

**PSYCHOLOGICAL WELL-BEING AND ASSOCIATED FACTORS AMONG  
ADOLESCENT AND ADULT MOTHERS BETWEEN THE AGE OF 10 TO 49  
YEARS IN IN MALONGO SUB-COUNTY MAYUGE DISTRICT**

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**UGANDA CHRISTIAN  
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**Declaration**

I declare that “Psychological Well-Being and Associated Factors Among adolescent and adult mothers Aged 10 and 49 Years in Malongo Sub-County, Mayuge District.” is my own work. It has never been submitted to any University or Institution for any award.


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## **List of Abbreviations**

SDG – Sustainable Development Goal

GBV – Gender Based Violence

UNICEF – United Nations Children’s Fund

UNFPA – United Nations Population Fund

MMR – Maternal Mortality Ratio

CEDAW – Convention on Elimination of All Forms of Discrimination Against Women

UN – United Nations

UNCF – United Negro College Fund

SRH – Sexual Reproductive Health

UNAIDS – The Joint United Nations Programme on HIV/AIDS

HIV – Human Immunodeficiency Virus

RCDF – The Rural Communications development Fund

DPP – District Development Plan

PGWBI - Psychological General Wellbeing Index

DDP – District Development Plan

PWB – Psychological Well-Being

MPWB – Maternal Psychological Well-Being

MPH – Maternal Psychological Health

## Operational Definition

*Psychological Wellbeing:* “Psychological well-being refers to a person's subjective experience of affirmative psychological states, such as pleasure, life fulfillment, and a sense of purpose.” It entails traits such as a person's mental and emotional health, including autonomy, environmental mastery, positive relations, personal growth, purpose in life, and self-acceptance.

*No Distress:* No distress means that an individual is experiencing an absence of negative psychological symptoms. This state is characterized by a lack of significant anxiety, depression, stress, or other negative emotional states. People in this category can handle daily stresses effectively, maintain good social relationships, and perform their regular activities without significant emotional or psychological interference.

*Moderate Distress:* Moderate distress indicates that an individual is experiencing noticeable levels of negative psychological symptoms, such as anxiety, depression, or stress, but these symptoms are not severe enough to cause major disruptions in daily functioning.

*Severe Distress:* Severe distress signifies a high level of negative psychological symptoms that results in impairment of an individual's ability to function in daily life.

*Adolescent mother:* are women who become or pregnant and, had a child before the age of 18.

*Adult Mother:* are women above the age of 19 years who become pregnant and parent their children. In this study, an adult mother shall be one that became a mother after the age of 19.

*Autonomy:* Implies independence and regulation of behavior independent of social pressures (Ryff, 2014).

*Environmental mastery:* Indicates effective use of opportunities and a sense of mastery in managing environmental factors (Ryff, 2014).

*Positive relations:* “Involve meaningful relationships with reciprocal empathy, intimacy, and affection” (Ryff, 1989).

*Personal growth:* “Signifies continuous development, openness to new experiences, and recognition of self-improvement over time” (Ryff, 1989).

*Purpose in life:* “Demonstrates a strong goal orientation and conviction that life holds meaning” (Ryff, 1989).

*Self-acceptance:* Reflects a positive attitude toward oneself (Ryff, 1989).

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## ABSTRACT

*Introduction:* Motherhood is a transformational adventure that brings happiness, difficulties, and significant transformations to a woman's existence. The study assessed the psychological well-being and associated factors among adolescent and adult mothers in Malongo sub-county, Mayuge district.

*Methodology:* The study Employed a descriptive cross-sectional survey based on a quantitative approach to collect data from 356 mothers using a researcher-administered, structured questionnaire. Frequency tables were generated for the variables at the univariate level, and a chi-square distribution was employed at the bivariate analysis. Further, an ordered logistic regression was used to establish the factors that predicted psychological well-being. The analysis was significant at a 95% level of confidence.

*Results:* Results indicated that the majority of the respondents were adult mothers (79.77%), with adolescent mothers comprising the remaining respondents (20.23%). The largest proportion (43.54%) were aged 20–29, over half (51.97%) were Basoga, the majority (52.81%) had completed primary education. At the bivariate level, there was a statistically significant relationship between Tribe ( $p=0.026$ ), education level ( $p=0.012$ ), religiosity (number of times one went to the mosque or church in a week) ( $p=0.016$ ), employment status ( $p=0.011$ ), Category of mother ( $p=0.024$ ), Employment status of the husband ( $p = 0.008$ ), monthly income of the husband ( $p=0.004$ ), supportiveness of the husband ( $p=0.026$ ), education level of the mother ( $p=0.003$ ), people's concern/interest in what one does ( $p=0.025$ ), ease of accessing practical help ( $p=0.001$  and psychological well-being. Further, mothers who were divorced, separated, and widowed, those who didn't participate in women groups displayed diminished PWB in contrast to their counterparts who are married, participated in women groups respectively.

*Conclusion:* A 20% prevalence for adolescent mothers underscores the urgent need for targeted interventions aimed at reducing adolescent pregnancies. Moreover, the disparity in PWB among adolescent and adult mothers calls for targeted mental health support. Key factors such as marital status, employment, education, and social support significantly influenced psychological well-being, suggesting that policies aimed at improving women's access to education, economic empowerment, and family stability can enhance maternal mental health

## CHAPTER ONE

### 1.0 Introduction

Maternal Psychosocial Well-Being [MPWB] varies across a range of possibilities. At its most severe end, depression is the primary cause of the worldwide burden of disease (Shidhaye, 2014). This includes a greater number of years lived with disability, decreased productivity leading to unemployment, heightened physical illness, increased healthcare costs, negative effects on families and caregivers, and premature death (Zafar et al., 2014). MPWB significantly influences the emotional, physical, and cognitive development of children (Kuipers et al., 2021). In addition to a mother's overall sense of well-being, her mental health and individual characteristics, including poor mental health, can impact her pregnancy, which in turn affects the child(ren). Psychological well-being [PWB] also impacts partner connection, and parenthood (McLeish & Redshaw, 2017). According to Meier et al. (2018), children whose mothers have higher levels of subjective well-being demonstrate superior social and language abilities compared to children whose mothers have lower levels.

Mothers have a crucial role as the main role models for their children, and their emotional reactions serve as examples for the child's own emotional control. If a mother successfully handles stress and exhibits adaptive coping mechanisms, the child is more inclined to imitate similar behaviors. On the other hand, a mother who is facing emotional challenges may unintentionally demonstrate unhealthy ways of dealing with those challenges, thereby continuing a pattern of emotional instability (Lyons, 2017).

### 1.1 Background

Motherhood is a transformational adventure that brings happiness, difficulties, and significant transformations to a woman's existence (Hwang et al., 2022). In the midst of happy occasions and fresh starts, it is crucial to recognize the less talked-about facets of motherhood, specifically those pertaining to psychological well-being (Lyons, 2017). Maternal Psychological Health [MPH] has significant consequences for the emotional, cognitive, and social development of a mother. Studies have confirmed the relationship between a mother's psychological state and her capacity to offer attentive and nurturing care (McLeish & Redshaw, 2017). Untreated postpartum mood disorders

can interfere with the development of a strong mother-child bond and impede a mother's emotional control and general mental well-being (Saharoy et al., 2023). Moreover, the impact of MPH extends to the entire family, affecting the relationships between partners, the dynamics among children, and the general atmosphere within the family (Kuipers et al., 2021).

Ryff and her colleagues (1989) proposed the multidimensional construct of psychological well-being [PWB], which encompasses six dimensions: Self-acceptance refers to the act of recognizing and embracing various aspects of oneself, both positive and negative. Positive relations involve cultivating warm, fulfilling, and trustworthy connections with others. Autonomy entails being independent and capable of resisting societal influences. Environmental mastery entails feeling competent and in control when managing one's surroundings. Purpose in life involves having goals and a sense of direction. Personal growth entails perceiving oneself as evolving, expanding, and receptive to new experiences.

The PWB of mothers extends well beyond the pregnancy, birth and immediate postpartum period, encompassing the entire trajectory of motherhood. Throughout this journey, mother may encounter various psychological health challenges, including depression, anxiety and post-traumatic stress disorder [PTSD] (Psychological health care, 2024). These issues can persist or even emerge long after the initial postpartum phase, influenced by factors such as work-life balance, evolving identity, and changing relationship dynamics (Everyday Parenting, 2024). Notably, the concept of "matrescence" describes the profound transformation women undergo as they adapt to motherhood, highlighting the need for societal recognition and support during this period (Orchard et al., 2024). Addressing MPH requires ongoing attention and comprehensive support systems to promote the well-being of both mother and child.

Children who are exposed to maternal psychological concerns, such as depression or anxiety, poor self-esteem, and depression, face a heightened risk of experiencing developmental delays, behavioral problems, and emotional challenges (Lowthian et al., 2023). Moreover, when a mother grapples with her mental well-being, heightened levels of stress, discord, and unpredictability can negatively impact the cohesion of the family. This can result in disruptions in care provision and the establishment of a strong parental connection (Ribas et al., 2024) Moreover, when mothers feel psychological distress, it frequently leads to a decrease in marital satisfaction. This is because

spouses may encounter difficulties in communicating, maintaining closeness, and making decisions together (Dong et al., 2022) Further, impaired MPH might hinder mothers' capacity to handle the responsibilities of parenting (Surkan et al., 2011). Decreasing the burden of non-communicable maternal diseases (CMD) results in a 30% decrease in infant growth retardation. Hence, using this approach has the potential to reduce maternal and under-five mortality rates (Girma et al., 2024). Poor MPH can significantly erode family stability and eventually contribute to the breakdown of communities (Nakidde et al., 2023)

Dahab and Sakellariou, (2020) assert that underdeveloped nations significantly overlook maternal mental health. For example, in Uganda, around 25% of pregnant women and 20% of postpartum women encounter maternal mental health (MMH) issues (Nakidde et al., 2023). This data highlights a significant level of illness burden. In recent research conducted by Atuhaire et al. (2021), the prevalence of postpartum depression in south-western Uganda was estimated to be 27%. However, it is important to note that the total burden of maternal psychological health [MPH] may be much greater owing to the inadequate studies beyond the prenatal and postal periods of pregnancy (Williamson et al., 2023). Highly widespread risk factors for poor psychological wellness in Uganda include premature births, residing in rural areas, low self-esteem, limited access to social assistance, intimate partner abuse, and low family income.

## **1.2 Statement of the Problem**

Adolescent and adult motherhood constitutes a multifaceted issue with profound implications for the psychological well-being of mothers. Motherhood underscores the necessity to comprehend the PW and its determinants in Malongo, a rural sub county in Mayuge District. Mothers in rural areas face health care provider and infrastructural shortages, at most Gender Based Violence [GBV] (Kroelinger, 2021). They mothers face poverty, transportation issues, and great distances to health treatment. Further, (Lazar & Davenport, 2018) identified socioeconomic constraints and inadequate access to health services, as risk factors for poor psychological well-being.

Moreover, in rural settings mothers are younger, unmarried, and less educated (Singla et al., 2015). Also, insufficient resources, and stigma prevent individuals from accessing mental health care (Nakku et al., 2016)). Further, emotional abuse, recent stresses, and prejudice predict maternal discomfort (McLeish & Redshaw, 2017; Ribas et al., 2024). Moreover, mothers are faced with

challenges encompassing restricted educational access, social economic status, age, social stigma, and economic disadvantages, all of which have potential repercussions on their psychological well-being. (Mangeli M et al., 2019).

When a mother grapples with her PWB; heightened levels of stress, discord, and unpredictability can negatively impact the cohesion of the family. This can result in disruptions in care provision and establishment of a strong parental connection (Rodriguez-JenKins & Marcenko, 2014). In addition, when mothers feel psychological distress, it frequently leads to a decrease in marital satisfaction. This is because spouses may encounter difficulties in communicating, maintaining closeness, and making decisions together (Acoba, 2024). Further, impaired MPH might hinder a mother's capacity to handle the responsibilities of parenting (Mangeli M et al., 2019).

Despite the foreseeable impact motherhood has on mental health, existing literature on psychological well-being among mothers predominantly focuses on the prenatal and post-partum seasons of motherhood, neglecting a comprehensive understanding of the unique challenges and factors associated with maternal psychological health across a broad spectrum. This study sought to address this gap.

### **1.3 Objectives**

#### **1.3.1 General objective**

To assess the psychological well-being and associated factors among adolescent and adult mothers in Malongo sub-county, Mayuge district.

#### **1.3.2 Specific Objective**

- I. To determine the prevalence of adolescent motherhood in Malongo sub county, Mayuge District.
- II. To compare the psychological well-being of adolescent and adult mothers in Malongo sub county, Mayuge district.
- III. To identify the factors that influence the psychological well-being of mothers in Malongo sub-county, Mayuge district.

### **1.4 Significance of the Study**

First, it looked at the critical issue of prevalence of adolescent motherhood in the area hence highlighting the weight of this phenomenon. By focusing on such prevalence, the research was expected to provide one with a complete understanding of the prevailing socio-cultural context thus assisting policy-makers, NGO and communities find tailored solutions to boost psychological health among mothers.

Secondly, it aimed at establishing factors influencing psychological well-being among mothers in the Malongo sub county, Mayuge. The results provided insights on building of focused interventions and policies that could be used for enhancing mental health in mothers at all ages. This knowledge is essential in making proper support structures which would consider the unique circumstances mothers find themselves in.

In summary, this study contributed not only to the existing body of knowledge in terms of prevalence on adolescent motherhood but also investigated the involved dynamics of psychological well-being among mothers. This then paved way for evidence-based strategies and interventions that could enhance the mental health outcome for mothers in Malongo Sub-County, Mayuge District.

## **1.5 Scope**

### **1.5.1 Geographical Scope**

The study was conducted in Malongo sub-county, which is one of the six sub-counties found in Mayuge District. Mayuge is one of the 10 districts that make up Busoga region. Iganga borders it in the north, Jinja in the west, Bugiri in the east, and Lake Victoria in the south (Mayuge District Local Government, 2024). Conducting this study in Mayuge was imperative due to the unique socio-cultural and economic context of the district. Mayuge, being a representative district in a rural setting, is likely to experience distinct challenges and disparities that can significantly impact the psychological well-being of mothers. Understanding the specific factors influencing the psychological well-being of mothers in Mayuge is crucial for the development of targeted interventions and policies that address the needs of this vulnerable demographic.

### **1.5.2. Time scope**

The study covered the period from May 2023 to April 2024, when the researcher was able complete it. The study also used literature between 2014 to 2024 except for critical literature such as definitions, and in the event that literature on a particular variable was scarce. The above time scope was considered to aid the investigator review recent literature linked to the study.

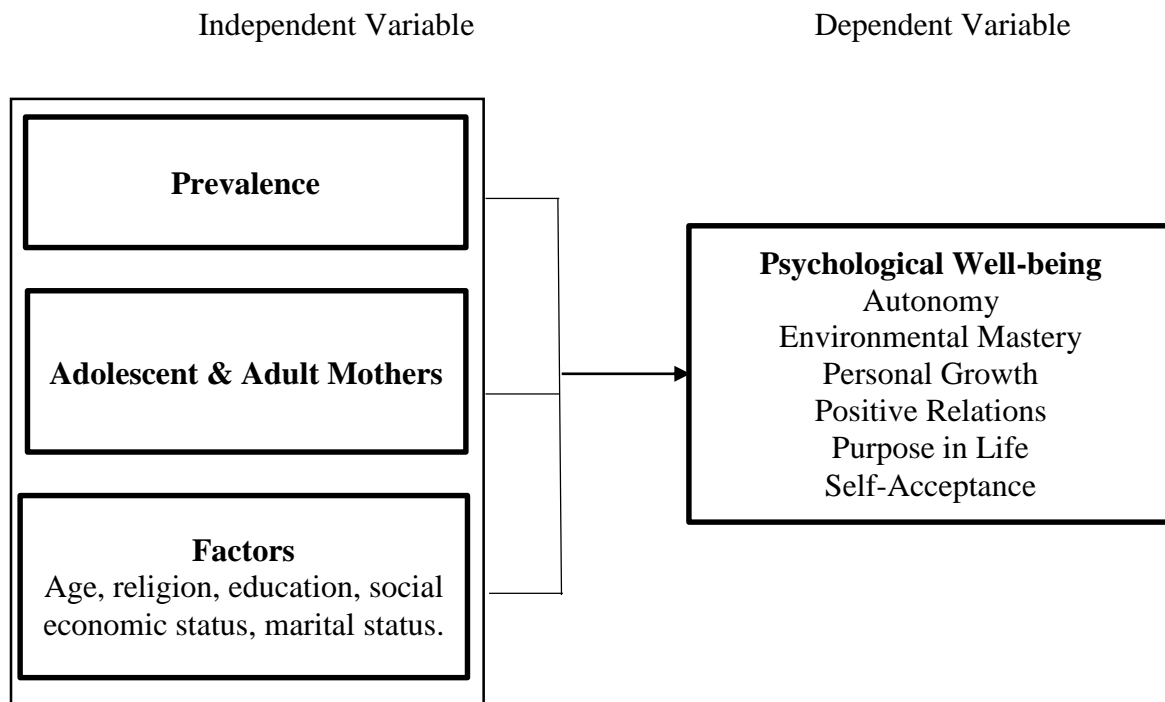
### 1.5.3 Content Scope

The main goal of the study was to find out more about the psychological well-being of adolescent and adult mothers in Malongo sub county, Mayuge District.

### 1.6 Conceptual Framework

A theoretical framework is a review of existing theories that helps you build the arguments you will use in your own work (Vinz, 2022).

*Figure 1: Conceptual framework showing psychological well-being and associated factors*



This conceptual framework shows the relationship between prevalence, adolescent and adult mothers, and various influencing factors on psychological well-being. It suggests that the psychological well-being of adolescent and adult mothers is shaped by factors such as age,

religion, education, socioeconomic status, and marital status. These factors may influence key dimensions of well-being, including autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. The framework guides the study in examining the prevalence of psychological well-being, comparing the PWB of adolescent and adult mothers, and the factors contributing to their psychological health.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction.

This chapter highlighted the findings of other scholars who conducted studies in similar fields. The precise sections addressed encompassed the empirical studies pertinent to the research, the phenomenon of psychological wellbeing, comparisons between adolescent and adult mothers, factors associated with psychological wellbeing among mothers. Finally, a summary of the whole chapter.

### 2.2 Psychological well-being

Psychological wellbeing (PWB) is similar to other terms that describe positive mental states, like happiness or satisfaction (Trudel-Fitzgerald et al., 2019). In many ways, it is not necessary or helpful to worry about small differences between these words. The two most important parts of mental health are the feeling of happiness that comes from doing something we enjoy and the sense that what we are doing with our lives has some value and purpose (Almadani & Alwesmi, 2023). Psychological wellbeing is further categorized into two main types: "Hedonic" wellbeing and "Eudaimonic" wellbeing. Hedonic wellbeing pertains to subjective feelings of happiness and comprises an affective component (high positive affect and low negative affect) and a cognitive component (satisfaction with life) (Carruthers & Hood, 2004). On the other hand, Eudaimonic wellbeing focuses on the purposeful aspect of PWB and is delineated into six key types: Self-acceptance: "Reflects a positive attitude toward oneself." Environmental mastery: "Indicates effective use of opportunities and a sense of mastery in managing environmental factors." Positive relations with others: "Involve meaningful relationships with reciprocal empathy, intimacy, and affection." Personal growth: "Signifies continuous development, openness to new experiences, and recognition of self-improvement over time." Purpose in life: "Demonstrates a strong goal orientation and conviction that life holds meaning." Autonomy: "Implies independence and regulation of behavior independent of social pressures (Ryff, 1989).

