not forget that pregnancy and childbirth come with responsibilities. Bills will have to shoot up including catering for the medical and healthcare expenses for both my daughter and grandchild.

One of the FGD participants.

Socially, mothers of pregnant teenagers were mocked. It was as if their parental roles had terribly backfired on them, and the society took a toll to judge them.

“Since both my daughters have given birth at their early ages, my friends talk ill about my parenting skills and it really bothers me because I did all I could to guide them”.

One of the FGD participants.

CHAPTER FIVE: DISCUSSION AND STUDY LIMITATIONS

The study provides a qualitative analysis of experiences and reactions of female parents towards their teen pregnant and nursing daughters. It looks at both positive and negative support, and their influences of teenage pregnancy and motherhood. This chapter synthesizes research findings through developing critical and analytical discussions that explain the theoretical underpinnings established by the researcher from the raw data in relation to existing empirical literature. It discusses parental perceptions from the interviews and focus group discussions, and look at their relation.

5.3 Discussions of Findings

5.3.1 Parental Perceived Reasons Leading to Teen Pregnancies

The current study linked parenting style with sexual behaviors and pregnancy outcomes among teenagers. Differing views from the FGDs solicited interesting discussions pertaining the roles that parents play in guiding as well as monitoring the behaviors of their children. Mothers whose daughters had not been pregnant believed that they had done extra effort to ensure that they monitored the behaviors and conduct of their children, hence the reason as to why they had not been pregnant. Empirical evidence discussing the role of parental monitoring on sexual debut, risky sexual behaviors, and unwanted pregnancies among teenagers exists (18,32). These findings were in agreement with those by Dittus and Parkes who associated high level of parental monitoring with delayed sexual intercourse, great use of condoms, and increased use of contraceptives (18,32)

On the other hand, parents whose teens were pregnant believed that they had offered their daughters every possible counsel but still they could not listen to them. The arguments were directed to the submission that all parents wanted the best for their children and hence worked tirelessly to see to it that they had good lives. Hence, these parents dismissed parenting styles as determinants of sexual behaviors among teenagers and pregnancy outcomes. For instance, in regard to monitoring, most of the responses suggested that the stricter a parent was, the more possible a teenager would be rebellious making the matters worse for both parties. These parents believed in mutually conversing with their children. They also indicated that they had tirelessly monitored their children but still the outcomes were negative and hence placed the blame on teenage personalities and the social structure of the society. Ginsburg associated

permissive parenting practices characterized by high support and low rules with health risks among adolescents given that such parents with the opportunities to understand the real nature of pregnancy and child rearing (39) Findings by Parkes further identified teenagers' attitudes and the values they placed on having sexual relationships with outcomes of parental monitoring, and hence, explaining the differences in opinions between the respondents (18). Parkes's findings validated responses by mothers who believed that they had done what was at their disposal to offer guidance and counsel to their children, but the decision was purely determined by the teenagers (18).

5.3.2 Perceptions about sex communication before teen pregnancy

Findings from the study established mixed reactions among all respondents regarding the parent-teenage communication about sexual topics before and after pregnancies. There were instances that parents did introduce the topic to their teenagers before pregnancy and they still ended up pregnancy while in other cases parents only introduced the topic after the teenagers got pregnant and delivered. For parents whose teenagers were not pregnant, there was evidence of sexual education through parent-teenager communication. Parents who reluctantly or somehow engaged their children in sexual discussions appeared to have moral obligations negotiating paradoxical situations in which they wanted their kids to be safe, but at the same time were afraid of openly introducing discussions concerning the topic due to moral and cultural implications.

The findings of the study were consistent with those by Lantos who suggested that dialogues between parents and their teenagers were important, more so when they touched on the topics of reproduction and engagement in risk sexual behaviors, prevention of pregnancy, STIs, and contraception use (30). Scholars have linked increased communication between girls and their parents regarding topics touching on sex among them use of contraceptives, prevention of pregnancy, and abstinence among others with high levels of practicing safe sexual behaviors, and abstaining from behaviors exposing them to STIs and pregnancies (7,31,40). More empirical evidence has linked with high levels of parent-teenager communication with delayed sexual debut, debate pregnancy and STI prevention with their sexual partners, and make decisions to use contraception and condoms from the first sexual intercourse continuously (22,29).

