



**EARLY PARENTHOOD PSYCHOLOGICAL SUPPORT AND PSYCHO-  
DIAGNOSTICS HEALING AMONG TEENAGERS AFTER GIVING BIRTH IN  
RWANDA  
A CASE OF MAHAMA REFUGEE CAMP IN KIREHE DISTRICT**

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**Abstract**

It is evident that early parenthood has significant psychological impacts on teenagers in Mahama refugee camp, located in Kirehe District, Eastern Province, Rwanda. This study identified the contributing factors of early parenthood on psychodiagnostics, the most common psychopathologies among teenage mothers, screening tools used to assess psychopathologies among teenage mothers, and the kind and outcomes of psychological support given to the teenage mothers in the camp. It was a descriptive study using both qualitative and quantitative methods. The study respondent was selected purposive and convenient sampling techniques and included 92 teenage mothers, three staff member in Mahama Refugee Camp. The respondents were aged between 16 to 19 years old with the mean age of 18.84 (SD = 0.81). Findings of this study shows that early parenthood has significant psychological impacts on teenagers, with many respondents reporting feelings of shame, worthlessness, sadness, isolation, self-blame, and fear. Contributing factors to early parenthood were identified as lack of knowledge and limited self-efficacy regarding sexual and reproductive health decisions, poverty, and premature independence. While anxiety is a common issue (22.8%) among teenage mothers, only two respondent showed high level of depression and none showed PTSD. The psychological support provided to teenage mothers, including individual and group psychotherapies as well as social supports such as tangible materials and vocational training was found to have positive outcomes. These include decreased symptoms of psychopathologies, improved coping skills, enhanced self-understanding, strengthened family relationships, increased self-esteem, and peer support. This study underscored the psychological challenges faced by teenage mothers and the need for targeted interventions to support this vulnerable group. The findings also suggest that while current psychological support strategies have positive outcomes, there is a need for more specific screening tools to identify psychopathologies among teenage mothers in Mahama refugee camp.

## **Introduction**

Globally, each year witnesses the pregnancy of 16 million girls aged 15–19 (Sully et al., 2020). Adolescent girls aged 15–19 account for 11% of all births worldwide, with a global average birth rate of 50 per 1,000 girls (Riley, 2020). It is estimated that more than 16 million adolescents (10-19 years) in Sub-Saharan Africa will become mothers in 2030s (Steventon et al., 2022). Between 2010 and 2019, Congo experienced the highest prevalence of first adolescent pregnancy (44.3%) and Rwanda the lowest (7.2%) (Ahinkorah et al., 2021). Teenage pregnancy can lead to significant psychological and social implications (Govender et al., 2020). The likelihood of discontinuing education is higher among teen mothers, which can restrict their future prospects and earning capacity. Economically, teen mothers often face hardships and may depend on public aid programs for child support (Gselamu et al., 2019). The sudden shift in responsibilities and the demands of parenting can be an overwhelming task to teenagers, leading to difficulties in adjusting to their new roles. This stress can trigger a range of mental health problems, which can adversely affect their parenting behavior and the life of their offspring (Gselamu et al., 2019). Mahama refugee camp located in Kirehe district in Rwanda near the Kagera river, which borders the Tanzania. As of November 2022, the Mahama Refugee Camp in Rwanda was home to 55,315 refugees. The camp primarily hosts refugees from Burundi, with Approximately 50.7% of the camp's population is under 18 years old (UNHCR, 2022). The camp has reported a big number of pregnancies among girls aged with 13 to 15 years of age (Ruzibiza, 2022). This study aims at investigating the psychological support and psycho-diagnostics healing among refugee teenager mothers residing in Mahama Refugee Camp, Rwanda.

## **Materials and Methods**

### **Research design, Population and the Study Area**

This study used a descriptive research design with both qualitative and quantitative approaches. It included 92 teenage mothers aged 13 to 19, who gave birth in 2022, living in Mahama refugee camp, Kirehe, Rwanda. The census method was used in the sampling of respondents. Therefore, data was systematically collected from all members of the study population member of the study population. The study data was collected during the period from 4<sup>th</sup> to 6<sup>th</sup> September 2023, employing a computer bases interview technique. An online data collection platform called KO-BO Toolbox was used during the interview and the collected data were retrieved from the Kobo Toolbox database and stored in the computer. Ethical approval was obtained from the research committee from Mount Kenya University and from Ministry In-charge of Emergency Management, which is also in-charge of Refugee Camp in Rwanda. During the data collection, the privacy, right, and confidentiality of the study respondents was respected throughout the study period.