A sense of equilibrium in one's emotions, thoughts, social interactions, and interests is a sign of psychological well-being (Feller et al., 2020). Huppert (2009) asserts that fulfilling lifestyles are essential for psychological well-being. It entails maintaining an optimistic disposition and

executing tasks well. Consequently, it is reasonable that individuals with elevated psychological well-being express feelings of contentment, competence, and support (Feller et al., 2020). The notion of psychological functioning successfully encompasses the realization of one's potential, exercising control over one's life, possessing a sense of purpose (e.g., striving for esteemed objectives), and fostering meaningful connections (Huppert, 2009).

## **2.3 Comparing Psychological well-being between adolescent and Adult Mothers**

### **2.3.1 Adolescent Motherhood and Psychological Well-being**

Marriage and parenthood are often seen as the embodiment of a beautiful dream. Families are among the most significant components of people's lives, influencing their experiences, choices, and overall assessments of their lives (Thomas et al., 2017) It should come as no surprise that these interactions have significant effects on people's general happiness and wellbeing (Nelson et al., 2014). In Africa, over 40% of girls are married before turning 18. Getting married entails, the bride moving to a new house and neighborhood and establishing new social networks, all of which can worsen psychological well-being (UNCF, 2014). Research shows that marriage especially when still young has negative economic, social, demographic, and reproductive health effects on child brides, their families, and their communities (Parsons et al., 2015). It reduces their social support networks and restricts their ability to exercise choice and agency (Parsons et al., 2015), which are important for one's psychological well-being (Feller et al., 2020). However, none of the above authors focused on psychological wellbeing in a rural setting which this study intends to address.

Early marriages cause major psychological health issues in adolescent girls, resulting in a loss of relationship confidence and the ability to sustain a good relationship. Further, pregnancy-related mortality and morbidity cause psychological health issues in adolescent girls (The World Bank, 2017). In a study by (De Groot et al., 2018), child motherhood has been linked to poor mental health and well-being in women, especially those who marry at a young age. Barman (2019) found that child motherhood had a big effect on women's mental health, even after controlling for other things that can affect mental health, like household wealth and violence from an intimate partner. Getting married at any age up to 15 years considerably reduced women's overall psychological well-being, with those married at age 12 or under having the greatest effect compared to those married at 18 or older (Barman, 2019). Women in Ethiopia who married at age 12 or earlier had

an average of five points lower on the Psychological General Well-being Index than women who married later, even after controlling for socioeconomic status and experiences of intimate partner violence (Tefera *et al.*, 2020). It is noteworthy to acknowledge that in as much as the above study is relevant to psychological wellbeing, it has not been done within the boundaries of Uganda which this study intends to address.

### **2.3.2 Adult mothers and Psychological well-being**

The association between adult mothers (18 years and above) and psychological well-being is multifaceted, shaped by a range of social, cultural, emotional, and practical factors. While motherhood can provide a sense of fulfillment and purpose, it also presents challenges that can impact a mother's mental health, either positively or negatively, depending on various circumstances. The nurturing role associated with motherhood can provide a strong identity and a sense of competence, leading to higher levels of psychological well-being (Brown *et al.*, 2018). However, for some women, this transition can be overwhelming, especially if they feel unprepared or face difficulties adjusting to their new roles. The experience of feeling isolated or unsure about parenting can lead to stress, anxiety, or depressive symptoms (Acoba, 2024).

Social support plays a critical role in MPH. A mother's well-being is closely tied to the support she receives from her partner, family, and social networks (Nomaguchi, 2012). Supportive relationships are associated with lower levels of maternal depression and anxiety, as they provide emotional validation and practical help in caregiving tasks. On the other hand, a lack of support or interpersonal conflicts can increase the risk of mental health issues such as postpartum depression (Lyons, 2017). In fact, studies have shown that women who experience poor marital relationships or lack adequate social support are more likely to develop psychological problems after childbirth (Acoba, 2024; Budds, 2021).

Cultural and societal expectations of motherhood also affect the psychological well-being of mothers. In cultures where motherhood is highly valued and supported, women are more likely to feel validated in their roles, which can enhance mental health (Baker *et al.*, 2019). Conversely, unrealistic societal expectations, such as the pressure to be a perfect mother or the stigma surrounding certain parenting choices, can negatively affect a mother's well-being (Asiimwe *et al.*,

2023). These external pressures often lead to feelings of inadequacy and anxiety, as mothers struggle to meet both personal and societal standards.

## **2.4 The Different Constructs of Psychological Well-being**

### **2.4.1 Autonomy among adolescent and adult mothers**

A study conducted by Kassahun and Zewdie (2022) revealed a substantial correlation between women's age and their decision-making autonomy for maternity healthcare services. The research indicated that women's autonomy in making health-related decisions enhances with age. It is well-documented that mothers frequently have more difficulties in exerting autonomy and decision-making authority (Kassahun & Zewdie, 2022). Further, mothers may have limited access to education, resources, and support, which can impact their ability to make independent decisions regarding their healthcare (Kassahun & Zewdie, 2022)

In many countries like Uganda, child marriage is still prevalent, which means that girls under the age of 18 are often forced into marriage and motherhood without their consent (Gloria *et al.*, 2020) especially in the rural setting. This can severely limit their autonomy and ability to make decisions about their own lives and the lives of their children. In contrast, older mothers have more legal rights and protections, which can enhance their autonomy and decision-making power. Further, in many societies, women are socialized to be submissive and obedient, which can limit their ability to assert their own needs and preferences (Sultana, 2011). A study by Ali *et al.* (2021) found that autonomy was positively associated with maternal health care utilization, meaning that women who had more decision-making power in their households were more likely to utilize maternal health care services.

### **2.4.2 Environmental mastery among adolescent and adult mothers**

Environmental mastery is a psychological term denoting an individual's capacity to proficiently navigate and adjust to their surroundings. It encompasses the perception of mastery over one's environment, the capacity to fulfill daily obligations, and the possession of a sense of purpose and significance in life (Aldawsari *et al.*, 2018). Research has shown that environmental mastery can be influenced by a variety of factors, including age, life experiences, and social support. Mothers may face unique challenges in managing their environment due to their young age, lack of life

experience, inadequate resources and support to help them navigate their environment (Mangeli et al., 2017). Mothers tend to have less control over their environment, face social stigma, and have limited access to educational and career opportunities, which can impact their ability to effectively manage their circumstances (Moore *et al.*, 2010). However, if mothers have more time to establish themselves and potentially more access to resources and support networks, they may be better equipped to exercise control over their environment and make choices that promote their well-being and that of their children (Lyons, 2017). They may have more autonomy in decision-making and greater access to educational and career opportunities, which can contribute to a greater sense of environment mastery (East & Felice, 2014).

### **2.4.3 Personal growth among adolescent and adult mothers**

A study done in Wakiso district, central Uganda provides insights into the experiences of adolescent and adult mothers, shedding light on their personal growth and challenges during pregnancy and early motherhood. The study indicates that mothers faced significant challenges, including dropping out of school due to pregnancy, lack of disposable income, and being more likely to experience violence from parents and rejection by their partners (Atuyambe et al., 2008). However, mothers who are married or in partnership, have completed higher levels of education, and have a more stable source of income (Atuyambe et al., 2008), live in a more conducive environment for personal growth and development among, including the ability to continue their education, pursue career opportunities, and access better support systems.

A study by Machoka et al. (2024) indicates that mothers especially young ones may face more social stigma and negative attitudes towards their pregnancy, which can lead to feelings of shame and guilt. However, Van Zyl *et al.* (2015) found that these mothers may also experience personal growth and increased maturity as a result of their parenting responsibilities. They may develop a stronger sense of purpose and responsibility, and may become more independent and self-reliant. In contrast, mothers who have more life experience and resources to draw upon, which can help them navigate the challenges of parenting. They have established careers, supportive partners, and more financial stability, which can provide a sense of security and confidence are more likely to experience personal growth (Machoka et al., 2024). None the less, they may also face challenges related to balancing their parenting responsibilities with other obligations, such as work and caregiving for aging parents.

#### **2.4.4 Positive relations among adolescent and adult mothers**

The development of positive relationships among mothers is influenced by various factors such as social support, partner involvement, and relationship quality. Research indicates that mothers may experience higher levels of depressive symptoms compared to adult mothers which can impact their overall well-being and ability to develop positive relationships (Hodgkinson *et al.*, 2014). Further, mothers may face challenges in their romantic relationships, including disappointment over unmet expectations for childcare assistance and conflicts with the fathers of their children. This can affect their ability to establish positive relationships during the transition to parenthood (Mangeli *et al.*, 2017). However, mothers who have more established support networks may experience lower levels of psychological distress, which can contribute to the development of positive relationships (Hodgkinson *et al.*, 2014). Research suggests that social support from a romantic partner/spouse is associated with greater overall life satisfaction, lower psychological distress, and better parenting among adolescent mothers (Budds, 2021).

Developing positive relations among mothers involves understanding the unique challenges and support systems that each group faces (Mangeli M *et al.*, 2019). Mothers often reside in multigenerational households and benefit from multiple sources of support, which can lead to better school outcomes and less psychopathology. Positive relationships with the child's father and a parental figure, such as a grandparent, are linked to lower rates of depression. However, they are at a higher risk for school dropout, financial stress, and negative mental health outcomes (Easterbrooks *et al.*, 2016). The presence of conflictual relationships, especially with their own mothers, can increase distress, and affect their ability to develop positive relations (Huang *et al.*, 2014). Moreover, mothers often face negative discourses and stereotypes that label them as bad or incompetent parents. This can lead to feelings of distrust and negativity. Also, they may experience feelings of isolation, and the lack of support and mother figures can be a common challenge for them which affects their ability to make positive relations (Van Zyl *et al.*, 2015).

#### **2.4.5 Purpose of Life among adolescent and adult mothers**

The purpose in life among adolescent mothers and adult mothers can be influenced by various factors, including their life stage, responsibilities, and support systems. Mothers often face an abrupt transition to parenthood, which can significantly impact their sense of purpose in life. This

transition may be accompanied by feelings of uncertainty, unpreparedness, and a shift in personal goals and aspirations (Coert et al., 2021). In addition, mothers may experience social stigma, lack of support, and limited opportunities for personal growth and fulfillment, which can influence their perceived purpose in life. Adult mothers on the other hand may have established support networks and resources that contribute to their sense of purpose, including social support, professional networks, and access to resources for personal growth and development (Atuyambe et al., 2008).

However, after going through adolescence and early adulthood, mothers may have a more established sense of identity and personal goals, which can contribute to a clearer sense of purpose in life (Coert et al., 2021). Further, mothers who have had the opportunity to pursue education, career, and personal interests before becoming parents, may have their sense of purpose as they may have already achieved certain personal milestones (Erasmus *et al.*, 2020). Due to young age, adolescent mothers may require additional guidance and mentorship to help them navigate the complexities of parenthood and find a sense of purpose beyond their immediate caregiving responsibilities (Coert et al., 2021)s.

#### **2.4.6 Self-acceptance among adolescent and adult mothers**

Self-acceptance is a crucial aspect of self-concept that influences an individual's overall well-being and mental health. Mothers often experience significant changes and challenges in life due to pregnancy and childbirth, including difficulties such as rejection, violence from partners and parents, and stigma from peers (Maiden *et al.*, 2014). These challenges can have a negative impact on the formation of a healthy self-concept (Srivastava & Joshi, 2014). This vulnerability can make them susceptible to self-concept degradation due to social barriers and life-changing events. In contrast, adult mothers may have more developed coping mechanisms and a better understanding of their own identity and self-worth. They may have already established a sense of self-acceptance through their experiences and personal growth (Thomas *et al.*, 2017).

Further, it's important to note that adult mothers may also face their own set of challenges, such as balancing work and family responsibilities, which can impact their self-acceptance (Umberson & Montez, 2010). Mothers face different challenges in developing self-acceptance, such as balancing the demands of motherhood with personal goals and aspirations. They may also experience

feelings of guilt and self-doubt related to their parenting abilities, as well as societal pressure to conform to idealized standards of motherhood (Govender *et al.*, 2020).

## **2.5 Factors associated with psychological wellbeing among mothers**

The psychological well-being of mothers is significantly affected by several aspects within the social, psychological, and environmental domains. A study examining low-income, adolescent, African American, first-time mothers revealed a significant relationship between adequate social support from family, friends, and community resources and improved psychological wellness (Hudson *et al.*, 2016). A study conducted by Huang *et al.* (2014) revealed that over two-thirds of women who underwent a change in their primary support provider during the first six months postpartum were at an increased risk for adverse health outcomes and diminished psychological well-being. A history of mental health disorders, including depression or anxiety, might affect the psychological wellness of mothers. Timely recognition and assistance for mental health issues are crucial (Colizzi *et al.*, 2020).

Several risk factors have been identified, including parental mental illness, maternal and obstetric complications during pregnancy, season of birth, urban environment (Neece, 2014) infections, childhood adversities, vitamin D deficiency, malnutrition, low premorbid intelligence quotient (Alvarenga & Frizzo, 2017), traumatic brain injury, and substantial tobacco and cannabis use (Colizzi & Murray, 2018). The aforementioned studies indicate a potential correlation between support and psychological well-being, providing a solid foundation for comprehending the factors that affect psychological well-being; however, they are not done among mothers in the Ugandan context, particularly in rural areas, which this study aims to address.

Furthermore, Mangeli *et al.*'s (2017) research emphasizes that access to education and employment opportunities not only positively influences the psychological wellbeing of mothers but also plays a pivotal role in fostering a sense of independence, bolstering self-worth, and contributing to financial stability. This multifaceted impact underscores the significance of empowering mothers through educational and vocational avenues as integral components of comprehensive support strategies. Additionally, the stress associated with parenting at a young age can exert a profound influence on the psychological wellbeing of adolescent mothers. Recognizing the pivotal role of support in mitigating parenting stress becomes imperative for safeguarding their

mental health (Flaherty & Sadler, 2022). The significance of emotional, informational, tangible, and problematic support from various sources, such as the husband, relatives, boyfriend, friends, and other individuals is associated with higher self-esteem which is paramount for any stressful event.

The quality of relationships, including the support and involvement of the adolescent mother's partner, family dynamics, and social relationships, can impact her psychological wellbeing (Thomas et al., 2017). According to Røsand *et al.* (2011) the quality of relationships, particularly with family, friends, and partners, plays a pivotal role in influencing the psychological and emotional states of these young mothers. Positive and supportive relationships are associated with better mental health outcomes, while strained or unsupportive relationships may contribute to heightened stress and emotional distress. Strong familial support, encompassing emotional, practical, and financial assistance, contributes positively to their overall well-being. Conversely, strained relationships with family members or lack of familial support are identified as stressors that can adversely affect the psychological health of mothers (Thomas et al., 2017) Also, Positive relationships with friends and supportive partners are associated with increased resilience and improved mental health outcomes. Conversely, negative peer influences or unsupportive partners can contribute to feelings of isolation and exacerbate the challenges faced by mothers (Coert et al., 2021).

The stress associated with parenting, including managing multiple responsibilities, can impact the psychological well-being of mothers. High levels of parenting stress have been linked to lower psychological well-being (Neece, 2014). However, according to a study by George (2010), adequate social support from family, friends, and community can positively impact the psychological well-being of mothers. Social support can provide emotional assistance, practical help, and a sense of belonging, which can buffer against stress and promote well-being. Furthermore, the delicate balance between work and family responsibilities represents a substantial stressor for mothers, a sentiment which is recognized as a critical aspect of their overall well-being. The demands of employment coupled with the responsibilities of parenting can create a complex interplay that has implications for mental health. A study by Moreira et al. (2019) in Portugal indicates that the challenges associated with juggling work and family roles contribute significantly to stress among mothers. The strain from conflicting demands often leads to

heightened stress levels, impacting not only the mothers but also potentially influencing family dynamics. In as much as the above studies speak to the variables of this study, they were done in developed countries like Portugal, thus their direct applicability to a low developed country like Uganda leaves a study vacuum which this research intends to answer.

The importance of adequate access to healthcare services, spanning from reproductive health, mental health, and parenting support, emerges as a critical determinant of the psychological wellbeing of mothers, as highlighted by Hodgkinson et al. (2014). Comprehensive healthcare services contribute significantly to addressing the unique needs and challenges faced by adolescent mothers during their reproductive journey. Ensuring access to reproductive health services is fundamental, encompassing prenatal care, family planning, and safe delivery options. Mekonnen *et al.*'s (2019) research emphasizes that these services not only safeguard the physical health of both mother and child but also play a vital role in shaping the psychological wellbeing of mothers by fostering a sense of security and promoting informed decision-making regarding reproductive choices. A study by Kuipers et al. (2021) reveals that having more children is associated with lower levels of wellbeing and increased stress. Additionally, the age of the child(ren) may also play a role, as mothers of younger children tend to experience more stress and lower levels of wellbeing than mothers of older children (Kuipers et al., 2021). Other factors that may impact the psychological wellbeing of mothers include the presence of health issues in the child(ren), unexpected negative surprises or life events, reduced relationship satisfaction, income reduction (limited maternity leave benefits), time allocation to housework, and working hours (McLeish & Redshaw, 2017). The above studies capture different factors that may influence or impact psychological well-being, however, this has not been tested in Uganda, particularly the rural setting which this study intends to address among mothers in Mayuge district

According to Avis et al. (2021) participating in self-care practices emerges as a valuable strategy for enhancing the psychological well-being of mothers. Engaging in activities like regular exercise, ensuring adequate sleep, and incorporating leisure pursuits into daily routines is recognized as instrumental in managing stress and promoting overall mental health (Avis et al., 2021). Further, Mahindru et al. (2023) highlights the positive correlation between regular exercise and mental well-being. Physical activity has been associated with the release of endorphins, which are neurotransmitters that contribute to mood elevation and stress reduction. The quality of

relationships holds a significant influence over the psychological well-being of mothers. Relationships, particularly the marital bond and interactions with children, play a pivotal role in shaping the emotional landscape of mothers (Thomas et al., 2017). Positive and supportive relationships are identified as key contributors to overall well-being, whereas conflicts and dissatisfaction within these relationships can have detrimental effects on the mental health of mothers (Nomaguchi & Milkie, 2020). In addition, access to mental health resources and support services is a critical component of maintaining the psychological well-being of mothers, particularly when they are grappling with stress, anxiety, or depression (Ong *et al.*, 2021). Individual factors such as resilience, optimism, and coping strategies play a significant role in shaping the psychological well-being of mothers. Developing resilience and positive coping mechanisms can help navigate challenges and maintain well-being (Avis et al., 2021). The above studies done elsewhere reveal the significance of determining the factors that influence psychological well-being among mothers, which this study in Mayuge intends to deliver.