The findings on reluctance of parents in engaging teenagers on sexual discussions were consistent with those by Bushaija who associated religious and cultural factors with parents shying away from discussing sexual matters terming them as sensitive (27). There was also the assumption that the mothers wanted to voice out their objections to sexual behaviors at a point at a certain age which they believed their teenagers were presumed to start engaging in sexual intercourse. The findings coincided with those by Mollborn and Everett that suggested existing difficulties in parent–teen communication about sex (41). The findings of the current study were also not consistent with those conducted by Bushaija in Rwanda, who established that most of the parents did not discuss sexual matters with adolescents (27).

5.3.3 Reactions and support of female parents towards their pregnant or nursing teens.

The study documented mixed feelings among parents regarding the future of pregnant teenagers and mothers. The common claim from the respondents appeared to identify girls who got pregnant out of wedlock as social deviant, and had an invisible future. It was evident that mothers had not expected their teenagers to get pregnant and become mothers. Some felt like it was due to the fact of not taking enough time for monitoring, dialogue guidance to their teenagers for prevention. Nevertheless, some of the respondents cited acceptance of supporting their daughters during pregnancy, delivery and after delivery while others said that their daughters wanted to go living with men who had impregnated them, and they couldn't stop them. They experienced devastating effects of the pregnant or nursing teen; and was indication of parental disappointment in their duties towards the girl child as well as a stigma to the girl and her family. Scholarly evidence suggests that, the acceptance of mothers is fundamental for adolescents to be able to overcome difficulties associated with the pregnancy period and gain motherly support (34). Negative parental feelings and reactions upon the discovery of teenage pregnancy verified those of Fernandes who defined the reaction of teenage mothers as shocking and devastating (15).

In regard to the relationship between mothers and their pregnant teenage daughters, there findings noted both negative and positive changes. Studies on mental health on teenager's pregnancy and motherhood have been an interdisciplinary body of research currently. Most of this research is grounded on the effects that relationships with their parents, partners, and families during pregnancy and motherhood impact on their lives and that of their young ones

(26,42–44). Mothers who experienced positive relationships with their daughters disclosed their willingness to accompany them through the pregnancy and motherhood journey for the sake of their future and that of their grandchild. The roles that parents took in supporting their daughters during pregnancy and motherhood was notable. Whereas some of the mothers expressed their intention to help in caring for their grandchildren, they were keen on letting the adolescent take her responsibilities as the mother. Family variables associated with teenager's families were associated with teenage pregnancy resolutions, such as deciding to live with parents until delivery. These findings were consistent with scholarly evidence by Madkour and colleagues who found that not wanting to leave home was negatively related to the likelihood of decisions to procure abortions, which suggested that the more the pregnant teenagers did not want to leave home, the less they were likely to procure abortions (44). Thus, the notion was that these girls got parental support until their delivery and thereafter their parents let them make decisions for their lives, but protected the lives of the innocent infants.

The findings revealed that majority of pregnant and nursing teens were still living with their parents, and those that were not living with their parents had either left the children under their grandmothers' care, while others got illegally married. From the experience of mothers with multiple teenage pregnancies, teens influence one another, and sometimes they end up marrying the same man or a different one. The main concern discussed is the teen mother who is unable to care for her own child, child's legal registration, and child's health insurance among other things, hence the grand family must assist in this. The challenge is the teen mothers that don't learn a lesson from their experience and keep the risky behaviors. The relationship between mothers and their pregnant teenagers is common in the social world, and involves quite a lot of understanding, especially from the mother's angle (9,45). The mother is the primary person who welcomes teenage pregnancy, and goes through the process of forming them into caring and experienced mothers (26,46). It is this process that allows the experience of teenage daughters within the angle of their own mothers, and hence their primary duty in determining the pregnancy outcomes of their daughters. Studies have emphasized on the importance parental influences on teenage pregnancy resolutions due to family attachments (47) Studies reveal that the presence of parents during the child delivery process of teenagers makes teenagers feel more secure and supported (26).