Before analysis the quantitative data were firstly coded. Each of the 25 items in the Hopkins Symptoms checklist-25 (HSCL-25) scale was scored from one to four, with 1 being “Not at all” and 4 being “Extremely”. The scores of 10 items of the anxiety section of the scale were added up and the total was divided by 10 to obtain the average individual anxiety score. The scores of 15 items in the depression section was also added up and the total divided by 15 to give the individual average depression score. The cut of value of 1.75 was used to categorize respondent . If the average score for the anxiety section is greater than 1.75, then the individual considered to have a high level of anxiety. If the average score for the depression section is greater than 1.75, then the individual considered to have a high level of depression. All 20

items of PTSD Checklist for DSM-5 were scored on a scale of 0 to 4, with 0 being with 0 being "Not at all" and 4 being "Extremely". The score was then added up to give the total PTSD score for each respondent. The cut of value of 33 was used to categorize respondents. If the PTSD score is greater than 33, then the individual considered to have higher level of PTSD. Continuous data were presented as mean and standard deviation, while categorical data were presented as count and percentages in tables. Qualitative data were analyzed using thematic analysis, where series of codes were semantically identified and grouped together to create themes that was used to address research objectives.

**Results**

This section presented the characteristics of the study respondents and consecutively addresses specific objectives of the present study which were to identify the contributing factors of early parenthood on psycho-diagnostics among teenagers located in Mahama Refugee Camp, to identify the most common psychopathologies affecting the teenagers experiencing early parenthood in the camp, to identify the screening tools used for assessing the psychopathologies among teenage parents and to assess the kinds and outcomes of psychological support given to the teenagers experiencing the early parenthood in the camp. The last section of the chapter discusses the study findings.

**Table 1: Characteristics of the study respondents**

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentages</b>
<b>Age</b>		
16 years old	4	4.3
17 years old	10	10.8
18 years old	31	33.6
19 years old	47	51.0
<b>Marital status</b>		
Single	92	100
Not single	0	0.0
<b>Profession</b>		
None	18	19.5
Students	35	38.0
Farmers	39	42.3
<b>Total</b>	<b>92</b>	<b>100.0</b>

**Source: Researcher 2023**

Table 1: shows the characteristics of the study respondents. This study included a total of 95 respondents. This study involved 92 single mothers who reside in Mahama Refugee Camp, located in Kirehe district, Eastern Province, Rwanda. Forty-seven (51.0%) respondents were 19 years old, followed by 31 (33.6%) who were 18 years old, 10 (10.8%) who were 17 years old, and four (4.3%) who were 16 years old. All teenager mothers who were included in this study were single. Based on their occupations, 39 (42.3%) worked as farmers while 35 (38.0%) were students and 18 (19.5%) had no occupation. In addition to the teenager mother respondent this study also included two staffs in charge of sexual and reproductive health and one psychologist who works in the camp.

## Contributing Factors of Early Parenthood on Psycho-diagnostics

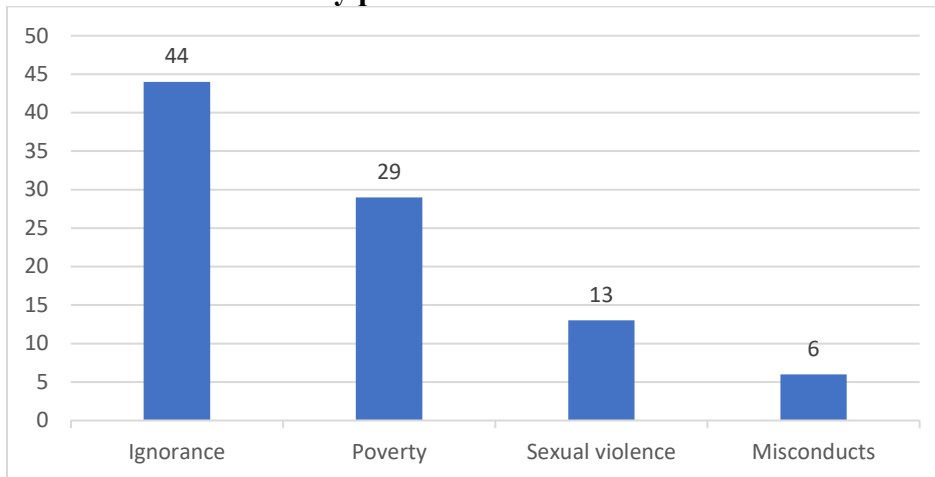
### Surprise of Unintended Pregnancy

Almost all respondents showed that they were surprised with pregnancy at their age. Most of them said that “they did not want” to get pregnant at their age.