## **2.6 Summary of the Literature**

There have been previous studies in regard to motherhood, which have been done in this particular area revealing the social as well as health aspects. This sets a ground for the current research where there will be more information concerning the psychological well-being of mothers. More so, existing studies have compared adolescents versus adult mothers' psychological well-being from which ideal perspectives on differences in mental health arise amid varying age groups. The literature indicates that the change in the psychological well-being of people results from different life experiences, age, social support structures, and coping mechanisms. The aspect of comparison to the review further adds to the scope of the study, thus rightfully guiding the study on psychological well-being.

Finally, a critical aspect of the literature review focuses on the identification of the factors affecting the psychological well-being of mothers. Previous research in that area analyses social support networks, economic factors, educational opportunities, cultural contexts as well access to healthcare services. This understanding in totality of the influencing factors forms basis for the third objective of the current study — which is identifying and unpacking the factors that play a pivotal role in shaping up the psychological well-being of both the adolescent and adult mothers

within Malongo sub-county, Mayuge district. The combination of the factors helps building a holistic view towards the challenges and opportunities for enhancement of MPH.

## CHAPTER THREE: METHODOLOGY

### 3.1 Introduction

This chapter covered the research approach, research design, study population, sample size and sampling procedures, data collection methods, data analysis and ethical considerations.

### 3.2 Design

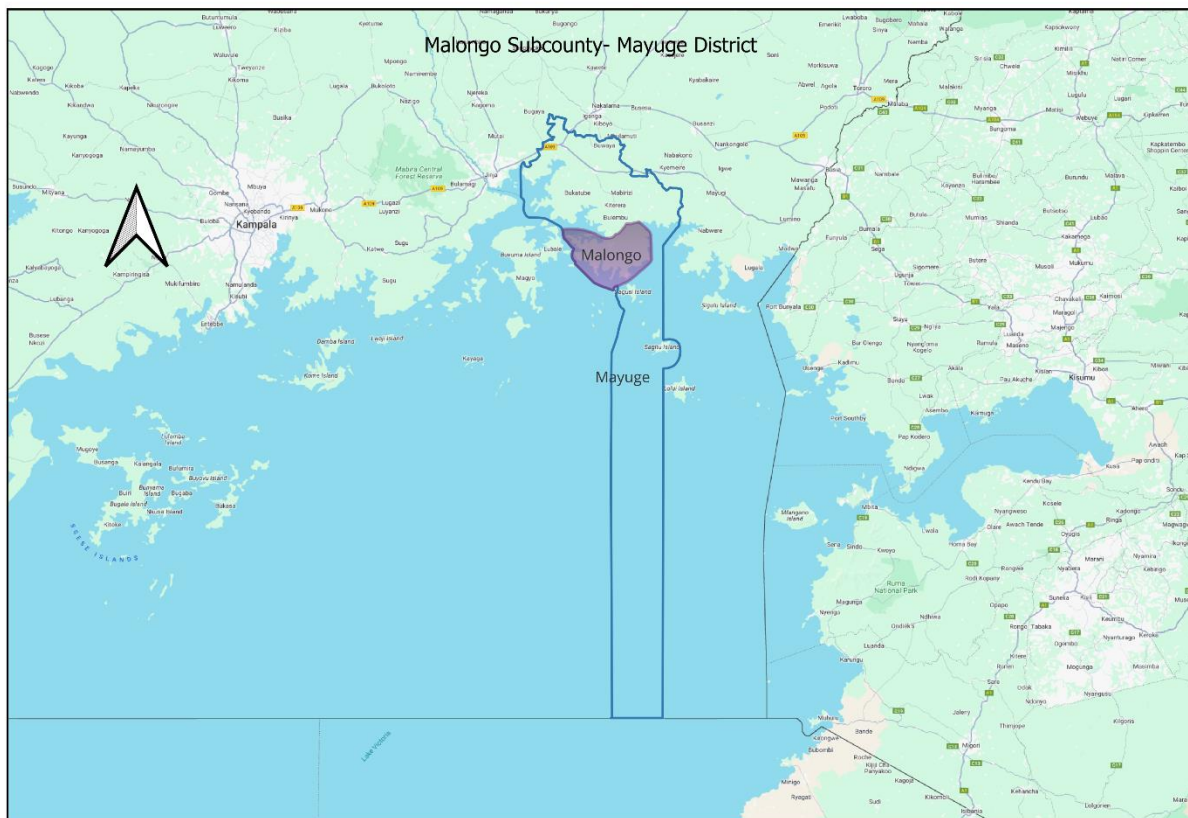
A research design is "the general plan through which the respondents of a study are selected, as well as the modalities of data collection or generation" (Stadtländer, 2009). The study took on a quantitative approach. Quantitative research involves the collection and analysis of numerical data. It can identify patterns and averages, facilitate predictions, evaluate causal linkages, and extrapolate findings to broader groups (Rossouw *et al.*, 2000). The objective of quantitative research design is to determine the percentage of individuals who possess a specific belief, action, or emotion (Bloomfield & Fisher, 2019). Quantitative studies often utilize large sample sizes, emphasizing the quantity of responses above the subtle or emotional insights pursued by qualitative research (Vasileiou *et al.*, 2018). The study employed a descriptive comparative cross-sectional survey. The design allowed for the collection of data from a large sample at one single point in time. The design emphasizes description over explanation of a specific occurrence (Bless *et al.*, 2000). The descriptive survey research design, as articulated by Kathuri and Pals (1993), focuses on accurately describing the existing conditions without including data treatment or modification. The study was comparative, examining the psychological well-being of adolescent and adult mothers in Malongo sub-county, Mayuge District.

### 3.2 Area under Study

The study was conducted in sub county (Malongo sub-county) in Mayuge Mayuge district. The district had 48.5% of the girls delivering or becoming mothers when they are below 18, unlike Manafwa (19.1%) in Bugisu, Sheema (18.1%) in Ankole and Amolatar (16.7%) in Lango (UNFPA,2021). Additionally, in Malongo sub county, women lacked access to the sexual and reproductive health information and psychological services they need to improve their own and their children's life chances (Ray of Choice Uganda [ROCA], 2023). Malongo constitutes one of

the twelve sub-counties within Mayuge District. Mayuge District was created by parliamentary legislation in 2000 and is situated in the eastern area of Uganda. The headquarters are located at Mayuge Town Council, 120 kilometers from Kampala, the capital, and 40 kilometers from Jinja. It is surrounded by Iganga to the north, Jinja to the west, Bugiri to the east, and Lake Victoria to the south. (RCDF, 2010). Malongo sub-county had six parishes; these included Bwondah, Sagitu, Malongo, Namadhi, Jagusi, and Bumba. The total land area is 239.48km<sup>2</sup>. It had the highest population of 102,649 in comparison to the other sub-counties (DPP II, 2015).

*Figure 2 depicts a map of Mayuge District with sub-counties.*



### 3.3 Population under study

According to Adekeye and Apeh (2019) the population of a study refers to the total number of units from whom a sample is drawn. Mayuge had a population of about 480,056 people, with 51% females and 49% males. More than half of the population was under 15 years of age. Further,

Malongo sub county accounts for over twenty one percent of the District population (District Development Plan [DDP) II, 2015). The current study's population comprised of adolescent mothers (10-19 years) and adult mothers between the age (20 to 45 years). Adult mothers were those who got married or had children after the age of 19 years. These mothers were residents or should be living in Malongo Sub-County, Mayuge District. The study focused on these participants because they have direct knowledge on the psychological wellbeing and associated factors surrounding among mothers. Further, a breakdown of adolescent and adult mothers allowed the study to make comparisons of the PWB of the two demographics.

### **3.4 Sample size determination**

A sample is a subset of the population that is chosen for the purpose of observation and study (Adekeye & Apeh, 2019). The population from which the sample was taken was well represented in the sample. A sample of married women aged 10 to 45 years old was collected for this study. Sampling is the statistical process of choosing a portion of a population of interest and studying it (Thompson, 2012). The sample consisted of mothers aged 10 to 45 years. The sample size was determined using Leslie Kish formula ( $N=Z^2 * P(1-P)/E^2$ ) at a probability of success of 0.4.

Where, N = Sample, p = Estimated proportion of households of child mothers. In this study, 40% which was the worst scenario, therefore it was used since there is no study done on mothers within Malongo to our knowledge, Z is 1.96 (the Z score corresponding to 95% confidence interval), E = Maximum error the researcher is willing to allow = 0.05

$$N = Z^2 * P (1-P)/E^2$$

$$N = 1.96^2 * 0.4 (1-0.4)/0.05^2$$

$$N = 356$$

The total sample was 356 child mothers in Malongo Sub County.

### **3.5 Sampling Procedure**

#### **3.5.1 Inclusion criteria**

- Mothers between the ages of 10 and 49 living in Malongo sub county

### 3.5.2 Exclusion Criteria

- Mothers who are ill or bed ridden

### 3.6 Sampling Procedure

Sampling is the statistical process of selecting a subset of a population of interest (referred to as a "sample") with the goal of making observations and statistical conclusions about that population. (Baridalyne, 2012). Kothari (2004) emphasized that a sample is considered ideal when it satisfies the requirements of efficiency, representation, reliability, and flexibility. For successful research, choosing an appropriate sample size with traits that match those of the target population is essential (Adekeye & Apeh, 2019). Therefore, cluster and simple random sampling were used for this study. Malongo Sub-County is made up of seven parishes. To make sure there was a fair representation in the study population, the researcher used simple random sampling to select two villages from each of the seven parishes, which totaled up to 14 villages. Simple Random Sampling in this case involved writing the village names per parish on identical pieces of paper, which was folded and put in a box to further prevent any form of sampling bias. The advantage of using simple random sampling is that every village in the parish had an equal chance of being picked.

Each selected village was then considered a cluster. "Cluster sampling is a probability sampling procedure in which elements of the population are randomly selected in naturally occurring groupings" (Baridalyne, 2012). Thereafter, systematic simple random sampling was used to identify households participating in the study. Systematic Sampling is a probability sampling method in which researchers select members of the population at a regular interval, after a random start (Lauren, 2020). The process involves establishing a sampling interval, which is the fixed distance between selected individuals, and selecting every  $k^{\text{th}}$  individual for inclusion in the sample. When a household was arrived at, the researcher first determined whether the household had eligible respondents after which efforts were made to obtain consent so that interviews can go on. In case a household did not have a participant, who qualifies to participate in the study, the next household was considered. This procedure was repeated until the required sample per village was achieved. All the eligible participants found in each household were included in the study.

### **3.7 Tool for data collection**

#### **3.7.1 Type of tool**

A structured questionnaire adapted from other similar published studies was used (Gao & McLellan, 2018; Nava *et al.*, 2018). A questionnaire was preferred because it takes less time and is more practical with a large sample, as is the case in this study. Questionnaires also allow for anonymity and reduce interviewer bias. The questionnaire had closed questions. Ryff's scales of psychological well-being tool was adapted for the study. The modified SPWB instrument comprised 42 elements. Six sub-scales corresponded to the six dimensions of positive functioning. The Autonomy sub-scale evaluated the perception of self-determination and freedom from norms of society. It comprised seven items, for instance, "I tend to worry about what other people think of me". The sub-scale of Environment Mastery focused on the belief of one's ability to manage life events. It contained seven items, for instance, "The demands of everyday life often get me down". The sub-scale of Personal Growth measured one's openness to new experiences and growth. It contained seven items, for instance, "I am not interested in activities that will expand my horizons.". The sub-scale of Purpose in Life measured the sense of purpose and meaningfulness in life. It had seven items, for instance, "I live life one day at a time and don't really think about the future." The sub-scale of Positive Relations looked at the extent of having satisfying relationships with others. It had seven items, for example, "I know that I can trust my friends, and they know they can trust me." The sub-scale of Self-acceptance assesses one's attitude towards oneself. It contains seven items, for example, "I like most aspects of my personality." Participants were asked to judge how well each item reflected themselves on a 5-point Likert scale that went from "Strongly Disagree" (1) to "Strongly Agree" (5), (Abbot *et al.*, 2010).

#### **3.7.2. Scoring on the Tool**

Negative wording was used in items 3, 5, 10, 13, 14, 15, 16, 17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41 on the tool. As a result, the adjusted score is 1 if the score on one of these items was 5, 2 if it was 4, and so forth.

Add the total score across all six dimensions to get total psychological well-being score (210).

0–120 Severe Distress, 121–150 Moderate Distress, 151–180 No Distress, and 181–210 PWB

The totals for the different dimensions were got to see performance across the different 6 dimensions:

“Autonomy items included 1, 7,13,19,25, 31, and 37”

“Environmental mastery: items 2, 8, 14, 20,26,32,38”

“Personal Growth: items 3, 9, 15, 21,27,33,39”

“Positive Relations: items: 4,10,16,22,28,34,40”

“Purpose in life: items: 5,11,17,23,29,35,41”

“Self-acceptance: items 6,12,18,24,30,36,42”

Scoring on the dimensions of psychological well-being was as follows; 0-15 low, 16-25 moderate and 26- 35 was high PWB

### **3.7 Risk Management**

The respondents who scored severe psychological distress were recommended to visit the nearest health facility. Considering the nearest psychiatry unit was at Jinja Regional Referral Hospital, the researcher recommended that they visit the unit, and also engaged the unit in charge to consider Malongo for their out reach plans.

#### **3.8.3 Validity of the data collection tool**

The extent to which data produced by an instrument measure the phenomenon being studied is known as validity (Drost, 2011). Validity tests will guarantee that the language, format, and layout are adequate and that the instrument is not biased. Prior to being put to use in the field, the instruments was validated through the following:

*Expert Input:* Expert input was taken from relevant disciples of psychology and maternal health to ensure all important aspects of psychological wellbeing are brought forth in the tool.

*Content Validity:* The researcher ensured an appropriate and relevant tool to measure the psychological well-being of the adolescent and adult mothers.

According to Fisher (2004), a research instrument's Content Validity Index needs to be more than or equal to 0.7 in order to be considered valid.

Here is how the validity was examined: Relevant Items / Total Items = CVI

.61/75

0.81

Because the content validity index of 0.81 is higher than 0.7, the tool was considered valid for the study

### **3.8.4 Reliability of the data collection tool**

The degree to which an instrument consistently produces results or data over time is referred to as reliability (Tavakol & Dennick, 2011). The instrument's dependability was estimated prior to the start of data collection through the following:

*Pilot Testing:* The tool underwent pilot testing to verify the consistency of responses within the tool and also identified any types of possible issues.

*Test-Retest Reliability:* In Kamuli, the researcher was interested in determining how much consistency exists over time by administering the tool twice to a subset of the sample.

*Clear Instructions and Training:* The researcher provided uniform, clear instruction and training to minimize variation in tool administration by the research assistants.

*Ethical implications:* The researcher ensured that ethical practices were applied to data collection activities, especially when dealing with subjects of sensitive nature around psychological wellbeing.

The test-retest reliability coefficients varied from 0.78 to 0.97, while the internal consistencies for each of the six subscales ranged from 0.87 to 0.96. These results demonstrated that the scale is a practical and trustworthy tool.

## **3.9 Study variables**

### **3.9.1 Dependent Variables**

The dependent variable of the study was psychological well-being.

### **3.9.2 Independent variables**

The independent variables in the study included age, social economic status, education level, age when one got married.

### **3.10 Data Management**

All data collected during the study was managed systematically to ensure accuracy, confidentiality, and integrity. The researcher worked with three research assistants who went through a rigorous training on ethics, the tool and data management. Upon completion of data collection, responses were reviewed for completeness and consistency. Data was coded and entered into excel for cleaning and later transferred to STATA for analysis. Data was backed up regularly and stored on password-protected devices to prevent loss or unauthorized access. To maintain confidentiality, respondents' identities were anonymized using unique identification codes, and no personal identifiers were included in the final dataset. Only the research team had access to the raw data. All electronic files were encrypted, and any physical documents such as consent forms or hard copy questionnaires were securely stored in a locked cabinet.

### **3.11 Data analysis and evaluation**

The analysis process converts data into discoveries by giving the gathered data structure, organization, and meaning (Ridder, 2014). The quantitative analysis was carried out by the researcher. Data analysis, according to Hocker *et al.* (2007), is a process that includes organization and accounting. Further, it involves giving the obtained data order, structure, and meaning; hence, the analysis process turns it into discoveries (Moore & Llompart, 2017). The categorization and accounting of data, as well as the interpretation of the data in light of the participants' impressions of the circumstances, are all parts of the quantitative data analysis process. Data gathered was checked for consistency and cleaned of errors (Osborne, 2012), after which data files were prepared using the Statistical Package for Social Science Version 16, computer application and the coded data was keyed into them.

The data was be analyzed at three levels namely; univariate, Bivariate and Multivariate level.

At univariate level, the researcher used frequency tables, percentages and summary statistics to analyze data.

At Bivariate level, the researcher used a Chi square distribution and cross tabulation to test for association between psychological well-being and each of the independent variables. The association was done at 95% level of confidence and all associations with **P-values** above **0.05 (level of significance)** were not significant.

The Chi-square statistics test was given by:

$$\chi^2 = \sum_{i=1}^R \sum_{j=1}^C \frac{(o_{ij} - e_{ij})^2}{e_{ij}}$$

In this context,

Where:

$o_{ij}$  is the observed cell count in the  $i$ th row and  $j$ th column of the table;  $e_{ij}$  is the expected cell count in the  $i$ th row and  $j$ th column of the table, computed as;  $e_{ij} = \frac{\text{row } i \text{ total} * \text{col } j \text{ total}}{\text{grand total}}$

The quantity  $(o_{ij} - e_{ij})$  is sometimes referred to as the residual of cell  $(i, j)$ , denoted  $r_{ij}$ . The calculated  $R^2$  value is then compared to the critical value from the  $R^2$  distribution table with degrees of freedom  $df = (R - 1) (C - 1)$  and the chosen confidence level. If the calculated  $\chi^2$  value  $>$  critical  $\chi^2$  value, then we reject the null hypothesis.

At multivariate level, the researcher used an ordered logistic regression to identify the factors affecting psychological well-being because the dependent variable was ordinal and categorical at four levels namely; 1=PWB, 2=No Distress, 3=Moderate Distress, 4=Severe Distress, The analysis was also done at 95% confidence level and increased odds (above 1) indicated that its highly likely, reduced odds (below 1) indicated that its less likely and equal odds (1) indicated that its equally likely. Our model matched the data well, and if the p-value was less than the significance level of 5%. This indicated that the independent factors had a significant impact on the dependent variable's explanation. Following investigation, the information was compiled and shown as tables and figures.

### **3.12 Ethical considerations**

Before the research commenced, an informed and voluntary consent was secured from all participant, this happened after ensuring that they were fully aware of the purpose, procedures as well as the possible risks and benefits of participating in the study. Considering the vulnerability of mothers (adolescent) to provide voluntary consent due to their cognitive underdevelopment, the researcher ensured that assent was obtained along with the consent of a legal guardian. Secondly, the researcher protected the privacy of the participants by ensuring confidentiality and anonymity. Ensuring that the collection of personally identifiable information does not happen unless it becomes an absolute necessity, and ensuring any collected data is stored and handled in such a way as to ensure access by unauthorized persons is safeguarded against. The researcher appreciated that women - as mothers - are generally more vulnerable and instituted further measures to ensure their well-being was secured. Conducting research in a manner that did not harm or exploit them while at the same time observing their autonomy.