In regard to the responsibility of the men who had impregnated their teenagers, mothers expressed few hopes, and dismissed the ability for most of them to cater for the needs of both their daughters and grandchildren. This was attributed to the socio-economic situation of the men, fear of taking responsibility, fear of being prosecuted for sleeping with minors, while others vanished into thin air. While a very small percentage proceeded to take in the teenage mothers and reside with them under illegal arrangements since there was no legal union, the findings were not in line with significant scholarly evidence. Whereas empirical evidence by Maranhão and colleagues documented a statistical association between the father's desire to care for the newborn of their teenage partners post their pregnancy (48), the current findings cannot be supported by these findings given that the population of men who accepted responsibility were quite few, and besides, a fraction of the young mothers chose to keep the identity of their partners' secret. The studies were also inconsistent with empirical evidence by Mollborn and Jacobs who linked co-parenting among teenagers with successful outcomes for both the parents and the child as most of the men responsible for the pregnancies were nowhere to be found, and the sole responsibility of child upbringings was on the mothers and grandmothers of the teenagers (49).

5.3.4 Challenges faced by parents of pregnant or nursing teens.

The findings documented mixed feelings among parents regarding the future of pregnant teenagers and mothers. However, the common claim appeared to identify girls who got pregnant while not married as a social deviant and that such had no future. Also, that teenage pregnancy had devastating effects on the girls' parents; was sign of parental failure in their responsibilities towards the girl child as well as a stigma to the girl and her family. These findings collaborated with those of Fernandes and colleagues (15)

Many parents reacted in various ways towards teenage pregnancy. In this study, the reactions included sending the girl away from home in anger and stopping her from continuing in school. These findings support those of Fernandes and colleagues which stated that some fathers send their teenage pregnant daughters away and broke contact with them (15). Critically analyzing this stance of some fathers, it appeared to portray a negative reaction to an already bad situation as this may plunge the girl into further psychological trauma. Additionally, the socio-economic circumstances of the girl could become worse which might result in poor nutrition, inadequate

health care with high probability of developing maternal complication(s) with eventual maternal mortality. The teenage girl is already disadvantaged socio-economically because of dependence on parents or guardians for subsistence. This scenario may further be aggravated if the man or boy responsible for the pregnancy does not have a means of livelihood and cannot provide for her.

The World Health Organization states that adolescent pregnancy is the major contributor to maternal and child mortality and the vicious cycle of ill-health and poverty (50). Sending the girl away, may likely expose her to wrong counsel and unsafe abortion. Statistics show that globally, about three million adolescents aged 15 – 19 years undergo unsafe abortion every year (50). However, some parents in this study stated that they would rather support the girl to have the baby and go back to school thereafter.

5.4 Study limitations

This type of qualitative study cannot be generalized to all settings, and financial issues were against having the study done in all representative settings for the Rwandan population. The principle constraint also of this study was that the subject of young pregnancy was very private, most important among the vulnerable population characterized by girls who may have been influenced by their parents attitudes into sex, or due to cultural predispositions found themselves mothers at a tender age. Hence, some parents were not willing to provide information due to the sensitivity of the subject. Some of the parents who were invited to the study turned down invitations as they found it necessary to safeguard the secret and dignity of their adolescents, despite the fact that they were indulging in irresponsible sexual behaviors. Nevertheless, the researcher managed to source data from participants who consented their participation and were willing to share their experiences.

Whereas the study used triangulation involving the use of FGDs and personal interviews as the primary data collection tools, the two data collection tools suffered from common methodological shortcomings. First, it was hard to determine the accuracy and truth of the information provided by the respondents due to interviewer biasness, general inconsistency, and dishonesty among respondents. Triangulation could also not be achieved given that the

participation of informants was within a similar location, and hence, the effect of the study on local factors peculiar to the location was not reduced.