*“It surprised me; I did not expect it to happen because I did not want it”. Said a teenager mom respondent (Participant 052).*

*“It surprised me and I did not expect it to happen” (Participant 048)*

### Factors that lead to early parenthood



**Figure 1: Factors that lead to early parenthood among teenage mothers**

### Ignorance

The ignorance is mostly demonstrated by the lack of knowledge regarding sexual and reproductive health (SRH) among respondents. Some respondents did not know that they can get pregnant at their ages while others said that they “miscalculated” their menstrual period.

*“It surprised me because my age did not allow me to get pregnant” (Participant 010).*

*“It surprised me and I did not know to calculate my fertile days” (Participant 037).*

*“It surprised me because I miscalculated my fertile days” (Participant 001)*

### Poverty and Premature Independence

According to the teenage mom respondent other factors that contributed to early parenthood among respondents were poverty, premature independence and not respecting the advices from parents.

*“Because of the need for each and asking parents or someone else, the truth is that people despise us and involve us in sex without any other will, poverty and ignorance are the main causes of early pregnancy” (Respondent 001).*

*“Not respecting my parents' advice, independence and ignorance are what made me pregnant at a young age” (Participant 027).*

### Rape and Sexual Violence

A significant number of respondents have admitted that sexual violence was the cause of their premature pregnancy. Participant 052 stated:

*“I went to see the boy in his house and he raped me, it is a sexual violence”*

Participant 005 admitted:

*“I would say that I was forced to have sex with a man because I did not want it, it is a sexual violence”*

**Misconduct**

Some respondents have admitted that their disobeying parent’s advice regarding sexual and reproductive health lead to early parenthood. Participant 027 admitted:

*“Not respecting my parents’ advice, independence and ignorance are what made me pregnant at a young age”*

**Impact of Early Parenthood on Psychological well being**

Early parenthood had caused led to the poor psychological well-being among respondents. Most respondent felt ashamed, worthless, sadness, weakened, misery, isolated, self-blame, and scared. Various respondent admitted their feeling after pregnancy and delivery:

*“I cried and screamed, I was in a lot of pain, I felt like my life was at the end, I always avoided people, I had bad dreams, I was suffering from trauma but now it is decreasing due to the counseling but the symptoms are still there”*(Respondent 069)

According to the study findings some respondents showed the symptoms of depression, anxiety and Post-traumatic stress disorders (PTSD). A staff respondent (Caseworker 01) admitted:

*“There are common signs and symptoms complained by teenage mothers like the signs and symptoms of depression, anxiety disorders, Post Traumatic Stress Disorders and other mental disorders. Every teenager complains the signs of mental health issues from the pregnancy and prolonging after giving birth, some signs can be suppressed when she gets a holistic support from different people including boyfriend, parents and caseworkers from different organizations”.*

**Table 2: Common psychopathologies among respondents**

Psychopathologies	Frequency	Percentages
<b>Anxiety</b>		
Low	71	77.1
High	21	22.8
<b>Depression</b>		
Low	90	97.8
High	2	2.1
<b>PTSD</b>		
Low	92	100
High	0	0.0

**Source: (Researcher 2023)**

Table 2: demonstrate the common psychopathologies among respondents of this study. The anxiety score ranged between 1.0 to 2.4 with the mean score of 1.4 (SD = 0.395). Respondent with high level of anxiety were 21 (22.8%), and 71 (77.1%) had the low level of anxiety. The depression score ranged between 1.0 and 2.0 with the mean score of 1.14 (SD = 0.22). Only two (2.1%) respondent showed high level of depression. The PTSD score ranged between 0.0 and 20.0 with the mean score of 1.43 (SD = 4.43). None of the study respondent showed high

level of PTSD. Accordingly, anxiety is the predominant psychopathologies among teenagers experiencing early parenthood in Mahama refugee camp.

### **Screening Tools used for Assessing the Psychopathologies**

The screening tools that were used for assessing the psychopathologies among teenage mothers was assessed qualitatively through consulting staffs in charge of sexual and reproductive health in Mahama refugee camp. The findings show that there are no specific tools that are used to screen psychopathologies among teenager moms. According to the staffs, the psychopathology suspects are referred to the responsible mental health and psychosocial support services for a “good follow up”. However, the study results revealed PTSD Symptoms Checklist for diagnosing Post Traumatic Stress Disorder and Hopkins Symptoms Checklist for diagnosing Anxiety disorder and Depression are used in mental health and psychological support services for diagnosing and treating various psychopathologies.