The researcher also respected and was sensitive to the cultural norms and values of the people in the Mayuge community. He ensured culturally appropriate research practice, seek permission or guidance the local leaders or community representative about the study. Also protected the well-being of participants by minimizing any harm that could arise from the study and maximizes benefits. The researcher also monitored for signs of distress, and access to appropriate support services such as counseling was accorded to participants if the emotional challenges were experienced either during or after the study. The researcher ensured proper and equitable recruitment of participants; avoiding discrimination of any kind. He set down clear eligibility criteria and did not rule out persons on characteristics which do not have any bearing towards the study objectives. In addition, the researcher secured high levels of data protection to similarly safeguard the information against danger, destruction or corruption so as to ensure its confidentiality and well-being.

### **3.13 Limitations**

The study faced difficulty in identifying or gaining access to the respondents. Many factors contributed to this issue, such as doubts about the study's purpose and apprehension that adolescent mothers would be recorded for legal purposes. In order to address this issue, the researcher gave

the respondents and the Malongo sub-county local government leadership an explanation of the study's goal.

The participants responded in a socially desirable way and this was not necessarily the truth of how they felt or had experienced situations. This would affect the validity of the findings of the research. The researcher however, mitigated this response bias by maintaining the of anonymity in the respondents with regards to answers given, provision of explanations on the need for honest and genuine answers, and employment of well-validated instruments of measurement. It also involved attention checks or validation questions that flagged cases of respondents who had been giving answers that were vague or misleading. Even more important was the fact that through pilot testing and pretesting the survey instrument, the problems were detected and remedied.

## CHAPTER FOUR: RESULTS

### 4.0 Introduction

This section reveals the study's findings on psychological well-being and related factors among adolescent and adult mothers.

### 4.1 Demographic and Socio-economic Characteristics of Respondents

**Table 1: Distribution of respondents by demographic and socio-economic factors, n=356**

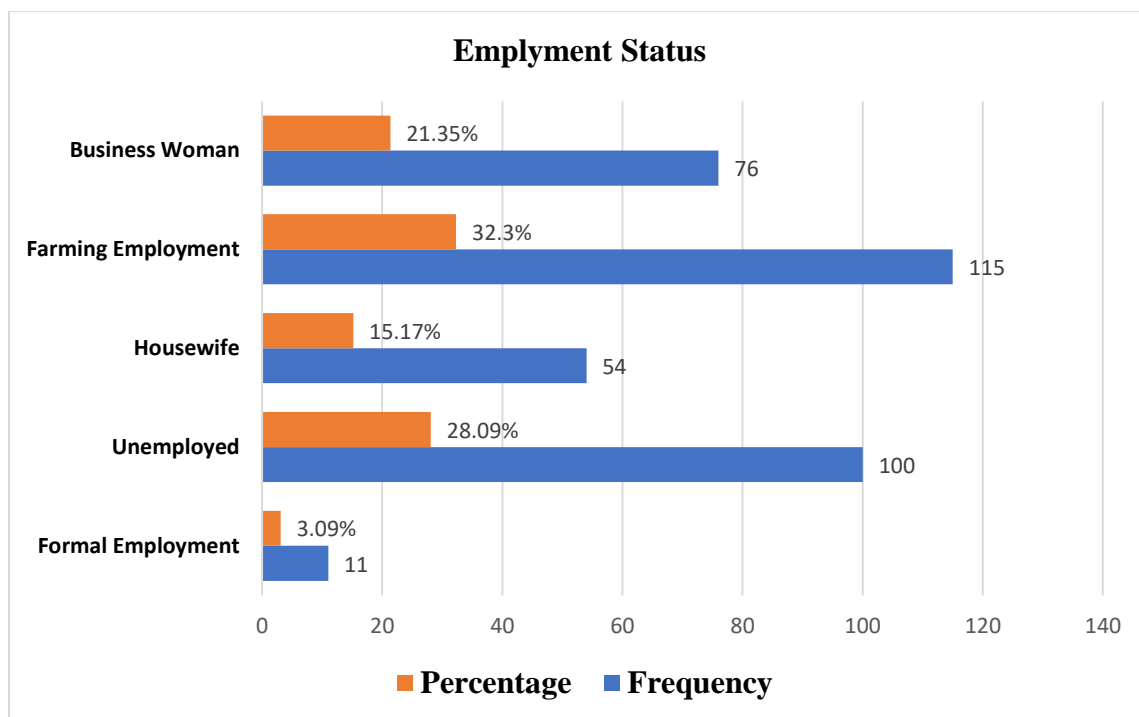
<i>Variable</i>	<i>Categories</i>	<i>Frequency(n)</i>	<i>Percentage (%)</i>
<i>Age</i>	10-15 Years	20	5.62
	16-19 Years	52	14.61
	20-29 Years	155	43.54
	30-39 Years	80	22.47
	40-49 Years	47	13.20
	More than 49 Years	2	0.56
<i>Tribe</i>	Musoga	185	51.97
	Mugwele	37	10.39
	Munyoli	44	12.36
	Muganda	26	7.30
	Other	64	17.98
<i>Education level</i>	No Formal Education	56	15.73
	Primary Education	188	52.81
	Secondary Education	88	24.72
	Tertiary Level	24	6.74
<i>Marital status</i>	Single	42	11.80
	Married	247	69.38
	Widowed	21	5.90
	Divorced/Separated	46	12.92
<i>Religion</i>	Catholic	89	25.00
	Anglican	78	21.91
	Pentecostal	64	17.98
	Muslims	107	30.06
	Other	18	5.06
<i>Religiosity</i>	One Time	212	59.55
	2-3 Times	87	24.44
	More than 3 Times	34	9.55
	I don't go at all	23	6.46
<i>Involvement in Religious Activity</i>	Yes	232	65.17
	No	124	34.83
<i>Personal Monthly Income</i>	Less than 10000	113	31.74
	10000-<50000	40	11.24

<i>Involved in Women Groups</i>	50000-100000	23	6.46
	110000-500000	15	4.21
	510000-1M	4	1.12
	More than 1M	1	0.28
	Prefer not to say	160	44.94
	Yes	230	64.61
	No	126	35.39

Table 1 depicts the demographic characteristics of the respondents. The largest proportion (43.54%) fell within the 20-29 age group, followed by 30-39 years (22.47%), with smaller percentages for 16-19 years (14.61%) and 10-15 years (5.6%), while those above 49 years constituted the smallest group (0.56%). Ethnically, over half (51.97%) were identified as Basoga, while a minority (7.30%) were identified as Baganda. Educationally, the majority (52.81%) completed primary education, followed by secondary (24.72%), with tertiary education being the least prevalent (6.74%), while only 15.73% had no formal education. Maritally, most (69.38%) were married, and a minority (5.9%) were widowed. Religion-wise, the majority were Muslims (30.06%), followed by Catholics (25%) and Anglicans (21.91%). Despite high church or mosque activity participation (65.17%), the majority (59.55%) attended religious services only once a week. Income-wise, most (31.74%) earned less than UGX 10,000 per month, while the fewest (0.28%) earned over one million UGX per month. Lastly, the majority (64.61%) actively participated in women's groups.

#### **4.1.2 Figure 2: Distribution of Respondents by Employment Status, n=356**

Figure 2 below shows that, employment-wise, the largest proportion of respondents (32.30%) worked in agriculture, followed by the unemployed (28.09%), businesswomen (21.35%), and housewives (15.17%), with formal employment being the least prevalent (3.09%).



**4.1.3 Table 2: Demographic and Socio-economic characteristics of the husbands, n= 272**

<i>Variable</i>	<i>Categories</i>	<i>Frequency(n)</i>	<i>Percentage (%)</i>
<i>Age of husband</i>	10-15 Years	1	0.37
	16-19 Years	2	0.74
	20-29 Years	116	42.65
	30-39 Years	92	33.82
	40-49 Years	39	14.34
	More than 49 Years	22	8.09
<i>Education level</i>	No Formal Education	23	8.49
	Primary Education	163	60.15
	Secondary Education	76	28.04
	Tertiary Level	9	3.32
<i>Employment Status of the husband</i>	Formal Employment	11	4.10
	Unemployed	23	8.58
	Self-employed	93	34.70
	Business man	79	29.48
	Farming Employment	62	23.13
<i>Monthly Income</i>	Less than 10000	36	13.43
	10000-<50000	64	23.88
	50000-100000	33	12.31
	110000-500000	34	12.69
	510000-1M	7	2.61

<i>Number of Wives</i>	More than 1M	5	1.87
	Prefer not to say	89	33.21
	One	159	59.77
	2-3	95	35.71
	More than three	12	4.51
<i>Is husband Supportive</i>	Yes	215	60.39
	No	141	39.61
<i>If “Yes” kind of support</i>	Emotional Support	13	5.83
	Information Support	11	4.93
	Tangible Support	113	50.67
	Financial Support	79	35.43
	Appraisal Support	7	3.14

Table 2 presents a comprehensive overview of the demographic attributes of respondents' spouses. Predominantly, the highest share (42.65%) falls within the 20–29 age bracket, and (0.37%) from the 10–13 age group. Educationally, a majority (60.15%) have completed primary schooling, while a smaller cohort had tertiary (3.32%) qualifications. Occupation-wise, the prevailing trend indicates self-employment (34.70%), followed closely by businessmen (29.48%) and farmers (23.13%), unemployment (8.58%), and formal employment (4.10%) being the least dominated. Regarding income disclosure, a noteworthy percentage of respondents (33.21%) opted to withhold information, with the disclosed earners' husbands primarily falling within the 10,000–50,000 Ugandan shilling bracket (23.88%). Marital dynamics reveal that the majority (59.77%) maintain monogamous relationships, while a notable minority (35.71%) navigate polygamous setups. In terms of spousal support, a substantial share (60.39%) attests to their partners' supportive demeanor, delineating tangible (50.67%) and financial (35.43%) aid as the primary pillars. Emotional (5.83%), informational (4.93%), and appraisal (3.14%) support are supplementary facets of this supportive framework.

**4.1.4 Table 3: Demographic and Socio-economic characteristics of the Parents of the respondents, n=356**

<i>Variable</i>	<i>Categories</i>	<i>Frequency(n)</i>	<i>Percentage (%)</i>
<i>Both Parents Alive</i>	Both Parents Alive	198	55.62
	Mother Alive	57	16.01
	Father Alive	32	8.99
	None Alive	69	19.38
<i>Number of Children born to your parent(s)</i>	One Child	7	2.06
	2-5 Children	56	16.52
	6-8 Children	121	35.69
	More than 8 Children	155	45.72
<i>Educational Level of Father</i>	No Formal Education	41	15.30
	Primary Education	145	54.10
	Secondary Education	39	14.55
	Tertiary Level	9	3.36
	I don't Know	34	12.69
<i>Educational Level of Mother</i>	No Formal Education	60	21.90
	Primary Education	150	54.74
	Secondary Education	20	7.30
	Tertiary Level	7	2.55
	I don't Know	37	13.50
<i>Parent's Marital Status</i>	Single	1	0.35
	Married	165	57.69
	Widowed	79	27.62
	Divorced/Separated	41	14.34
<i>Employment Status of Father</i>	Formal Employment	16	6.90
	Unemployed	27	11.64
	Businessman	34	14.66
	Farming Employment	155	66.81
<i>Employment Status of Mother</i>	Formal Employment	6	2.37
	Unemployed	36	14.23
	Housewife	3	1.19
	Business woman	52	20.55
	Farming Employment	156	61.66
	No	126	35.59

Table 3 delineates key demographic details of the respondents' parents. The data reveals that a significant proportion (55.62%) reported having both parents alive, followed by those bereft of parental figures entirely (19.38%). In terms of birth order, a majority (45.72%) were born into families with more than eight siblings. Educationally, the highest share of fathers (54.10%) had completed primary schooling, while notable percentages had no formal education (15.30%).

Similarly, the majority of mothers (54.74%) had attained primary education, with a notable fraction having no formal education (21.90%). Maritally, a substantial majority (57.69%) of respondents' parents were still married, while a mere 0.35% were single. In terms of occupation, the majority of fathers (66.81%) and mothers (61.66%) worked in agriculture.

**4.1.5 Figure 3: Showing parents'/guardians' or relatives' supportiveness, n=356**

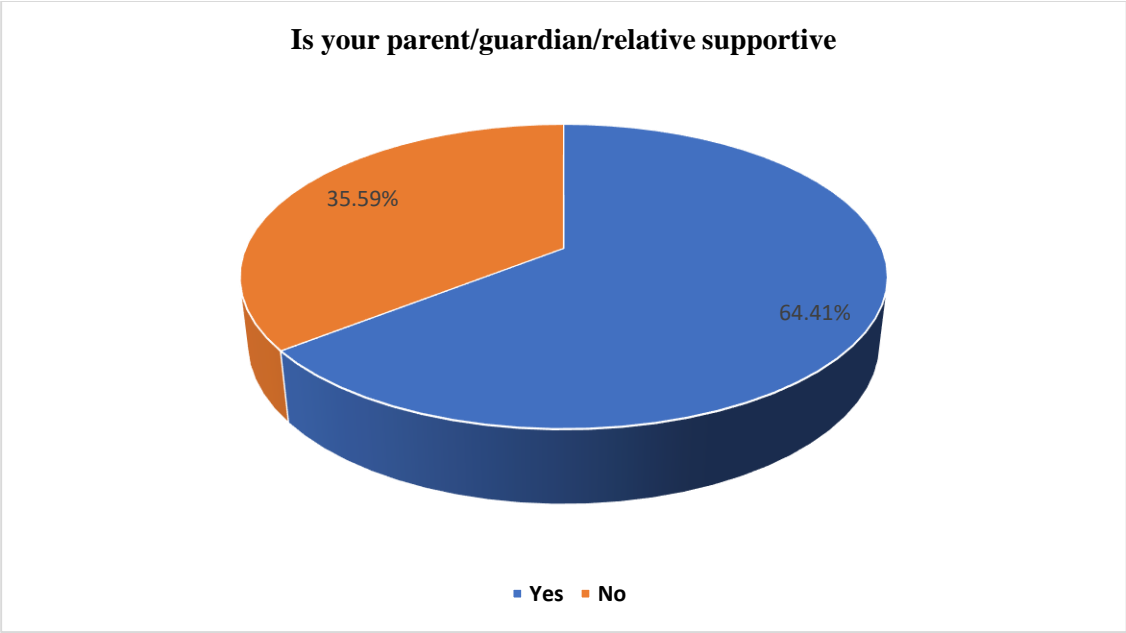


Figure 3 above reveals that the majority (64.41%) of the respondents affirmed their parents' or guardians' supportiveness, while the remainder (35.59%) did not.

**4.1.6 Table 4: Social Cohesion, n=356**

<i>Variable</i>	<i>Categories</i>	<i>Frequency(n)</i>	<i>Percentage (%)</i>
<i>How many people are so close to you that you can count on</i>	None	108	30.34
	1-2 People	158	44.38
	3-5 People	56	15.73
	More than 5 People	34	9.55
<i>People's Interest in what you do</i>	None	71	19.94
	Little	113	31.74
	Can't Tell	57	16.01
	Some	55	15.45
<i>Why did you get Married</i>	A Lot	60	16.85
	Poverty at Home	142	45.37
	Religious Obligation	13	4.15
	I was Mature	32	10.22
	Family Tradition	27	8.63
	Parent's Influence	14	4.47
	Teenage Pregnancy	60	19.17
	Because it is allowed in community	5	1.60
	Personal Choice	20	6.39
	Social norm	67	18.93
<i>Causes of Girls Marrying at Young age</i>	Religious Obligation	17	4.80
	Weak Legislation	46	12.99
	Family Tradition	20	5.65
	Parental/family influence	14	3.95
	Societal pressure	35	9.89
	Personal choice	21	5.93
	Poverty	132	37.29
	Other	2	0.56
<i>Encourage Girls to give birth before 19 years?</i>	Yes	146	41.24
	No	208	58.76

Table 4 provides a detailed breakdown of respondents' social networks and marital choices. Notably, the majority (44.38%) reported having 1-2 close confidants, while 30.34% lacked such support, and 15.73% had 3-5 individuals they could rely on, with the remainder (9.55%) having more than 5 connections. Concerningly, a significant majority (31.74%) felt little interest from people in their endeavors, with 19.94% perceiving no interest and only 16.85% experiencing a lot of interest, while 16.01% were uncertain and 15.45% noted some concern. Exploring marital motivations, the primary reason for marriage was domestic poverty (45.37%), followed by teenage pregnancy (19.17%) and self-perceived maturity (10.22%), with familial influence being the least

influential factor (3.95%). Conversely, the main drivers for marrying at a young age remained entrenched poverty (37.29%), societal norms (18.93%), weak legislation (18.93%), and entrenched family customs (5.65%). Notably, the majority (58.76%) of respondents advocated against early motherhood, reflecting the prevailing socioeconomic challenges and cultural norms shaping marital choices.

#### 4.2 Prevalence of Adolescent and Adult motherhood

**Figure 4: Prevalence of Adolescent and Adult motherhood**

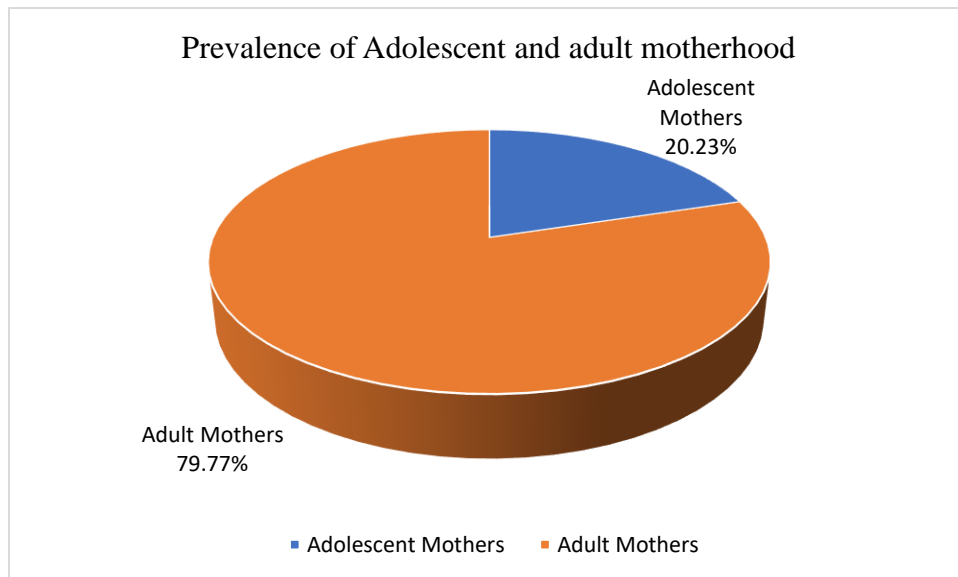


Figure 4 above shows that the majority (79.77%) of the respondents were adult mothers, while the rest (20.23%) were adolescent mothers.