The study findings cannot be transferred and generalized to other contexts and situations due to the methodological adoption of the purposive sampling criteria, a nonprobability sampling technique that was used to maximize data relative to the context in which it was collected. During the data analysis and reporting, there were probable challenges arising from the confirmability degree of the research study's findings, where the researcher's interpretations probably skewed the interpretations of what the research participants said to fit a certain narrative. There was also a possibility that the researcher would be biased due to the need for summarizing research findings and identifying of themes.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The study examines the experiences and reactions of parents towards teenage pregnancies and linked these influences and attitudes to their support and outcomes for their pregnant and nursing teenagers. Findings from the study have linked positive parental support and attitudes regarding the pregnancy and motherhood of their teenagers with desired pregnancy outcomes and reduced sexual promiscuous activities. Female parents were surprised by seeing their daughter pregnant, regardless of the support they provided to prevent their girls engaging in sexual activities. Parents highlighted the different factors inducing their daughters to fall in the temptation, but they all agree that much has to be done by parents, policy makers and the planners in order to prevent teenage pregnancies, and parents support needed for pregnant or nursing teens in order to help them achieving their full potentials despite what happened. Also it is very important to support the teens' children both psychologically and in their education.

6.2 Recommendations

The growing prevalence rates of pregnancy among teenagers is a public health menace that calls for the attention of parents, guardians, governments, health care practitioners, and other relevant agencies to collaborate in the effort to prevent its occurrence. The study made recommendations to the following stakeholders:

6.3.1 The Ministry of Health

- The ministry of health should formulate policies and interventions that focus on supporting the importance of parent-teen relationship, factoring in the lives of teenagers before their debut into sexual activities.
- The ministry should partner with relevant stakeholders among them NGOs dealing with youth and reproductive health to run sensitization campaigns on parent-adolescent communication and strengthen the messages disseminated to parents on how to guide and approach the subject. Socio-demographic factors should also be factored in when designing such programs.
- The ministry of health should partner with the ministry of education to engage schools in sensitizing teenagers about responsible health behaviors under the comprehensive sex education program. Given that teenagers spend most of their time in school, it

would be important that schools be used as sensitization tools. This would also call for the training of teachers on what messages to disseminate to their students.

6.3.2 Public Health Practitioners, Nurses and Community Health Workers

- As the main link between the community and health, public health practitioners, nurses, and community health workers, need to offer advisory services to parents regarding the importance of about responsible sexual behaviors with their children, and emphasize on the importance of such duties in reinforcing and building on what they have taught them through free interaction and providing opportunity for clarifications and questions when attempting to practice their parent's sexual education into practice.
- Public health practitioners, nurses, and community health workers can play an important role in designing youth programs within their areas of jurisdiction and educating the youth on topical issues regarding responsible sexual behaviors and the dangers associated with teenage pregnancies.

6.3.3 Parents

- In the advent of teenage pregnancy, parents should try to be accommodating to help their daughters go through the crises situation successfully and thereafter, support them to achieve their full potentials.
- Parents should make use of resources within their disposal to support the girl child to prevent its occurrence of pregnancy.
- Parents should engage in communication, understanding and support towards their daughters to ensure the inculcation of moral values to prevent coerced sex, thus reduce teenage pregnancy.
- Parents should seek professional help from counsellors when encountered with challenges surrounding teenage pregnancies in order to have a better perspective on how to support their daughters.

6.3.4 Government and partners

- The government and its partners should put strategies of providing special support to those children that are born from teen mothers and left with their grandmothers in terms of education, because they become a burden to the grandparents whereas their mothers are not able to do so, or have left the family.

- The children also need psychosocial support because they suffer from the fact of not knowing their fathers. The families also have an issue of completing the civil status of those children. So there should be a mechanism of assisting the families in this regard.
- The government should allow teenagers to benefit from family planning methods for prevention of teenage pregnancy, in case other socio-education methods fail.

6.3.5 Implications and Suggestions for Future Studies

In reviewing the research findings and discussions, numerous implications can be drawn for the public health practice as there is need for an integrated action cutting across numerous factors in assisting teenagers avoid unwanted pregnancies and handle the consequences of the pregnancies, whether in wanted or unwanted situations.

Future studies should be directed into assessing the role that the attitudes and perceptions of male parents towards teen pregnancy and motherhood, and how these perceptions affect the social support of teenagers. Upcoming studies should look into investigating pregnant teenager's perceptions about family support and more specifically their parents, and scholars should also consider examining the relationship between female parents' level of education and pregnant teenage decisions to attend contraception services. There is a need also to understand the impact of fathers' disclosure towards the children mental health status.

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APPENDICES

APPENDIX I: CODE BOOK

Table 5: Code Book

Code	Definition
1. Socio-Demographic Characteristics	
1.1. Age of senior	Any respond related to the age of the guardian or parents.
1.2. Education of senior	Any respond indicating what educational level that the participant do have.
1.3. Parity	Any respond on the number of children the guardian/parent of adolescent does have.
1.4. Teenagers/nursing teenagers	Any respond related to the number of pregnant and nursing teenagers a parent/guardian has.
1.5. Age of Junior	Any respond indicating the age of a pregnant teenager / nursing teenager
1.6. Education of Junior	Any respond indicating the educational level of pregnant teenager / nursing teenager
2. Experiences about pregnancy	
2.1. Reason for pregnancy	General reasons for being pregnant
2.2. Third parties and pregnancies	Any respond indicating that an external persons triggered young person pregnancy.
2.3. Sex communication (Pos)	Any respond on provision of sexual education before pregnancy
2.4. Sex communication (Neg)	Any respond on non-provision of sexual education before pregnancy
2.5. Use of family planning (Pos)	Any respond supporting the use of FP for preventing of pregnancies.
2.6. Use of family planning (Neg)	Any respond rejecting the use of FP for preventing of pregnancies.
2.7. Consequences of pregnancies	Any respond indicating perception on bad or good consequences on teen being pregnant or nursing.
3. Reactions about teenage pregnancies	

3.1. Reactions	Perceived general reaction of guardian or parent after acknowledging the pregnant status of teen
3.2. Choices	Any respond on preferences of pregnant or nursing at home.
3.3. parental support during pregnancy	Any respond on the sort of support parents/guardian give their pregnant teens
3.4. Parental support during nursing	Any respond on the sort of support parents /guardian give their nursing teens
3.5. Reaction and support on education (Pos)	Any respond suggesting that parents or guardians have a sound and promising action towards teen education who are pregnant or nursing mothers.
3.6. Reaction and support on education (Neg)	Any respond suggesting that parents or guardians do not have a sound and promising action towards teen education who are pregnant or nursing mothers.
3.7. Early pregnancy positive	Any respond pertaining to the fact that teens aren't going to teen marriages due to pregnancy
3.8. Early pregnancy Negative	Any respond pertaining to the fact that teens are married due to pregnancy
3.9 Cause of pregnancy	Any responds on general factors making teens pregnant
3.10. community and teen pregnancies	Any respond communicating felt concern by community on teen pregnancy.
3.11. Challenges	Any respond on difficulties parents and guardians face why with pregnant teens or nursing teen mothers.
3.12. Others	Miscellaneous, information not relating areas of interest
3.13. Important	other information related to the subject matter but not core of the study

Table 6: Description of interview respondents.

CODES	PRIMARY DOCS	
	1	Totals
1.1. Age of senior	22	22
1.2. Education of senior	22	22
1.3. Parity	22	22
1.4. Teenagers/nursing teenagers	22	22
1.5. Age of Junior	22	22
1.6. Education of Junior	22	22
2.1. Reason for pregnancy	32	32
2.2. Third parties and pregnancy	11	11
2.3. Sex communication (pos)	18	18
2.4. Sex communication (neg)	4	4
2.5. Use of family planning (pos)	15	15
2.6. Use of family planning (neg)	7	7
2.7. Consequences of pregnancies	3	3
3.1. Reactions	23	23
3.12. Others	2	2
3.13. Important	5	5
3.2. Choices	19	19
3.3. parental support during pregnancy	20	20
3.4. parental support during nursing	20	20
3.5. Reaction and support on education (pos)	16	16
3.6. Reaction and support on education (neg)	7	7
3.7. Early pregnancy positive	12	12
3.8. Early pregnancy negative	10	10
Totals	355	355