**Figure 4 Showing the prevalence of psychological well-being among respondents**

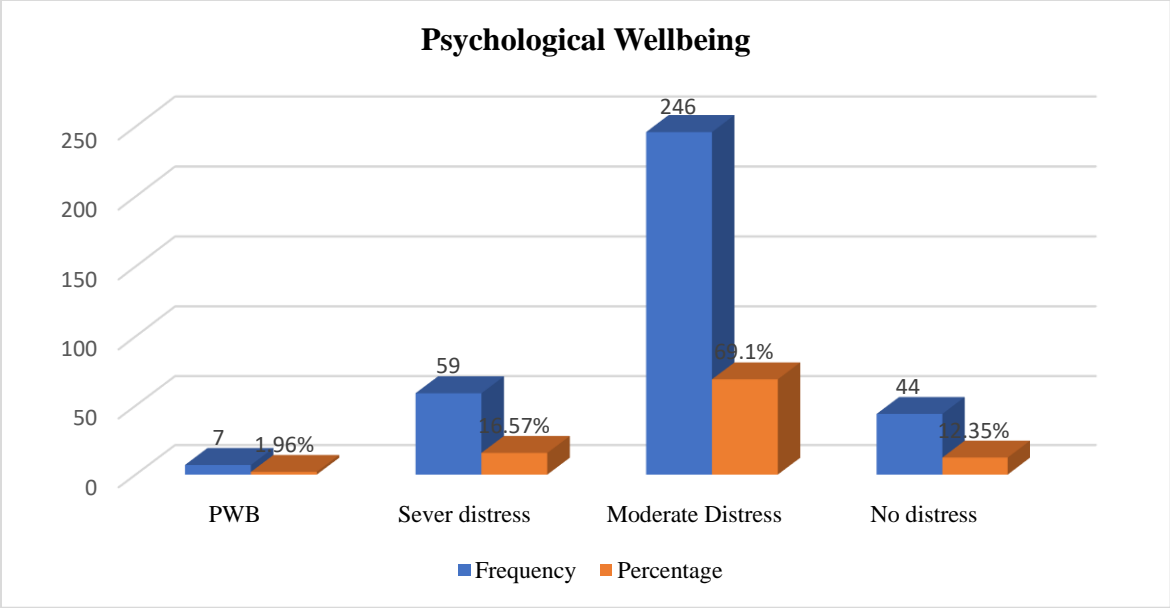


Figure 4 above illustrates the distribution of psychological well-being among respondents in Malongo County, Mayuge District. Predominantly, 69.1% experienced moderate distress, with 16.57% reporting severe distress. A smaller portion (12.35%) reported no distress, while only 1.96% exhibited signs of psychological well-being.

**Table 5: Age at First child and Parity**

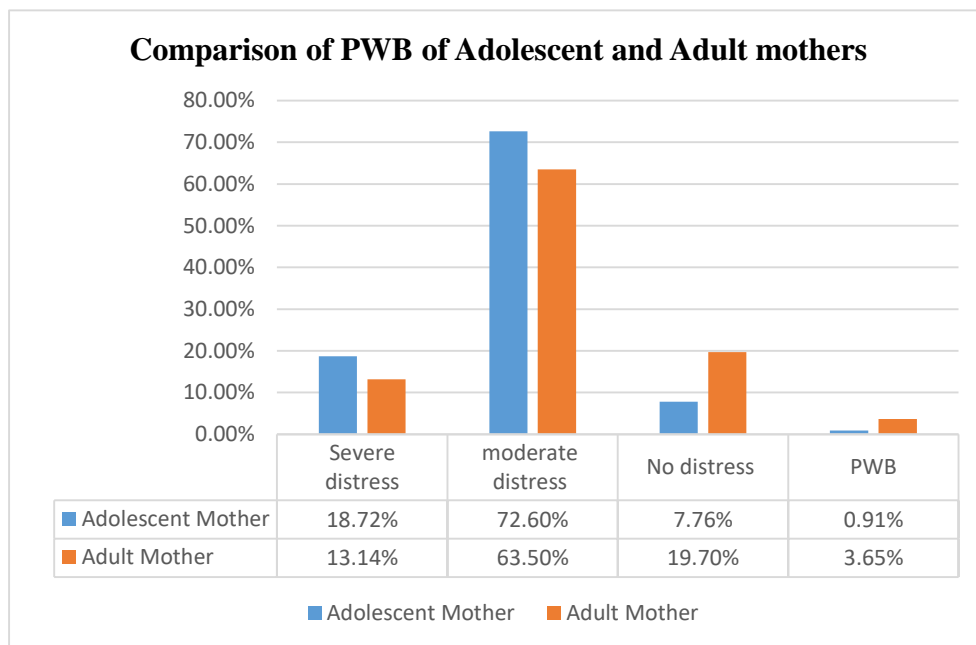
<i>Variable</i>	<i>Categories</i>	<i>Frequency(n)</i>	<i>Percentage (%)</i>
<b><i>Age at First Child</i></b>	10-15 Years	83	23.32
	16-19 Years	136	38.20
	20-29 Years	133	37.35
	30-39 Years	4	1.12
	More than 39 Years		
<b><i>Number of Children</i></b>	One	105	29.49
	Two to Three	133	37.36
	Four to Five	52	14.61
	More than five Years	66	18.54

Table 5 above shows that the majority (38.20%) of the mothers had their first children at the age of 16–19 years, followed by those who had at 20–29 years (37.35%), and a substantial number had their first child between 10-15 (23.32%).

The highest number of respondents had 2-3 children (37.36%), followed by those who had only one child at 29.49%, followed by those who had more than 5 (18.54%), and lastly those with 4-5 children at 14.61%.

### 4.3 Psychological Well-being of Adult and Adolescent mothers

*Figure 5: Showing Psychological Well-being by category of mother*



Adult mothers experienced no distress 19.70% and PWB (3.65%) more than their counter parts the adolescent mothers

**Table 6: Showing Psychological Well-being by age group**

<i>Explanatory Variable</i>	<i>Psychological Well-being</i>					<i>P-Value</i>
	<i>Categories</i>	<i>Severe distress</i>	<i>moderate distress</i>	<i>No distress</i>	<i>PWB</i>	
	10-15 Years	21(25.30)	53(63.85)	7(8.43)	2(2.41)	<b>0.037</b>

<b>Age at First Child</b>	16-19 Years	21(15.44)	104(76.47)	11(8.09)	0(0.00)	
	20-29 Years	15(11.27)	87(65.41)	26(19.54)	5(3.76)	
	30-39	2(50.00)	2(50.00)	0(0.00)	0(0.00)	
<b>Category of Mother</b>	Adolescent Mother	41(18.72)	159(72.60)	17(7.76)	2(0.91)	<b>0.024</b>
	Adult Mother	18(13.14)	87(63.50)	27(19.70)	5(3.65)	
<b>Number of Children</b>	One	21(20.00)	75(71.43)	8(7.62)	1(0.95)	<b>0.022</b>
	Two to Three	14(10.53)	92(69.17)	23(17.29)	4(3.01)	
	Four to Five	6(11.54)	41(78.85)	4(7.69)	1(1.92)	
	More than five	18(27.27)	38(57.58)	9(13.64)	1(1.52)	

***Bold p-values indicate significant associations at 95% level of confidence***

The findings from Table 6 above elucidate distinct patterns of psychological distress among adolescent and adult mothers. Among adolescent mothers, the majority (72.60%) experienced moderate distress, followed by 18.72% who reported severe distress, while only 7.76% exhibited no distress, with a mere 0.91% demonstrating psychological well-being. Among adult mothers, a slightly smaller proportion (63.50%) reported moderate distress, with 13.14% experiencing severe distress. Conversely, Mother who had their first child between 20-29 years, the majority (65.08%) experienced moderate distress, followed by 14.29% who reported severe distress, and (7.93) demonstrated psychological well-being. In terms of parity, the highest percentage (27.27%) of severely distressed mothers had more than five children, while the majority (78.85%) of moderately distressed mothers had 4-5 children, highlighting the potential impact of family size on maternal psychological well-being.

#### **4.3.1 Scoring Per Aspect of Psychological well-being**

**Table 7: Performance Per Aspect of Psychological well-being**

<i>Variable</i>	<i>Category</i>	<i>Frequency (f) n=356</i>	<i>Percentage (%)</i>
<b><i>Autonomy</i></b>	Low	13	3.65
	Moderate	281	78.93
	High	62	17.42
<b><i>Environmental Mastery</i></b>	Low	33	9.27

	Moderate	292	82.02
	High	31	8.71
<b><i>Personal Growth</i></b>			
	Low	18	5.06
	Moderate	274	76.97
	High	64	17.98
<b><i>Positive Relations</i></b>			
	Low	5	1.40
	Moderate	278	78.09
	High	73	20.51
<b><i>Purpose in Life</i></b>			
	Low	9	2.53
	Moderate	234	65.73
	High	113	31.74
<b><i>Self-Acceptance</i></b>			
	Low	5	1.40
	Moderate	258	72.47
	High	93	26.12

Results from Table 11 above reveal that the highest proportions of respondents scored moderately in all six constructs of psychological well-being, with environmental mastery (82.02%) being the most highly scored construct, followed by autonomy (78.93%), positive relations (78.09%), personal growth (76.77%), and self-acceptance (72.47%), while purpose in life (65.73%) was the least scoring of the constructs. The least fraction, however, scored low in each of the six constructs of psychological well-being.

#### **4.4 Factors Influencing the Psychological Well-Being of Adolescent and Adult Mothers.**

##### **4.4.1 Table 8: Individual factors influencing Psychological Well-being**

The estimates are suggested to vary across respondents' socio-demographics presented by cross-tabulation analysis and Chi-square test as provided in Table 6.

<b><i>Explanatory variable</i></b>	<b><i>Categories</i></b>	<b><i>Psychological well-being</i></b>				<b><i>P-Value</i></b>
		<b><i>Severe distress</i></b>	<b><i>moderate distress</i></b>	<b><i>No distress</i></b>	<b><i>PWB</i></b>	
<b><i>Tribe</i></b>	Musoga	22(12.22)	122(67.77)	31(17.22)	5(2.77)	<b>0.026</b>
	Mugwele	10(27.03)	23(62.16)	4(10.81)	0(0.00)	

	Munyoli		9(20.45)	34(72.73)	1(2.27)	2(4.54)	
	Muganda		7(26.92)	19(73.08)	0(0.00)	0(0.00)	
	Other		11(17.19)	48(75.00)	8(7.81)	0(0.00)	
<b>Education level</b>	No Formal Education		14(25.00)	4(70.17)	3(5.36)	0(0.00)	<b>0.012</b>
	Primary Education		25(13.30)	137(72.87)	25(12.10)	3(1.60)	
	Secondary Education		14(15.91)	57(64.77)	15(17.05)	2(2.27)	
	Tertiary Level		6(24.90)	12(62.50)	1(4.17)	2(8.33)	
<b>Marital status</b>	Single		4(9.52)	31(73.81)	6(14.28)	1(2.38)	<b>0.028</b>
	Married		46(18.61)	159(64.37)	37(14.97)	5(2.02)	
	Widowed		3(14.29)	18(82.61)	0(0.00)	0(0.00)	
	Divorced/Separated		6(13.04)	38(82.61)	1(2.17)	1(2.17)	
<b>Religion</b>	Catholic		20(22.47)	52(62.92)	11(12.36)	2(2.25)	0.053
	Anglican		5(6.41)	57(73.07)	14(17.95)	0(2.56)	
	Pentecostal		10(15.63)	45(66.17)	12(18.75)	1(1.56)	
	Muslims		19(17.76)	81(75.70)	6(5.61)	1(0.93)	
	Other		5(27.78)	11(61.11)	1(5.56)	1(5.56)	
<b>Religiosity</b>	One Time		29(13.87)	151(72.24)	24(11.48)	5(2.39)	<b>0.016</b>
	2-3 Times		20(22.99)	57(65.52)	10(10.34)	1(1.15)	
	More than 3 Times		4(11.76)	21(61.76)	9(23.53)	1(2.94)	
	I don't go at all		6(25.00)	17(70.83)	1(4.16)	0(0.00)	
<b>Actively involved in Religious Activity</b>	Yes		33(14.22)	161(69.39)	34(14.66)	4(6.89)	0.154
	No		26(20.96)	85(68.54)	10(8.06)	3(2.42)	
<b>Employment Status</b>	Formal Employment		0(0.00)	7(63.64)	4(36.36)	0(0.00)	<b>0.011</b>
	Unemployed		16(16.00)	76(76.00)	8(8.00)	0(0.00)	

	Housewife	11(20.37)	37(68.52)	4(7.41)	2(3.70)	
	Farming Employment	19(17.27)	78(70.90)	13(11.81)	0(0.00)	
	Business Woman	13(17.11)	48(63.16)	15(19.74)	0(0.00)	
<b>Personal Monthly Income</b>	Less than 10000	24(21.24)	78(69.03)	11(9.73)	0(0.00)	0.200
	10000-<50000	4(10.00)	33(82.50)	3(7.50)	0(0.00)	
	50000-100000	3(13.04)	15(65.22)	5(21.74)	0(0.00)	
	110000-500000	2(13.33)	9(60.00)	4(26.67)	0(0.00)	
	510000-1M	2(50.00)	0(0.00)	2(50.00)	0(0.00)	
	More than 1M	0(0.00)	1(100.00)	0(0.00)	0(0.00)	
	Prefer not to say	24(15.00)	110(768.78)	19(11.88)	7(4.375)	
<b>Involved Women Groups</b>	Yes	39(16.96)	147(63.91)	38(16.52)	6(2.61)	<b>0.016</b>
	No	20(15.87)	99(78.57)	6(4.87)	1(0.79)	

From table 7, there was a statistically significant positive relationship between tribe ( $p=0.026$ ), education level ( $p=0.012$ ), marital status ( $p=0.012$ ), religiosity ( $p=0.016$ ), employment status ( $p=0.011$ ), involvement in women's groups ( $p=0.016$ ), category of mother ( $p=0.024$ ) and lastly number of children one has ( $p=0.022$ ) since they all had  $p$ -values less than 0.05, level of significance. Furthermore,

Psychological well-being exhibited significant variations across different individual factors. Tribe played a notable role, with Bagwele (27.03%) and Baganda (26.92%) having the highest proportions of severely distressed mothers. Conversely, Banyoli displayed the highest levels of moderate distress (72.72%), while Basoga had the highest proportion of no distress (17.22), with a substantial 2.77% exhibiting psychological well-being. Education level also influenced psychological distress, with the majority of mothers lacking formal education experiencing moderate distress (70.17%), followed by those severely distressed (25%), and none showing psychological well-being. In regard to marriage, among those married, 18.61% experienced severe distress, 64.37% were moderately distressed, 14.97% had no distress, and only 2.02% experienced psychological well-being. Across all the different marital status categories, the married had the highest percentage of those with no distress (14.7%) and a relative number experienced

psychological well-being (2.02%). Similarly, religiosity correlated with distress levels, as mothers attending church or mosque 2-3 times per week had the highest proportion of severe distress (22.99), one time had the highest proportion for moderate distress (72.64) and more than 3 time the highest for psychological well-being (2.94). Employment status revealed that housewives had the highest proportion of moderate distress (68.52%) and severe distress (20.37%), while those with formal employment showed the highest proportion of no distress (36.36%). Involvement in women's groups also had a notable impact, with a lower proportion of those involved reporting moderate distress (63.91%) compared to those not involved (78.57%).

**4.4.2 Table 9: Psychological wellbeing by Spouse's socio-economic and demographic factors**

<i>Explanatory variable</i>	<i>Psychological Well-being</i>					
	<i>Categories</i>	<i>Severe distress</i>	<i>moderate distress</i>	<i>No distress</i>	<i>PWB</i>	<i>P-Value</i>
<i>Education level of the husband</i>	No Formal Education	11(28.21)	22(56.42)	5(12.82)	1(2.56)	0.493
	Primary Education	34(17.89)	134(70.53)	20(10.53)	2(1.05)	
	Secondary Education	14(13.72)	71(69.61)	15(14.71)	2(1.96)	
	Tertiary Level	0(0.00)	19(76.00)	4(16.00)	2(8.00)	
<i>Employment Status of the husband</i>	Formal Employment	2(13.33)	8(53.33)	3(20.00)	2(13.33)	<b>0.008</b>
	Unemployed	11(22.92)	30(62.50)	7(14.58)	0(0.00)	
	Self-employed	21(19.44)	68(62.96)	17(15.74)	2(4.30)	
	Business man	15(18.99)	72(75.94)	10(2.53)	2(2.53)	
	Farming Employment	10(11.90)	68(80.95)	5(5.95)	1(1.19)	
<i>Monthly Income</i>	Less than 10000	8(12.70)	51(80.95)	4(6.35)	0(0.00)	<b>0.004</b>
	10000-<50000	10(12.50)	59(73.75)	10(12.50)	1(1.25)	
	50000-100000	8(24.24)	20(60.60)	5(15.15)	0(0.00)	
	110000-500000	9(25.00)	22(61.11)	4(11.11)	1(2.78)	
	510000-1M	2(22.22)	4(44.44)	1(11.11)	2(22.22)	
	More than 1M	12(85.71)	1(7.14)	0(0.00)	1(7.14)	
	Prefer not to say	10(8.26)	89(73.55)	20(16.53)	2(1.65)	
<i>Number of Wives</i>	One	29(14.95)	126(64.94)	34(17.53)	5(2.57)	<b>0.037</b>
	2-3	23(18.70)	90(73.17)	8(6.50)	2(1.62)	
	More than three	7(18.92)	28(75.68)	2(5.41)	0(0.00)	
<i>Is husband Supportive</i>	Yes	41(19.07)	142(66.04)	25(11.63)	7(3.25)	<b>0.026</b>
	No	18(12.77)	104(73.76)	19(13.48)	0(0.00)	

Results from Table 8 above show that employment status of the husband ( $p=0.008$ ), monthly income of the husband ( $p=0.004$ ), number of wives ( $p=0.37$ ), and supportiveness of the husband ( $p=0.026$ ) were significantly associated with the psychological well-being of mothers in Malongo Sub-county, Mayuge district.

As to the husband's employment status, the majority of severely distressed mothers were those whose husbands were unemployed (22.92%); of the moderately distressed, the majority (80.95%) were wives to husbands in farming employment; and of those with no distress, the highest proportion (20.00%) were those who were in formal employment. With regards to the monthly income of the husbands, over half (80.95%) of those earning less than UGX10,000 were moderately distressed; the same applied for those earning between 10,000 and 50,00073 (73.75%). However, the proportion of moderately distressed mothers dropped with an increase in the monthly income of the husband. The number of wives showed that mothers who were one wife experienced more no distress (17.53%) and psychological well-being (2.57%) compared to their counterparts, who were 2-3 wives or more than 3 wives. The highest proportion, 66.04%, of women to supportive husbands were moderately distressed, and this was the same for wives to non-supportive husbands (73.76%); however, the percentage was higher among women to husbands who were not supportive. This applied to all the other categories of psychological well-being, implying that psychological well-being has a positive relationship with the supportiveness of the husband.