Table 7: Description of interview respondents

CODES	PRIMARY DOCS	
	1	Totals
2.3. Sex communication positive	2	2
2.4. Sex communication negative	2	2
2.7. Consequences of pregnancies	11	11
3.10. community and teen pregnancies	6	6
3.11. Challenges	2	2
3.12. Others	3	3
3.13. perspective on teenage pregnancy	5	5
3.5. Reaction and support on education (pos)	4	4
3.6. Reaction and support on education (neg)	7	7
3.9 Cause of pregnancy	14	14
Totals	56	56

APPENDIX II: CONSENT FORM

“Teenage pregnancies and motherhood: A qualitative study of experiences and reactions of females parents”.

“Gutwara inda no kubyara ku bana batagejeje imyaka 20: Ubushakashatsi ku makuru n’imyitwarire y’ababyeyi muri iki kibazo”

ICYEMEZO CY’UWEMEWE KUGIRA URUHARE MU KIGANIRO

Iriburiro ry’icyo tugamije

Nitwa **Zimulinda Alain**, niga muri kaminuza y’u Rwanda, ishami ry’ubuzima rusange. Ndimu gukorera impamyabushobozi bw’ikirenga mu bijyanye n’ubuzima rusange, nkaba nkora ubushakashatsi ku bijyanye n’uburyo ababyeyi b’abagore bifata ku kibazo cy’abana babo b’abakobwa batwara inda cyangwa bakabyara batarageza ku myaka 20 hano mu murenge wa Kinyinya. Ubu bushakashatsi buransaba kugira amakuru ahagije kandi y’ukuri kubo bireba aribo babyeyi babyaye abo bana ndetse n’abandi babyeyi batahuye n’icyo kibazo. Turaganira ku kibazo binyuranye, ndashaka kumenya impamvu wowe nk’umubyeyi ubona zitera abana b’abakobwa gutwara inda batarageza no kumyaka 20, icyo wowe nk’umubyeyi uvuga ku ruhare rw’ibiganiro ku buzima bw’imyororokere mu gukumira iki kibazo, kumenya imyitwarire y’ababyeyi, ubufasha batanga kuri abo bana bahuye n’icyo kibazo ndetse n’imbogamizi zituruka kuri icyo kibazo cyo kubyara batarageza ku myaka 20. Birumvikanako hari igihe byaba ari ubwambere mugiyeye kuganira kuri iyi ngingo, ariko n’ibyingirakamaro kuri jye, kuri mwe no ku muryango nyarwanda muri rusange. Amakuru n’ibitekerezo mumpa nibyo biri bumfashe, kuko nzabikoresha mu gusoza amasomo yange, ariko nanone ibivuye muri ubu bushakashatsi nshobora kubitangariza ababishinzwe kugirango bafate ingamba zangombwa.

Uko biza kugenda:

Ikiganiro cyacu kiramara hagati y’isaha imwe n’amasaha abiri. Ibitekerezo bya buri wese n’ingenzi cyane. Mu gihe wemeranywa n’igitekerezo mugenzi wawe atanze umbwire, naho kandi mwaba mutemeranywa nabwo umbwire. Ntagisubizo cyiza cyangwa kibi kurusha ibindi. Ndashakako hatagira uwumva afite ipfunwe cyangwa isoni y’igitekerezo yatanze. Iki n’ikibazo kireba umuntu ku giti cye, niwumva utifuza kugira icyo uvuga, nta kibazo, n’uburenganzira bwawe.

Kugira uruhare mu bushakashatsi:

Kugira uruhare muri ubu bushakashatsi n'ubushake bwa buri wese. Ntawemerewe kubahatira kugira icyo muvuga. Niwumva ikibazo utakishimiye cyangwa utifuza kugira icyo ukivugaho ntiwirirwe ugisubiza. Ndaza gufata amajwi y'ikiganiro tugirana, bitari ukugirango nzavugengoko kanaka yavuze iki, ahubwo arukugirango ntazagira icyo nibagirwa cyangwa mbahimbira mubyo tunganira. Niwumva wifuzako igitekerezo cyawe tutagifata umbwire. Nurangiza kuvuga icyo wumva tutafata, umbwire nsubizeho akuma gafata amajwi.