**4.4.3 Table 10: Psychological well-being of mothers by respondents' parents' characteristics**

<i>Explanatory variable</i>		<b>Psychological well-being</b>					<i>P-Value</i>
		<i>Categories</i>	<i>Severe distress</i>	<i>moderate distress</i>	<i>No distress</i>	<i>PWB</i>	
<b><i>Both Parents Alive</i></b>	Both Parents Alive	31(15.66)	137(69.19)	25(12.63)	5(2.52)	0.260	
	Mother Alive	8(14.04)	36(63.16)	12(21.05)	1(1.75)		
	Father Alive	7(21.88)	23(71.88)	2(6.25)	0(0.00)		
	None Alive	13(18.84)	50(72.46)	5(7.25)	1(1.45)		
<b><i>Number of Children born to parent(s)</i></b>	One Child	0(0.00)	7(58.33)	2(16.67)	3(25.0)	0.152	
	2-5 Children	6(30.00)	4(20.00)	9(45.00)	1(5.00)		
	6-8 Children	24(19.05)	80(63.49)	20(13.87)	2(1.59)		
	More than 8	29(18.01)	118(73.29)	13(8.07)	1(0.62)		
<b><i>Educational Level of Father</i></b>	None	11(17.07)	47(78.05)	4(4.88)		0.322	
	Primary Education	22(12.41)	118(71.03)	26(16.55)			
	Secondary Level	12(20.51)	42(69.23)	6(10.26)			

	Tertiary Level	0(0.00)	22(77.78)	4(22.22)		
	I don't Know	14(17.65)	41(76.47)	4(5.88)		
<b><i>Educational Level of Mother</i></b>	No Formal Education	16(16.67)	57(78.33)	3(5.00)		<b>0.065</b>
	Primary Education	19(12.00)	102(64.67)	35(23.33)		
	Secondary Education	6(30.00)	15(65.00)	1(14.29)		
	Tertiary Level	0(0.00)	6(85.71)	1(2.70)		
	I don't Know	18(21.62)	66(75.68)	7(2.70)		
<b><i>Employment Status of Father</i></b>	Formal Employment	4(25.00)	11(68.75)	1(6.25)		<b>0.218</b>
	Unemployed	28(29.63)	83(59.26)	20(11.11)		
	Businessman	5(14.71)	27(79.41)	2(5.88)		
	Farming Employment	22(12.26)	125(74.19)	21(13.55)		
<b><i>Are parents/guardians or relatives supportive</i></b>	Yes	42(18.42)	153(67.10)	27(11.84)	6(2.64)	<b>0.003</b>
	No	17(13.49)	93(72.22)	17(13.49)	1(0.79)	
<b><i>People's Interest in what you do</i></b>	None	11(15.49)	53(74.65)	7(9.86)	0(0.00)	<b>0.025</b>
	Little	19(16.81)	80(70.08)	13(11.50)	1(0.88)	
	Can't Tell	10(18.18)	40(72.72)	4(7.02)	1(1.81)	
	Some	8(14.55)	41(74.55)	7(7.27)	1(1.75)	
	A Lot	11(18.33)	32(53.33)	13(21.67)	4(6.66)	
<b><i>Ease of Accessing Practical Help</i></b>	Very Difficult	10(20.41)	39(79.59)	0(0.00)	0(0.00)	<b>0.001</b>
	Difficult	11(13.41)	65(79.27)	6(7.32)	0(0.00)	
	Possible	18(16.67)	74(68.52)	14(12.96)	2(1.85)	
	Easy	12(15.79)	51(67.12)	11(14.47)	2(2.63)	
	Very Easy	8(20.00)	17(42.50)	13(32.50)	3(7.50)	
<b><i>Why did you get Married</i></b>	Poverty at Home	28(16.67)	119(70.83)	20(11.90)	1(0.60)	<b>0.091</b>
	Religious Obligation	3(18.75)	11(68.75)	1(6.25)	1(6.25)	
	I was Mature	3(9.38)	22(62.48)	6(18.75)	3(9.38)	
	Family Tradition	6(22.22)	21(77.78)	0(0.00)	0(0.00)	

	Parent's Influence	2(14.29)	10(71.43)	1(7.14)	1(7.14)	
	Teenage Pregnancy	10(13.70)	52(71.23)	9(12.33)	2(2.74)	
	Because it is allowed in community	2(40.00)	3(60.00)	0(0.00)	0(0.00)	
	Personal Choice	5(25.00)	8(40.00)	7(35.00)	0(0.00)	
<b><i>Encourage Girls to give birth before 19 years?</i></b>	Yes	20(13.79)	92(63.44)	28(19.31)	5(3.45)	0.062
	No	39(18.75)	152(72.59)	16(7.69)	2(0.96)	

From table 9 above, there was a statistically significant association between psychological well-being and the education level of the mother ( $p=0.003$ ), people's concern or interest in what one does ( $p=0.025$ ), ease of accessing practical help ( $p=0.001$ ), and whether one encourages girls to give birth before the age of 19 years.

The mothers whose parents were supportive experienced psychological wellbeing (2.64) as compared to those whose parents weren't supportive (0.79). Further, the majority (74.65%) of the respondents who said people showed no interest in what they did were moderately distressed. The same applied for those who said little (70.08%), psychological wellbeing was highest among those who said they received a lot of support. Regarding the ease of accessing practical help from people in society, the majority of those who found it very difficult (79.59%) were moderately distressed; this was similar for those who said it was difficult (79.27%), possible (68.52%), easy (67.53%), and lastly, those who said it was very easy were moderately stressed at 42.50%. This implies that the level of psychological well-being increased with an increase in the ease of accessing practical help from people in society.

#### **4.5 Predictors of psychological well-being among adult and adolescent mothers**

The predictors of psychological well-being among adolescent and adult mothers were established through an ordered logistic regression on potential independent variables of respondent's demographics, socioeconomics characteristics and of their spouses, parents and the society. The contribution of all variables represents respondents' likelihood of being psychologically well. The table depicts the odds ratio (e) standard error (Std Err.) and significance level for coefficients (p-

value). In all cases, unless stated, the level of significance is at 5%. The coefficient is interpreted as a chance of mothers' being psychologically well compared to the reference category of the variable when all other factors included in the model are held constant. The model was a good fit (P-value=0.0003).

**Table 11: Predictors of psychological well-being among adult and adolescent mothers**

<b>Variable</b>	<b>Odds Ratio</b>	<b>Std Err</b>	<b>p-value</b>
<b>Tribe</b>			
Mugwele	0.5376895	.3168852	0.292
Munyoli	1.6005664	.3192138	0.337
<b>Musoga</b>			
Muganda	.2503269	.1572811	<b>0.028</b>
Other	.8201186	.3825048	0.671
<b>Education Level</b>			
No formal Education	.73564500		<b>0.036</b>
Primary Education	1.2538670		0.657
<b>Secondary Education</b>	2.3990003		0.322
<b>Marital Status</b>			
Single	1.8341127	.3181548	0.049
<b>Married</b>			
Widowed	.30046791	.2230234	0.061
Divorced/Separated	.32217821	.4472089	<b>0.036</b>
<b>Employment Status</b>			
Unemployed	.1043859	.1177748	<b>0.045</b>
Housewife	.0424752	.0479573	<b>0.005</b>
Farming Employment	.1242708	.1360235	0.057
<b>Business Woman</b>	1.1632223	.1781893	0.097
<b>Involvement in women groups</b>			
No	.7836352	.3089089	<b>0.036</b>
<b>Number of children</b>			
<b>One</b>	3.71004	1.983400	0.018
2-3	2.68405	1.097192	<b>0.016</b>
4-5	2.093208	1.196466	0.196
More than 5	1.596972	.8942861	0.403
<b>Employment Status of Husband</b>			
Unemployed	.63301	11.79184	<b>0.015</b>
Self-employed	.940378	5.890272	<b>0.022</b>
<b>Business man</b>			
Farming Employment	3.292423	2.866216	0.171
	3.61681	3.270023	0.155
<b>People's interest in What you do</b>			
<b>Little</b>	.7254423	.4265404	0.585
Can't tell	.4820034	.3353353	0.294
Some	.5173429	.3525457	0.333

A lot	1.3540414	.2464819	<b>0.013</b>
<b>Ease of accessing practical help</b>			
<b>Difficult</b>	.419579	.9279469	0.592
Possible	2.143056	1.593278	0.305
Easy	2.926979	2.209935	0.155
Very Easy	5.367041	4.637364	<b>0.042</b>

***Bold categories represent reference categories.***

From Table 10 above, it can clearly be deduced that the psychological well-being of Baganda mothers exhibited lower levels compared to Banyoli and other ethnic groups. Mothers who were divorced, separated, or widowed displayed diminished psychological well-being in contrast to those who were married. Mothers who were unemployed or housewives displayed diminished psychological well-being in contrast to those engaged in business ventures. Similarly, mothers not participating in women's groups demonstrated lower psychological well-being than their involved counterparts. Mothers with 2–3 children were more likely to experience psychological well-being than those with more than 5 children. In terms of the husband's employment status, wives of unemployed and self-employed men showed lower chances of psychological well-being compared to those whose husbands were businessmen. In regard to the number of wives, respondents whose husbands had one wife were more predisposed to psychological well-being than their counterparts, those whose husbands had 2-3 or more than three wives. Regarding maternal education, respondents whose parents attained tertiary education were more predisposed to psychological well-being than those with parents educated only to the primary level. Moreover, respondents residing in communities where people exhibited a lot of concern were more likely to experience psychological well-being than those in communities with little demonstrable concern. Additionally, individuals finding it very easy to access practical help were more inclined towards psychological well-being than those encountering difficulties accessing societal assistance. Lastly, respondents not endorsing childbirth before the age of 19 were less likely to report psychological well-being than those advocating for such practices.

## CHAPTER FIVE: DISCUSSION OF THE STUDY FINDINGS

### 5.0 Introduction

This chapter includes a summary, conclusions, and recommendations derived from the study findings aimed at enhancing the psychological well-being of adolescents and adult mothers.

### 5.1 Summary, discussion and conclusions

The main objective of the study was to assess the psychological well-being and associated factors among adolescent and adult mothers in Malongo sub-county, Mayuge district.

#### 5.1.1 Demographic Characteristics

##### Individual

The study participants represented a diverse demographic and socio-economic background, characterized by a predominantly youthful (66.01%) population comprising of those aged 20-39 years (43.54%) and 30-39 years (22.47%), with a notable presence of Basoga ethnicity (51.97%). Educationally, primary education completion was prevalent (52.81%) indicating a foundational level of literacy, while tertiary education was least prevalent, at 6.74%. This suggests a gap in higher education attainment. Religious diversity was evident, with Muslims (30.06%) comprising the largest groups. There was high religious participation (65.17%) and weekly attendance, commonly once a week. Income disparities highlight economic challenges, with the majority (31.74%) earning less than UGX 10,000 per month. Active participation in women's groups (64.61%) indicates community engagement. Employment was predominantly in agriculture (32.30%) followed by unemployment (28.09%) with formal employment at 3.09% being the least, reflecting the agrarian economy, with a significant proportion unemployed. The findings agree with those by Colizzi *et al.*, (2020) as reviewed in literature that established similar findings.

In conclusion, these findings underscore the need for tailored interventions addressing education, economic empowerment, and community engagement.

### **Characteristics of the Husband**

The substantial number of spouses were young adults aged 20-29 years, with a noteworthy portion having completed primary education but fewer attaining tertiary education, suggesting a foundational level of literacy but limited higher education opportunities. Self-employment emerged as the predominant occupation, underscoring entrepreneurial tendencies within the community, while the prevalence of limited income disclosure highlights potential economic challenges. Despite the predominance of monogamous relationships, a considerable proportion (40.22%) were in polygamous setups, reflecting cultural norms and marital practices. Importantly, spousal support was significant, with tangible and financial aid being key forms of assistance, indicating strong familial ties and mutual support within relationships.

### **Characteristics of Parents**

The demographic details of the respondents' parents depict a varied profile. A considerable proportion reported having both parents alive, as majority came from families with more than eight siblings. Educationally, most fathers had completed primary schooling, while mothers had similar educational backgrounds, with a significant (21.90%) fraction having no formal education. This shows a gender gap in educational attainment. Occupation-wise, fathers were predominantly employed in agriculture, while mothers were also primarily engaged in agriculture and business. Respondents largely perceived their parents or guardians as supportive, with a significant number having a few close confidants. However, there is a concerning lack of interest from others in their endeavors, indicating potential social isolation. Marital decisions appear to be largely influenced by socioeconomic factors, particularly poverty and societal norms. This is in line with a study carried out by Mangeli et al. (2017), which established similar research findings. These conclusions underscore the complex interplay between familial, social, and economic factors shaping the lives and decisions of the respondents.

## **5.2 Prevalence of adolescent motherhood**

The prevalence of adolescent motherhood was 20.23%. This distribution aligns with trends observed in various studies on maternal age at childbirth. In Uganda, the results are slightly lower than the national prevalence of 24% (UDHS, 2021). Further, the results are slightly lower than the 54.1% adolescent childbirth prevalence reported by Amongin (2020). Further, the results by Ochen *et al.* (2019) in Uganda who found that 90.3% of adolescents had their first sexual encounter in life at older age (15–19), which differs from this studies' low adolescent motherhood.

The prevalence of adolescent motherhood in our study can be attributed to several factors. Firstly, societal norms and cultural practices may play a significant role in early childbearing (Malunga *et al.*, 2023). Additionally, partial access to comprehensive sexual education and reproductive health services could contribute to higher rates of adolescent pregnancies, as highlighted (Ochen *et al.*, 2019). Furthermore, economic factors such as poverty and lack of educational opportunities may also influence the prevalence of adolescent motherhood. Research by Brown and Martinez (2016) and Kim *et al.* (2020) has shown that socio-economic disparities can impact the age at which women become mothers, with those from disadvantaged backgrounds more likely to experience early motherhood (Wasswa *et al.*, 2021; Wado *et al.*, 2019). Moreover, the prevalence of adolescent motherhood may be influenced by individual factors such as family dynamics, peer influences, and personal beliefs about motherhood and fertility. A Study by Mkwanzani (2020) highlighted the role of family support and community attitudes towards teenage pregnancy in shaping the prevalence of adolescent motherhood.

## **5.3 Psychological well-being of adult mothers**

The data revealed a significant prevalence of distress among the respondents, with 70.51% experiencing moderate distress and 16.57% reporting severe distress. These findings are concerning as they indicate that a substantial majority of the population is grappling with notable levels of psychological discomfort. Moderate distress can manifest in various forms, including feelings of anxiety, depression, or stress, which can adversely affect individuals' daily functioning and overall quality of life (Huppert, 2009). The high percentage of individuals in this category suggests a widespread issue that may require targeted mental health interventions and support systems to mitigate its impact. On the other hand, a smaller proportion of the population reported

no distress (12.36%), with only 0.56% exhibiting signs of psychological well-being. This stark contrast highlights the challenge of achieving and maintaining psychological well-being among mothers. Psychological well-being encompasses both hedonic well-being, characterized by happiness and life satisfaction, and eudaimonic well-being, which involves having a sense of purpose and personal growth (Ryff, 1989; Carruthers & Hood, 2004). The high rate of respondents who are not psychologically well suggests that factors contributing to well-being, such as positive relationships, environmental mastery, and autonomy, may be lacking or insufficiently addressed within this population (Feller *et al.*, 2018).

The substantial levels of distress and the low incidence of well-being underscore the need for comprehensive mental health strategies. These strategies should focus not only on alleviating distress but also on promoting the elements that foster psychological well-being. Programs aimed at enhancing social support, improving economic stability, and providing access to mental health resources could play a critical role in shifting these trends (Hodgkinson *et al.*, 2014). Additionally, addressing underlying issues such as poverty, social inequality, and limited access to healthcare could significantly improve the mental health landscape for these individuals (Lyubomirsky *et al.*, 2014).

### **5.3.1 Comparison of Psychological well-being of Adolescent and adult mothers**

Psychological distress among adolescent and adult mothers. Among adolescent mothers, the majority (67.20%) experienced moderate distress, followed by 19.80% who reported severe distress, while only 12.30% exhibited no distress, with a mere 0.68% demonstrating psychological well-being. Conversely, among adult mothers, a slightly smaller proportion (63.49%) reported moderate distress, with 17.56% experiencing severe distress. Notably, the prevalence of distress was lower among adult mothers, suggesting that adolescent mothers faced heightened psychological challenges. This aligns with research by de Groot *et al.* (2018), which showed that adolescent motherhood is associated with worse mental health and well-being in women, particularly among those who married at a young age. Moreover, the findings correspond with a study conducted in Ethiopia, which indicated that women who married at age 12 or earlier scored, on average, five points lower on the Psychological General Well-being Index compared to those who married later, even after adjusting for socioeconomic status and experiences of intimate partner violence (Tefera *et al.*, 2020).

It is possible that the reason for the connection between adolescent motherhood and compromised mental health, is that early motherhood disrupts the typical developmental trajectory, forcing young mothers into roles for which they may not be emotionally or mentally prepared (Mangeli, *et al.*, 2017). The sudden shift to motherhood, which occurs concurrently with continuing personal development and the construction of identity, presents daunting obstacles that frequently result in increased levels of stress and anxiety (Mangeli, *et al.*, 2017). Additionally, the convergence of social, cultural, and economic issues intensifies the psychological burden on adolescent mothers, making it harder for them to overcome their problems and access essential support networks. As a result, the start of motherhood during adolescence becomes a significant risk factor for low psychological well-being. Thus, complex interaction of individual, relational, and social factors forms this risk factor.

### **5.3.2 The different Aspects of psychological well-being among adolescent and adult mothers**

The majority (78.93%) of respondents obtained a moderate level of autonomy, which is consistent with the difficulties identified in prior research concerning the limited decision-making authority of mothers, specifically with regard to maternal healthcare services. This is consistent with the research indicating that young age, restricted access to resources, poor education, and societal norms frequently impede the autonomy of mothers (Kassahun & Zewdie, 2022; Gloria *et al.*, 2020). In a similar manner, the environmental mastery score distribution illustrates the difficulties mothers encounter when attempting to manage their surroundings effectively. Although the majority (82.02%) achieved moderate scores, which signifies a satisfactory degree of agency in relation to their surroundings, a substantial segment obtained low scores (9.27%), which implies difficulties in adjusting and managing oneself. These findings align with existing research that emphasizes the distinct obstacles mothers encounter when attempting to navigate their situations on account of constrained financial means (Mangeli *et al.*, 2017; Moore *et al.*, 2010).

In relation to personal development, the results indicate that the participants' experiences were quite varied. Although the majority (76.97) achieved moderate scores, which signifies a degree of progress and maturation. This is consistent with the scholarly literature, which examines how challenges to personal development, such as financial constraints, social stigma, and educational interruptions, can affect mothers (Erasmus *et al.*, 2020; Van Zyl *et al.*, 2015). As for positive

relationships, the significance of social support and the character of relationships among mothers is highlighted. The results revealed that the majority (78.09%) of participants obtained moderate score, which indicated restrained levels of support and quality of relationships. This finding is consistent with previous research by Easterbrooks *et al.*, (2016) and Hodgkinson *et al.* (2014) who examined the substantial impact that social support from family and companions can have on the well-being of mothers.

Regarding the mothers' purpose in life, a significant majority (65.73%) had moderate scores followed by High (31.74%) which show a degree of intention. This is in agreement with the study by Coert *et al.* (2021) which examined how the sudden transition to parenthood can cause mothers to encounter feelings of uncertainty and changes in their personal ambitions and goals. As a final observation, the self-acceptance score distribution illustrates the difficulties mothers encounter when attempting to develop a positive self-concept. Although the majority (72.47%) achieved scores in the moderate range, a minority (1.40) scored low, implying difficulties with acceptance and self-worth. This is consistent with studies by Liu *et al.* (2021) and Govender *et al.* (2020) who examined the susceptibility of mothers, predominantly adolescents, to adverse perceptions and social disapproval linked to adolescent pregnancy. Additionally, it emphasizes the value of positive interpersonal connections and social support in promoting self-acceptance.