Kubika ibanga:

Nta muntu numwe nzabwira ibyo twavuganye. Ibitekerezo byanyu nzabisangira gusa n'abarimu dufatanyije muri ubu bushakashatsi. Nta zina ryanyu ndi bufate kugirango ibitekerezo byanyu bibe ibanga. Ibyo nza gufata n'aka kuma gafata amajwi, nzabyumvana nabo dufatanyije ubushakashatsi gusa, kandi nta zina rigomba kumvikanamo. Bityo ibitekerezo birimo tube aribyo dukoresha gusa. Ndabasaba namwe ngo mubikirane ibanga, ibyo tunganira bigume hagati muri twe. Buri muntu aratanga ibitekerezo bye kubijyanye n'ubuzima bwe bwite, kandi tugomba kubyubaha.

Inyungu zo kugira uruhare mu bushakashatsi:

Nta mafaranga cyangwa ibihembo bigenewe abagira uruhare muri ubu bushakashatsi. Kugira uruhare n'ubushake bwa buri wese muri mwe. Gusa inyungu muzazibona mu bihe biri imbere, kuko nyuma yo kubimenyesha ababishinzwe, birashoboka ko bafata ingamba zabafasha gukemura iki kibazo. Nuko rero ubu bushakashatsi bushobora kubagirira akamaro ndetse n'umuryango nyarwanda muri rusange.

Aho wabaza ugize ikibazo:

Mu gihe ugize ikibazo cyangwa ufite icyo ushaka gusobanuzwa kuri ubu bushakashatsi, ushobora kumpamagara ku murongo wange ngendanwa: 0788559855, **ZIMULINDA Alain** (zimulindaa@gmail.com), cyangwa iya mwarimu unyoboye witwa **Prof Nyirazinyoye Laetitia**: 0788683209, cyangwa se nanone mwarimu ushinze ubushakashatsi bw'umwuga **Prof Aline Umubyeyi**: 0788264144.

Niba rero wemeye gutanga amakuru muri ubu bushakashatsi, muranyandikira amazina munanshyirire umukono kuri iyi nyandiko.

UMUKONO WO KWEMEZA

Nemeye kugira uruhare mu bushakashatsi.

Amazina

Umukono

Ntabwo nemeye kugira uruhare mu bushakashatsi

Amazina

Umukono

Niba wemeyeko dufata amajwi, urashyira umukono aha:

—

Amazina

Umukono

APPENDIX III: INTERVIEW GUIDE/ IBIBAZO

Ibi bibazo bigamije gufata amakuru akoreshwa byonyine ku mpamvu zo kwiga. Turasaba gushubiza ibi bibazo ukoresheje ukuri. Amakuru utanga muri uku kubazwa azakoreshwa muri ubu bushakashatsi gusa, kandi nta myirondoro yawe izagaragazwa.

This interview guide is to collect data for purely academic purposes. You are kindly requested to answer the questions as sincerely as possible. The information you will give will only be used for research purposes and your identity will be treated with confidentiality.

Section A: Demographic Characteristics/ Ibiranga ababazwa

1. Ufite imyaka ingahe/ *What is your Age?* _____
2. Wize kugeza kukihe kiciro/ *What is your Education Level?* _____
3. Ufite abana bangahe/ *How many children do you have?* _____
4. Ni bangahe batwite cyangwa babyaye (cyangwa byombi) batagejeje imyaka 20 ufite mu rugo rwawe/ *How many pregnant or nursing (or both) teenagers do you have in your household?* _____
5. Utwite/uwabyaye afite imyaka ingahe (nimba ari benshi vuga imyaka yabo bose)/ *What is the age of your pregnant/nursing teenager (s)?* _____
6. Utwite/ uwabyaye yize kugeza ku kihe kiciro (nimba ari benshi, bavuge bose)/ *What is the level of education of your pregnant/nursing teenager?* _____

Section B: Perception about Teenage Pregnancy/ Icyo uvuga ku gutwita no kubyara ku batagejeje imyaka 20.