#### **5.1.4 Factors associated with psychological well-being of adolescent and adult**

##### **Individual factors**

One significant individual factor influencing psychological well-being is tribe, as highlighted in our study and supported by research by Smith *et al.* (2017) and Johnson and Brown (2018). The variation in distress levels among different tribes, with Bagwele and Baganda showing higher proportions of severely distressed mothers, and Basoga exhibiting resilience, can be attributed to cultural norms, social support structures, and historical experiences unique to each tribe. A study by Asimwe *et al.* (2023) on sociocultural considerations of mental health care and help-seeking in Uganda shows that differences in cultural attitudes towards motherhood, mental health, and coping mechanisms within these tribes may contribute to the disparities in psychological well-being observed, thus, emphasizing the influence of cultural factors on maternal mental health outcomes.

Education level also influenced psychological distress, with the majority of mothers lacking formal education experiencing moderate distress (69.64%), followed by those severely distressed (25%), and none showing psychological well-being. Only primary, secondary and tertiary had respondent who are psychologically well. Thus, education level is another crucial factor influencing psychological distress among mothers. This is in agreement with the study by Mangeli *et al.*'s (2017) who emphasizes that access to education not only positively influences the psychological wellbeing of mothers but also plays a pivotal role in fostering a sense of independence, bolstering self-worth, and contributing to financial stability. In this study, the majority of mothers lacking formal education experiencing moderate distress, and those with higher education levels showing lower distress levels, can be explained by the impact of education on mental health literacy, coping strategies, and access to resources. The study revealed that higher education levels were associated with psychological well-being. The association between education and psychological well-being is likely due to awareness of mental health issues, improved problem-solving skills, and greater access to support networks, highlighting the role of education in shaping maternal psychological well-being.

In regard to marriage, among those married, 18.6% experienced severe distress, 65.18% were moderately distressed, 14.17% had no distress, and only 2.02% experienced psychological well-being. Across all the different marital status categories, the married had the highest percentage of those with no distress (14.7%) and experienced psychological well-being (2.02%). Signifying that marital status plays a significant role in influencing psychological distress among mothers, as evidenced in this study and supported by research by Brown and Johnson (2017) and Lee *et al.* (2020). The higher percentage of severe distress among married mothers, coupled with lower distress levels among single, widowed, or divorced/separated mothers, can be attributed to the dynamics of marital relationships, social support availability, and stressors associated with marriage. However, it is important to note that marital conflicts, lack of support from partners, and caregiving responsibilities within marriage may contribute to higher distress levels among married mothers, underscoring the impact of marital status on maternal mental health outcomes (Noonan *et al.*, 2021).

Religiosity correlated with distress levels, as mothers attending church or mosque 2-3 times per week had the highest proportion of severe distress (22.99%), one time had the highest proportion for

moderate distress (72.64) and more than 3 times the highest for psychological well-being (2.94). Religiosity and involvement in religious activities are additional factors influencing psychological distress among mothers. The results are aligned to a study by Raza *et al.*, (2016) done among Muslims. Using linear regression analysis, they established that religiosity is significantly associated with mental wellbeing. The varying levels of distress among mothers based on their religious practices can be linked to the role of religion in providing coping mechanisms, social support, and a sense of community. Mothers who actively engage in religious activities may benefit from the emotional support, guidance, and sense of belonging offered by their religious communities, leading to lower distress levels compared to those with less religious involvement.

Employment status revealed that housewives had the highest proportion of moderate distress (68.52%) and severe distress (20.37%), while those with formal employment showed the highest proportion of no distress. This is in agreement with Hodgkinson *et al.*, (2014) who revealed that mothers who grapple with unfavorable economic conditions are more prone to encountering difficulties in parenting, thus affecting their psychological wellbeing. The higher proportion of distress among housewives compared to those with formal employment can be attributed to factors such as financial stress, social isolation, and lack of autonomy associated with being a homemaker. Formal employment may provide mothers with financial stability, social interactions, and a sense of purpose, contributing to lower distress levels among employed mothers.

Involvement in women's groups also had a notable impact, with a lower proportion of those involved reporting moderate distress (64.34%) compared to those not involved (78.57%). This agrees with research by Balaji *et al.*, (2007) who recognize the significance of social support networks, including participation in community groups, in shaping maternal mental health. In our study, mothers involved in women's groups exhibited lower levels of moderate distress, suggesting that group participation may provide emotional support, a sense of belonging, and opportunities for shared experiences and coping strategies. The friendship and solidarity within women's groups can offer a supportive environment for mothers to discuss challenges, seek advice, and receive encouragement, which may contribute to reduced levels of distress compared to mothers not involved in the groups.

### **Husbands' Characteristics**

As to the husband's employment status, the majority of severely distressed mothers were those whose husbands were unemployed (26.09%); of the moderately distressed, the majority (75.94%) were wives to businessmen; and of those with no distress, the highest proportion (23.66%) were those who were self-employed. Employment status of the husband is another crucial factor influencing maternal psychological well-being. Further, the monthly income also was associated with psychological well-being; over half (77.78%) of mother to husbands earning less than UGX10,000 were moderately distressed; the same applied for those earning above UGX10,000; however, the proportion of moderately distressed mothers dropped with an increase in the monthly income of the husband. These results agree with the study by Kang (2010) who revealed that the difference between the psychological well-being of women varied according to socio-demographic variables such as educational level, income level, spouse's support and occupation. This difference can be attributed to the financial stability, social status, and sense of security that formal employment provides. Husbands in formal employment or stable business may contribute to a more stable and supportive family environment, reducing stressors related to economic insecurity and enhancing maternal well-being. Additionally, employed husbands may be more likely to share household responsibilities and provide emotional support, contributing to lower distress levels among mothers. Further, higher household income may afford mothers access to better healthcare, education, and social support services, reducing financial strain and enhancing overall psychological well-being (Hodgkinson *et al.*, 2014). Economic stability provided by higher incomes can alleviate stressors related to basic needs, allowing mothers to focus on their own well-being and that of their families.

The number of wives showed that mothers who were one wife experienced more no distress (15.09) and psychological well-being (3.14) compared to their counterparts, who were 2-3 wives or more than 3 wives. These findings highlight how important it is to consider the relational framework in which they function. There is a possibility that monogamous marriages offer a more secure and encouraging environment for mothers to flourish emotionally, but the intricacies of polygamous relationships may make stress worse and reduce overall well-being. Regarding support from husband, the highest proportion, 66.67%, of women to supportive husbands were moderately distressed compared to wives of non-supportive husbands (73.76%). This is supported by the study by Khanna *et al.*, (2023) who established that Lack of partner support for ensuring care, rest and decision-making is associated with high levels of distress. A supportive husband can

offer emotional validation, practical assistance, and encouragement to mothers, creating a nurturing and positive family environment. Supportive spousal relationships are associated with better mental health outcomes for mothers, as they feel understood, valued, and cared for, leading to reduced stress and improved well-being.

Regarding the ease of accessing practical help from people in society, the majority of those who found it very difficult (79.59%) were moderately distressed; this was similar for those who said it was difficult (79.27%), possible (68.52%), easy (67.53%), and lastly, those who said it was very easy were moderately stressed at 42.50%. This implies that the level of psychological well-being increased with an increase in the ease of accessing practical help from people in society. This is in agreement with a study by Sun and An (2024) who reveal that inadequate or lack access to practical help is associated with increased risks of depression, anxiety, and self-harm among mothers. Conversely, a supportive network fosters maternal trust and encourages the open disclosure of symptoms, which is essential for effective maternal psychological health (Sun & An, 2024).

### **Social Support**

There is a remarkable correlation between parental support and the psychological well-being of mothers, as demonstrated by the study results. There is a significant impact that familial ties have on the mental health of mothers, as seen by the sharp disparity between those respondents who reported having supportive parents and those who did not. The conclusion that a sizeable majority of respondents who had supportive parents experienced psychological well-being (2.64) highlights the protective impact of parental support in minimizing psychological distress. This is in contrast to the fact that only a portion of those who did not have supportive parents had psychological well-being (0.79) by comparison. This finding implies that caring and supportive parental ties can serve as an essential source of emotional stability and resilience for mothers. These interactions can act as a buffer against the stressors that are inherent to motherhood and produce a pleasant mental state that is favorable to the well-being of the mother.

In a similar manner, the correlation between the amount of support received from other people and the psychological well-being of mothers offers insight into the significance of wider social networks in determining the outcomes of maternal mental health. According to the findings, moms who receive little (70.08) to no interest (74.65) from others in their respective pursuits are more

likely to suffer moderate distress. On the other hand, mothers who receive strong support report better levels of psychological well-being. It is clear that social support that extends beyond the confines of the family unit has a significant impact on enhancing the resilience of mothers and fostering advantageous mental health outcomes. This aligns with finding from a qualitative study by Al-Mutawtah *et al.* (2023) which reveals that Inadequate social support is associated with increased risks of mental health issues among mother, such as depression and anxiety. Conversely, robust support systems have been linked to improved quality of life and reduced stress levels among expectant mothers. Therefore, fostering environments that promote strong social networks is crucial for the well-being of both mothers and their children (Al-Mutawtah *et al.*, 2023). Further, cultivating supportive relationships within communities and social circles can provide women with vital resources and coping strategies, boosting their capacity to handle the challenges of motherhood with greater ease and confidence.

Furthermore, the findings addressing the ease of getting practical assistance from society shed light on the significant influence that external support networks have on the psychological well-being of mothers. The relevance of societal support systems in the process of enhancing maternal mental health is highlighted by the gradual improvement in psychological well-being that has been noticed, which is accompanied by an increase in the ease with which one may obtain practical assistance. According to the findings, women who have difficulty gaining access to practical aid are more likely to suffer increased levels of distress, whereas mothers who have better access to support report lower levels of discomfort. Not only does this highlight the importance of addressing systemic barriers and inequalities that may hinder mothers' access to essential resources and services, but it also highlights the necessity of community-based initiatives that aim to enhance support networks and facilitate access to practical assistance for mothers who are in need.

### **5.1.5 Predictors of psychological well-being**

The data presents a comprehensive picture of various predictors of psychological well-being. Tribe being among them, it's notable the Basoga (Odds ratio = 3.98) and Banyoli (Odds ration = 1.60) were more likely to be psychologically well compared to the other tribes at a p-value 0.028. This could be could be attributed to cultural differences, social norms, and historical contexts unique to each ethnic group, which may impact the level of social support, access to resources, and overall

well-being experienced by mothers. This is in line with a study by Asiimwe et al. (Asiimwe et al., 2023) on Sociocultural considerations of mental health care and help-seeking in Uganda shows that differences in cultural attitudes towards motherhood, mental health, and coping mechanisms within these tribes may contribute to the disparities in psychological well-being observed, thus, emphasizing the influence of cultural factors on maternal mental health outcomes. Moreover, a study done in Nigeria that highlights that some psychological health challenges require understanding the cultural and social norms to wholesomely comprehend them (Adeponle et al., 2017). In addition, the study cultural rituals and other social influences influence the means of seeking or accessing health care services, the form of intervention or support. This is coined in the knowledge and beliefs that are passed down through generations (Adeponle et al., 2017). This could be true to the different tribes that participated in the study.

Moreover, education was also a predictor of maternal psychological well-being. The data revealed that mothers with a secondary level of education (Odds ratio = 2.40) are more likely to be psychologically well than the rest at a p-value 0.036. This finding suggests that education plays a crucial role in empowering mothers with knowledge, skills, and resources to cope with stress, make informed decisions, and access support systems. Higher education levels are associated with increased self-esteem, problem-solving abilities, and resilience, which contribute to better mental health outcomes among mothers (Meyrose et al., 2018). This is in agreement with the study by Mangeli et al. (Mangeli M et al., 2019) who emphasizes that access to education not only positively influences the psychological wellbeing of mothers but also plays a pivotal role in fostering a sense of independence, bolstering self-worth, and contributing to financial stability.

Furthermore, married mothers (Odds ration = 2.30) and those who were businesswomen (Odds ratio = 1.16) were more likely to be psychologically well at the p-value 0.036 and 0.045 respectively. This aligns with a study by Meyrose et al. (Meyrose et al., 2018) and Bedaso et al. (Bedaso et al., 2022) revealed that non-partnered pregnant women had a higher likelihood of depressive disorder and anxiety disorder compared with partnered women. Additionally, the data highlights the role of social participation and community support in shaping maternal psychological well-being. Mothers not participating in women's groups (Odds ration = 0.78) were less likely to be psychologically well compared to their counterparts at a p-value of 0.036. This result Suggests the potential benefits of social networks, family and community engagement in

fostering mental health. Similarly, respondents residing in communities where people exhibit a lot of concern are more likely to experience psychological well-being (Budds, 2021). Moreover, Acoba (2024) reveals that associations such as marital relationships and engagements mothers have with children shape the emotional atmosphere of mothers. Also, Namaguchi and Milkie (2020) in their decade review study on parenthood and well-being revealed that relationships that are supportive and positive in nature are key make crucial contributions to overall well-being as compared to relationships filled with dissatisfaction and conflict which have a negative effect on psychological well-being.

Moreover, various demographic factors mothers who had one child (Odds ratio = 3.71), whose husbands were in farming employment (Odds ratio = 3.62), who had “a lot” of people interested in what they did (Odds ratio = 1.35), and it was “very easy” for them to access practical help were more likely to be psychologically well compared to their counter parts.

### **5.3 Conclusion**

The 20% prevalence of adolescent motherhood highlights a pressing public health concern and underscores the need for targeted interventions aimed at preventing adolescent pregnancies through education, community engagement, and improved access to reproductive health services. The prevalence highlights the urgent need for public health interventions that focus on prevention, awareness creation, and support for adolescent girls. Programs should be community-based and youth-friendly, involving parents, schools, and health workers to address the root causes of teenage pregnancies.

A disparity in psychological well-being was observed between adolescent and adult mothers, with adult mothers showing better mental health outcomes. This emphasizes the importance of integrating age-specific mental health services into maternal health programs. Psychological support, life skills training, and mentorship initiatives may be particularly beneficial in empowering adolescent mothers and mitigating long-term emotional and social challenges.

Marital status, employment, education, and social support were found to be significantly associated with psychological well-being among mothers. These results reinforce the socio-ecological understanding of maternal mental health, where both individual and environmental factors

contribute to psychological outcomes. This suggests that policies aimed at improving women's access to education, economic empowerment, and family stability can substantially enhance maternal mental health. Interventions should thus adopt a holistic, multi-sectoral approach that strengthens both individual capacities and community-level support systems.

#### **5.4 Recommendations for further studies**

Based on the study on psychological well-being among adolescent and adult mothers, several areas for further research can be identified to deepen our understanding of maternal psychological health and enhance support systems for mothers. Some potential areas for future research include:

**Longitudinal Studies:** Conduct longitudinal studies to track the psychological well-being of adolescent and adult mothers over an extended period. Longitudinal research can provide insights into the trajectories of maternal mental health, factors influencing changes over time, and the long-term impact of interventions on well-being outcomes.

**Intervention Studies:** Evaluate the effectiveness of specific interventions, such as educational programs, support groups, counseling services, and empowerment initiatives, in improving maternal psychological well-being. Intervention studies can provide evidence-based recommendations for implementing targeted interventions to enhance maternal mental health outcomes.

**Parenting Stress and Well-being:** Explore the relationship between parenting stress, maternal well-being, and child outcomes. Investigate how maternal psychological health impacts parenting practices, parent-child interactions, and the overall family environment, highlighting the importance of addressing maternal well-being for the well-being of the entire family.

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## **APPENDIX I: INFORMED CONSENT TO PARTICIPATE IN RESEARCH**

My name is Isaac Senda, I am pursuing a master's degree of Public Health from Uganda Christian University (UCU). I am requesting you to take part in my academic research study called: "Psychological well-being and associated factors among adolescent and adult mothers in Malongo sub-county, Mayuge district; a comparative study."

The purpose of this study is to:

To find out the prevalence of adolescent motherhood in Malongo sub county, Mayuge District.

To compare the psychological well-being of adolescent and adult mothers in Malongo sub county, Mayuge district.

To identify the factors that influence the psychological well-being of adolescent and adult mothers in Malongo sub-county, Mayuge district.

Study Procedures:

You are being asked to participate in this study, as you are a Ugandan woman who can help us understand the effect of child marriage on the psychological well-being of girls between 10 and 18 years in Malongo sub-county, Mayuge district

If you take part in this study, you will be asked to:

Take part in a one-time, one-on-one, using a structured Questionnaire;

The interview will take approximately 30minutes;

The interview will take place at a location most convenient to you.

Benefits:

There may be no direct benefits associated with your participation in the study, but the information you will provide will be useful in planning and organizing health awareness campaigns on adolescent health services.

Risks or Discomfort:

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

Compensation:

No research participants will be compensated

Privacy and Confidentiality:

We will keep your study records private and confidential. Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

The research team, including the Principal Investigator and those involved with the study. I may publish what I have learnt from this study. If I do, I will not include your name. I will not publish anything that would let people know who you are.

**Voluntary Participation / Withdrawal:**

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

You can get the answers to your questions, concerns, or complaints

If you have any questions, concerns or complaints about this study, or experience an adverse event or unanticipated problem, contact the principal investigator on 0783835090.

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the Chairperson of Research Ethics Review committee UCU Dr. Edward Mukooza on (0772957345).

**Assessment of understanding:**

Please check which box best describes your assessment of understanding of the above informed consent document:

I have read the above informed consent document and understand the information provided to me regarding participation in the study and benefits and risks. I give consent to take part in the study and will sign the following page.

\_\_\_\_\_  
Signature of Person Taking Part in Study      Date

\_\_\_\_\_  
Thumb print of Person Taking Part in Study

**APENDIX II: QUESTIONNAIRE FOR DATA COLLECTION AMONG TEANAGE  
GIRLS BETWEEN 10 AND 18 YEARS**

Please answer the questions according to the instructions:

**SECTION A:** (Please tick one and make sure that all the Questions are answered)

***Young Girls Characteristics***

1. Age in complete years:

2. Tribe:

Musoga	<input type="checkbox"/>	Mugwele	<input type="checkbox"/>
Munyoli	<input type="checkbox"/>	Muganda	<input type="checkbox"/>

Other, please specify.....