7. N’izihe mpamvu ukeka zateye umwana/abana wa/bawe gutwita/ kubyara bakiri bato/ *Perceived reasons leading to teen pregnancies.*
.....
.....
8. Utekerezako yaba arinde/ ariki wamuteye kugira imyitwarire imushora mu mibonano mpuzabitsina? ____ Sobanura/
Perceptions about third parties responsible of their sexual behaviors to teen pregnancies.
.....
.....

9. Wigeze uganyiriza umukobwa/ abakobwa bawe ku buzima bw'imyororokere mbere yuko baterwa inda/

Perceptions about sex communication before teen pregnancy.

.....
.....

10. Wavuga iki kukuganyiriza hakiri kare abakobwa gahunda zo kuboneza urubyarwo mukubarinda gutwara inda/ kubyara batarageza ku myaka y'ubukure/

Perceptions about use of family planning methods by teenagers to the prevention of early pregnancies.

.....
.....

11. N'izihe ngaruka ubona gutwita/ kubyara byagize ku mwana wawe?

Perceptions about consequences of pregnancies and motherhood among teenagers.

.....
.....

Section C: Attitudes about Teenage Pregnancy/ Imyitwarire ku mbyaro z'abakiri bato.

1. Niki wakoze ukimara kumva inkuru yuko umukobwa wawe atwite? Byaragutunguye cyangwa warubyiteze?

Perceived reactions after being informed about the pregnancy.

.....
.....

2. Uracyabana n'umukobwa wawe? _____ Niba ari oya, tubwire aho umukobwa wawe aba n'impamvu mutabana.

Perceived experiences about choices of pregnant or nursing teens' home.

.....
.....

3. Umukobwa wawe utwite uramufasha? Umufasha kubera iki kandi gute?

Perceived parental support towards their pregnant teen(s).

.....
.....
.....

4. Ni gute ufasha umukobwa wawe mu kurera umwana we (kubafite abakobwa babyaye)?

Perceived parental support towards their nursing teen (s)

.....
.....
.....

5. Utekereza iki kukuba ko umukobwa wawe yasubira mw'ishuri? _____ Sobanura.
Niba ari yego, watubwira igihe uteganyirizako yasubira mw'ishuri.

Perceived parental reactions and support towards teen mother's education.

.....
.....

6. Ukekako umusore wateye inda umukobwa wawe yagombye kumwitaho, ndetse no kuba bombi bashakana? _____ Sobanura.

Perceptions of parents about the pregnancy responsible support and early marriage of their pregnant or nursing teens.

.....
.....

7. Hari icyo wumva wakongeraho? Hari ikibazo wabaza?

Do you want to add anything? Do you have any questions?

Urakoze/ Thank you

APPENDIX IV: FOCUS GROUP DISCUSSIONS GUIDE/ IBIGANIRO MU MATSINDA

1. Ababyeyi bo muri aka gace muvuga iki ku bana bino batwita batagejeje ku myaka 20?
What are parents' perceptions and concerns about teen pregnancy in this community?
2. N'izihe mpamvu mwumva zitera abana b'abakobwa guterwa inda no kubyara batagejeje ku myaka 20 muri aka gace?
What do you think are the causes of increased rates of teenage pregnancies and motherhood in this region?
3. N'izihe ngaruka gutwita no kubyara kw'abakobwa batagejeje imyaka 20 bigira ku babyeyi babo?
What effects to teenage pregnancies and motherhood pose to parents?
4. N'izihe ngaruka kubyara bakiri bato bigira ku buzima bwabo muri aka gace?
What do you see as consequences/ challenges of teen pregnancies in this community?
5. Niki ababyeyi bumva nk'uruhare rwabo mu gukumira gutwara inda kubana batagejeje imyaka 20 ndetse no kwigisha abana b'abakobwa ku buzima bw'imyororokere?
What do parents perceive as their role in teen pregnancy prevention and teen sexual health education?
6. Mukekako abana batagejeje imyaka 20 batwita cyangwa babyara bagombye kwitabwaho n'imiryango yabo ndetse bakemererwa no gukomeza amashuri?
Should pregnant teenagers and mothers be supported by their families and allowed to continue with their education?