3. Education level:

No education	<input type="checkbox"/>	Primary education	<input type="checkbox"/>
Secondary education	<input type="checkbox"/>	Tertiary level	<input type="checkbox"/>

4. Marital Status:

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
Divorced/Seperated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

5. Religion:

Catholics	<input type="checkbox"/>	Anglicans	<input type="checkbox"/>
Pentecostal	<input type="checkbox"/>	Moslem	<input type="checkbox"/>
Other	<input type="checkbox"/>		

6. How often do you attend church or go to the mosque in a week? (Religiosity)

One time  2 to 3 times   
more than 3 times  I don't go at all

7. Are you actively involved (part of choir, mothers' union or any other group) in the church/mosque?

Yes  No

8. Employment status

Formal Employed  Unemployed   
Housewife  Business Woman   
Farming Employment

9. Which of these describes your personal Monthly income?

<10,000  11,000 to 50,000 UGX   
51,000 to 100,000 UGX  110,000 to 500,000 UGX   
501000 to 1M  More than 1M UGX   
Prefer not to answer

10. Are you involved in any women groups in the community?

Yes  No

11. How old were you when you had your first child?

10 - 15  16-19   
20- 29  20 to 39   
Mor than 39

12. How many Children do you have?

One	<input type="text"/>	Two to Three	<input type="text"/>
Four to Five	<input type="text"/>	More than 5	<input type="text"/>

**Husband Characteristics**

13. Age of Husband in years

14. Educational level Husband

Primary school	<input type="text"/>	Secondary school	<input type="text"/>
Tertiary	<input type="text"/>	No Education	<input type="text"/>

15. Employment status of Husband

Self Employed	<input type="text"/>	Formal Employment	<input type="text"/>
Unemployed	<input type="text"/>	Business man	<input type="text"/>
Farming Employment	<input type="text"/>		

16. Which of these describes your Husbands Monthly income

<10,000	<input type="text"/>	11,000 to 50,000 UGX	<input type="text"/>
51,000 to 100,000 UGX	<input type="text"/>	110,000 to 500,000 UGX	<input type="text"/>
501000 to 1M	<input type="text"/>	More than 1M UGX	<input type="text"/>
Prefer not to answer	<input type="text"/>		

17. How many wives does your Husband Have?

One	<input type="text"/>	Two to Three	<input type="text"/>
more than 3	<input type="text"/>		

18. Is your husband present to support you and your children?

Yes

No

19. If yes, what kind of support does your husband give you (tick more than one)

Emotional support

Tangible support

Information support

Appraisal support

Financial Support

*Characteristics of Parents*

20. Are both your parents still alive?

Both Parents are alive

Father alive

Mother alive

None of the Parents is alive

21. Number of children your parents have?

One

2 to 5

6 to 8

more than 8

22. Educational level of the Father

Primary school

Secondary school

Tertiary

No Education

23. Educational level of the mother

Primary school

Secondary school

Tertiary

No Education

24. Parents Marital status,

Married

Divorced

Windowed

25. Employment status of Father

Farming Employment

Formal Employed

Unemployed

Business man

26. Employment status of Mother

Farming Employment

Formal Employed

Unemployed

Business man

27. Are your parents/guardian or relatives supportive in times of need?

Yes

No

28. How many people are so close to you that you can count on them if you have great personal problems?

'None'

'1-2'

'3-5'

More than '5'

29. How much interest and concern do people show in what you do?

'None'

'Little'

'Can't tell

Some'

'a lot'

30. How easy is it to get practical help from neighbors if you should need it?

'Very difficult'

'Difficult'

'Possible'

'Easy'

'Very easy'

***For this section on marriage, please, you can tick more than one box***

31. Why did you get married?

- |                   |                          |                                   |                          |
|-------------------|--------------------------|-----------------------------------|--------------------------|
| Poverty at home   | <input type="checkbox"/> | Religious obligation              | <input type="checkbox"/> |
| Family traditions | <input type="checkbox"/> | I was mature                      | <input type="checkbox"/> |
| Teenage pregnancy | <input type="checkbox"/> | Because it's allowed in community | <input type="checkbox"/> |
| Personal Choice   | <input type="checkbox"/> | Parents' influence                | <input type="checkbox"/> |
- Any other, please specify.....

32. In your opinion, what are the causes of girls marrying before young (below age 19years, tick more than one)

- |                   |                          |                           |                          |
|-------------------|--------------------------|---------------------------|--------------------------|
| Poverty           | <input type="checkbox"/> | Gender Inequality         | <input type="checkbox"/> |
| Social Norms      | <input type="checkbox"/> | Religious Obligation      | <input type="checkbox"/> |
| Family Traditions | <input type="checkbox"/> | weak legislation          | <input type="checkbox"/> |
| Societal Pressure | <input type="checkbox"/> | Religious Obligation      | <input type="checkbox"/> |
| Personal Choice   | <input type="checkbox"/> | Parental/family influence | <input type="checkbox"/> |
- Any other, please specify .....

33. Would you encourage girls to give birth before the age of 19 years?

- Yes  No

**SECTION C:**

The following are items intended to determine the psychological well-being of mothers. In a scale of 1-5; where 5=strongly agree (SA); 4=Agree (A); 3= Neutral (N); 2=Disagree (D) and 1=strongly disagree (SD), please tick (√) where appropriate, the level that best explains your situation.

	Item	SD	D	N	A	SA
1	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.					

2	In general, I feel I am in charge of the situation in which I live.					
3	I am not interested in activities that will expand my horizons.					
4	Most people see me as loving and affectionate.					
5	I live life one day at a time and don't really think about the future.					
6	When I look at the story of my life, I am pleased with how things have turned out.					
7	My decisions are not usually influenced by what everyone else is doing.					
8	The demands of everyday life often get me down					
9	I think it is important to have new experiences that challenge how you think about yourself and the world.					
10	Maintaining close relationships has been difficult and frustrating for me.					
11	I have a sense of direction and purpose in life.					
12	In general, I feel confident and positive about myself.					
13	I tend to worry about what other people think of me					
14	I do not fit very well with the people and the community around me.					
15	When I think about it, I haven't really improved much as a person over the years.					
16	I often feel lonely because I have few close friends with whom to share my concerns.					
17	My daily activities often seem trivial and unimportant to me					
18	I feel like many of the people I know have gotten more out of life than I have.					
19	I tend to be influenced by people with strong opinions.					
20	I am quite good at managing the many responsibilities of my daily life.					
21	I have the sense that I have developed a lot as a person over time.					

22	I enjoy personal and mutual conversations with family members or friends.					
23	I don't have a good sense of what it is I'm trying to accomplish in life.					
24	I like most aspects of my personality.					
25	I have confidence in my opinions, even if they are contrary to the general consensus.					
26	I often feel overwhelmed by my responsibilities					
27	I do not enjoy being in new situations that require me to change my old familiar ways of doing things.					
28	People would describe me as a giving person, willing to share my time with others.					
29	. I enjoy making plans for the future and working to make them a reality.					
30	In many ways, I feel disappointed about my achievements in life.					
31	It's difficult for me to voice my own opinions on controversial matters					
32	I have difficulty arranging my life in a way that is satisfying to me.					
33	For me, life has been a continuous process of learning, changing, and growth					
34	I have not experienced many warm and trusting relationships with others.					
35	Some people wander aimlessly through life, but I am not one of them					
36	My attitude about myself is probably not as positive as most people feel about themselves.					
37	I judge myself by what I think is important, not by the values of what others think is important.					
38	. I have been able to build a home and a lifestyle for myself that is much to my liking.					

39	I gave up trying to make big improvements or changes in my life a long time ago					
40	I know that I can trust my friends, and they know they can trust me.					
41	I sometimes feel as if I've done all there is to do in life.					
42	When I compare myself to friends and acquaintances, it makes me feel good about who I am.					

THANK YOU

**LUSOGA VERSION**

**EBIBUZO EBIGEMA KU BAMAMA OKUVA KUMIAKA 10-45**

**EKYOKWEKALILISA:** Tusaba oilemu ebibuzo okusinzira kundagirira enakuwebwa:

**ETITUNDU EKISOKA:** Koloboza awasanire

***Ebigemagana nhi ba Mama***

1. Emyakadho:

2. Olulimi lwo:

Musoga

Mugwele

Munyoli

Muganda

Ekindhi, Kiwandhike.....

3. Obusomi:

Tiyasoma

Olusomo olusoka

Olusomo olwa secundare

Ebyemikono

4. Ebyobufumbo:

Nkali kufunha mubez

Ndhi mufumbo

Twayawukanha

Nhafirwa omubezzi

5. Ebyeyidhinhini:

Mukatuliki

muchristayo

Mulokole

Musiramu

Nhebindhi

6. Milundhi emekha dhojaku mwisinzizo oba mu mumusigithi mu wiiki? (Kyaidinhi)

Mulundhi mulala

Ebiri kwesatu

Edhisuka eistu

Tijaku waiyire

7. Wenhigira inhno (kitundutundu ku bembu, Ekhikunsu ekya bamaama abakolera ewalala, oba ekhikunsu kyonakyona) mu kanissa oba mumusigitti

Kitufu.

Mbbe.

8. Okhola mulimu ki

Mukozi wa yaffesi

Nzira mulimo

Mukazi wawaka

Omukyala owebyenfunha

Mukozi omulimi

9. Nhekiliwakubinho ekhinhongola enfunayo eyo mwezi?

<10,000

11,000 to 50,000 UGX

51,000 to 100,000 UGX

110,000 to 500,000 UGX

501000 to 1M

Okuswikha akakayire kalalaUGX

Tilli mwetefutefu okukyanukula

10. Wenhigiraku mu bikhunsu ebyakyala mwigoloza?

Kitufu.

Mbbe

11. Ghafuna omwana wo asoka ku myaka emekka?

10 - 15

16-19

20- 29

20 to 39

Okuswikka 39

12. Olina Abana bameka

Mulala

Babiri ku basatu

Mukaga ku munhanha

Baswika abasatu

**Embala edhomusadha**

13. Emyaka edhomusadha

14. Obusomi bwomusadha

Olousomo olusoka

Olusomo olwasekondare

Ebyemikonho

Timusomi

15. Ebyemirimu ebyo musadha

Yekhozessa.

Formal Employr

Timukozzi.

Musadha wabyanf

Mukozzi omulimi

16. Nhekhiliwa kubinno ekinhongola enfunha yamusadhawo buli mwezi?

<10,000

11,000 to 50,000 UGX

51,000 to 100,000 UGX

110,000 to 500,000 UGX

501000 to 1M

Okuswika akakayire kalala UGX

Tili mwetefutefu kukyanukula

17. Musadha wo alina abakazi bameka?

Mulala

Babili ku basatu

Baswika ku mubasatu

18. Musadhawo abawo okukuwa kubuyambi nha abanhabwo?

Kitufu.

Mbbe.

19. Bwekibanga kitufu, buyambikiyi muasdhawo bwakuwa (tick more than one)

Emotional support  Obuyambi obugemekaku   
Obuyambi okubita mumawulile  Ebigambo ebizamu amani   
Obuyambi bwa sente

***Embala edhabazaile***

20. Abazailebo bombi bakali balamu?

Baaba ni Mana Balamu  Baaba no mulamu   
Maama no mulamu  Ezira kubo omulamu

21. Abazailebo balli nabanha bameka?

Mulala  Babiri ku batanhu   
Mukaga ku munhanha  Baswika mumunhanha

22. Obusomi bwa baabawo

Olusomo olusoka  Olusomo olwa sekondare  
Ebyemikonho  Tiyasomakuwaire

23. Obusomi obwa maama wo

Olusomo olwapulaimare  Olusomo olwasekondare   
Ebyemikonho  Tiyasomakuwaire

24. Ebyobufumbo bwabazaile.

Baffumbo  Bayawuksanha   
Nhamwandhu

25. Ebyobukozi ebya baaba.

Mukozi omulimi  Mukozi owagavumenti   
 - 101 -

Timukozzi

Muasdha wabyanfunha

26. Ebyobukozzi bwa maama

Mukozzi omulimi

Mukoziowa gavumenti

Timukozzi

Makyala wabyanfunha

27. Abazaile bwo oba abakubudhabudha oba abeghandhadho bakuyamba mubwile obwo bwetavu?

Kituffu

Mbbe

28. Bantu bameka abakuli kulusegele bosobola okwebalilaku nga olinha ekyizibu ekyinhenhe

ng

omuntu?

Nzirra

Mulala

kubabili'

Basatu kubatanhu'

Baswika mubatanhu'

29. Bwagazikiyi

nho

kuffayo

abantu

kwebalaga

mubyokola?

Ezzira

Kutunho

Tisobola kukyanhukula

Abandhi

Kungi

30. Kyangu kyitya okufunha obuyambi obwemikonho okuva eli bamulilwanha bwobanga obwetaza?

Kyizibu inhno'

Kyizibu'

Kyisoboka

Kyangu

Kyangu inhno

***Mukyitundhu kyinhno ekyobufumbo,osobola okwikiliza okuswika akasandhuku akalala***

31. Kulwakiyi ghabaila?

Obwavu ewakka

Endhawukanha mbyeidhinhni

Eyobuwanga ewakka

Nhali nkuzze

Kufuna lubuto ngha ka  o

Kubanga kyikilizibwa mwiigoloza

Nsalagho yamuntu

Okusikilisibwa kwa bazaile

Bwebayo ekyindhi kyawule.....

32. Mundhowozayo ,kyikyiki ekyiletera abawala abatto okubaila? (Wansi wemyaka eikumi nomwendha)

Obwavu  Enkula yomuntu

Obulombolombo  Endhawukhanhna mubyeidhinhni

Ebyobuwangwa  Amatteka amnhaffu

Societal Pressure  Lwa indhidhi

Kusalagho kwamuntu  Okusikilisibwa kwabazaile

Bwebayo ekyidhi kyawule .....

33. Wandhiwabwile abawala okuzalila wasi wemyeka eikumi nomwendha ?

Kiffu

Mbbe

**EKITUNDU EKYOKUSATU-**

Binowansi bisinzilwa kutegera ebiletera omuwala omutu okuba obulunji

kozesa 5 okutegeza nti oikiriza ino ntikitufu (SA); Kozesa 4 Okutegeza nti oikiriza (A); Kozesa 3= Okutegeza nti toikiriza ate towakanya (N); Kozesa 2 okutegeza inti toikiriza(D) ni 1 okutegeza inti toikiriza naire akatono. Kozesa engeri edho wangulu okuinho nola kyotegeza.

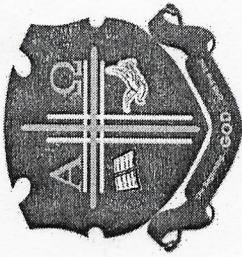
NO	Ekintu	SD	D	N	A	SA
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1	Titya Kwogera kindhi mubirowozo, nhiwadhibaire bi kontagana nebirowozo ebya abandhi.					
2	Mu bufunzi, Ndinga ali mubuyinza owembera jendimu					
3	Nzira muno mubintu ebinongerayo					
4	Abantu abasinga bambonsa nga omuntu ayendaza atee obwagazi					
5	Mbha mubulamu obwolunaku mukhisela, ebyomumaiso tibirowoza ku					
6	Bweningirira olugero lwobulamu bwange, ndhi musanufu kulwengeli ebintu jyebikyusemu					
7	Abantu abadhi byebakola tibitela kusikiriza ensalawo yobulamu wange					
8	Ebyetago ebyobulilukanaku binzitowerera					
9	Ndowoza nti kyamugaso okuba nobumanilivu obuyaka obusomuza endowoza yo					
10	Okugumya emikwano edho kulusegele kibaire kizibu inho ate nga kitisa					
11	Dhina ebidubo ne bigendelerwa byobulamu bwange					
12	Mubufunze, ndi mumalilivu ate nekigendererwa mubulamu bwange					
13	Tela okwelarikilila abantu abandhi byebadowoleza					
14	Titukana bulunji nekikunsukyabantu abanhetoleire					
15	Bwenkilowoozaku, nkali kweyongeraku nga emyaka edhibise					
16	Ntela okuwulira enhike kubanga ndinha emikwano mitono dhengabana nadho ebidhubo byange					
17	Ebintu byenkola bulilunaku bibonheka nga tibyamugaso gyendhi					
18	Mpulira nga abantu abasinga bendhidhi bafunnye mubulamu okusinga byendhinnha					
19	Nterah okusikilisibwa nabantu abebirowozo ebyamanhi					

20	Ndhi mulungyiku mukugemagannya obuvunhanhizibwa bwange obwa buli lunaku					
21	Ndina endowoza nti ekulakulaine inho nga omuntu mubisera					
22	Numirwa embozi elyeyidembe nabo mumaka ne mikwano					
23	Nzila khumana kulungi kulukyo kyenenda okukkola mubulamu wange.					
24	Nhendha ebintu emisingha ebigemagana nobulamu wange					
25	Ndhina obuvumu mu dowaza ndhange, nhiwadhibaire bi kontagana dowowaz endhabadhi.					
26	Ntela okuzitowerera no buvunanyiziwa wange					
27	Ntinumilwa kuba mubela eyedawulo enhetagisa okukyusa engeli je nkolamu ebintu					
28X	Abantu bandi ninongoile nga omuntu omugabi, awa abantu abisela					
29	Numilwa okukola entegeka edomumiso no kudita munkola					
30	Mungeli inhingi, mpulira nga pwesiza amanzi mubyekulakulana yange					
31	Kizibu kyange okutayo eilobozi kusonga edhikontagana					
32	Ndina ekizibu mukutegeka obulamu wange mungeli eyesimisa					
33	Obulamu bwange bubeile bwa kwegelesewa, mukyukakyuka, nho kukula					
34	Tifunanga ku nkolagana eye Mirembe nga ya bwesigwa na bantu					
35	Abauntu abanda bali mubulamu nga bazila kigendelerwa, aye tili mulala ku bo.					
36	Endowoza yange kunze tiyakigenderera nga abantu abandhi lwebelobleza					
37	Nze nesalila nga wedowoza, nti nga abadhi byebalowoza					

38	Soboile okuzimba amaka no bulamu obewyagaza bwenenda					
39	Naghanika illa okugeze okukola enkulankulana ne nkyunkyuka mubulamu bwange					
40	Sowola ekwesiga emikwano dhange, ate bona basobola okunesiga.					
41	Ebisela ebidhi, mpulira nga konze wuli kintu kyenandikoze mubulamu					
42	Bwene gelagelanya kube mikwano nha bamani, kiddela okuwulila obulungi					

### WEBALE INHO



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SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

## DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: 11 April 2025  
 Name of Candidate: SENDA ISAAC Reg. No: R122M21/017  
 Title of Dissertation: PSYCHOLOGICAL WELL-BEING AND ASSOCIATED FACTORS AMONG ADOLESCENT AND ADULT MOTHERS BETWEEN THE AGE OF 10 TO 19 YEAR IN MALONGO SUB-COUNTY, MATUGJE DISTRICT

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	DATA MANAGEMENT NEEDS CLARIFICATION	I ADDED A DATA MANAGEMENT SECTION IN METHODOLOGY	Validated
2	RESULTS TOO MANY, SOME ARE IRRELEVANT	I REVISED THE RESULTS SECTION	Validated
3	CORRECT TYPES AND GRAMMATICAL ERRORS	REVISED THE THESIS PAYING ATTENTION TO GRAMMAR	Validated
4	DISCUSSION IS TOO LONG, REMOVE IRRELEVANT SECTIONS	I REVISED CHAPTER FIVE, AND MAINTAINED KEY SECTION	Validated
5			

SN	COMMENTS BY INTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	Organising the Abstract into four Sections	I revised the Abstract organising it in Introduction, Methods, Results & Conclusion	Validated
2	Conceptual Framework not capturing all variables	I revised the Conceptual Framework capturing all the three variables	Validated
3	Problem Statement	I revised the Problem Statement capturing the gap and importance of the problem.	Validated
4	Research design	- Data management revised - The design was revised	Validated
5			

SN	COMMENTS BY VIVA VOCE PANNEL	ACTION TAKEN	INDICATOR
1	Sever Psychological Distress	- Risk management section was captured in methodology	Validated
2	Data Management	- Data management Section was captured in methodology	Validated
3	Study Design	- The research revised the design to comparison to cross-section design	Validated
4			
5			

SENDA ISAAC .....  .....  
 Candidate's Name ..... Supervisor's Name .....  
 Signature

Dr. E. K. MUKHERJEE .....  .....  
 Signature