*“There is no tool, when we identify a teenage parent with moderate psychological issues, we help her and If we identify her with severe psychological issues, we refer her in mental health and psychosocial support service for a good follow up” (Caseworker 01).*

### **Kinds and Outcomes of Psychological Support given to the Teenage Mothers**

#### **Support given to the Teenage Mothers**

The study respondents have admitted to get various psychological support including individual counseling and groups counseling and other social supports including tangible materials and vocational trainings. Participant 013 admitted:

*“After I found out I was pregnant, I have gotten the counseling sessions through the healing group and continued to be followed up by the staff responsible for now I am well, she also gave me some materials for childrearing”.*

According to the staff in charge of SRH in the camp, teenage mothers are helped through both physical and mental wellbeing. They serve them through “psychotherapeutic approaches like cognitive behavioral therapy, humanistic psychotherapy, psychoanalysis psychotherapy and family therapy”. Caseworker 01 admitted:

*We provide a holistic support like improving the good health facilitating the well-being mentally, psychologically and socially. We give them the necessary materials for childrearing, food supplementary to the children and their mothers, we provide the psycho-education to the teenage parent and their caregivers, we provide the group counseling and individual counseling by using different psychotherapeutic approaches like cognitive behavioral therapy, humanistic psychotherapy, psychoanalysis psychotherapy and family therapy. These approaches help in the good improvement of their psychological issues”.*

#### **Outcomes of Psychological Support given to the Teenage Mothers.**

##### **Psychological well being**

This study was able to identify the decrease in symptoms of psychopathologies due to the interventions given to the teenage mothers. Participant 044 admitted:

*“I did not eat or drink, I felt that death was near me, after giving birth it had already disappeared because of the counseling and help I received”*

Participant 070 admitted:

*“I felt very scared, I felt dizzy, I felt rejected, I was suffered from anxiety but after giving birth the time came, I accepted it because of the witnesses I was given and my family took care of me”*

Caseworker 02 admitted:

*“We get the suppression of the signs and symptoms of the psychological issues, the purpose is to improve the psychosocial and emotional and we get them by seeing people interact with others in a good manner; thinking positively, having hope and peace in the heart, being productive and being a good decision maker”.*

### **Emotional well being**

Various support given to the teenage mothers in Mahama refugee camp helped them to develop a stronger and healthier sense of self, which boosted their confidence and self-esteem.

Participant 028 admitted:

*“I could not sleep, I could not approach people, now at least I started accepting myself so that I will overcome all problems”.*

*“The problems were there when I found out that I was pregnant but now it's over; what I would do is the same as what anyone else would do” (Participant 038).*

*“As the positive impact from the psychological support, teenage parents develop a self-compassion, self-acceptance and self-confidence, they get thirst of life, they feel peace in their heart, they get the problem-solving skills and coping mechanisms to deal with the challenging life. When we make a follow up, we target the psychosocial well-being of our teenage parents” (Caseworker 01).*

### **Social well being**

The study findings show that the interventions given to the teenagers experiencing early parenthood improved communication and resolve the conflicts within the family of the victims.

This led to the stronger and healthier relationships. Participant 060 admitted:

*“I felt always alone and did not want to eat or drink and sleep was also difficult and after giving birth. I develop an acceptance because of the help of my family and my boyfriend “.*

*“I felt as rejected myself, feeling worthless, now after giving birth it is gone because I have been helped by my parents and brothers and it is disappearing” (Participant 056).*

Another important finding from this study is sharing testimonies in a group setting. This allowed mother teenagers to give and receive support from peers who are going through similar experiences. This can reduce feelings of isolation and promote healing as admitted by Participant 064:

*“I cried most of time and feeling that I have no control over myself, I was very ashamed, and after giving birth, I felt good because I saw colleagues who gave birth at a young age and I have a little acceptance even if the moderate symptoms are still there”.*

### **Discussion**

This study has mainly explored the early parenthood psychological support and psycho-diagnostics healing among teenagers after giving birth in Rwanda with a case of Mahama Refugee Camp in Kirehe District. All respondents reported to be surprised by an unintended pregnancy, the contributing factors of early parenthood on psycho-diagnostics among teenage

mothers were ignorance, rape and sexual violence, poverty and premature independence and misconduct, the similar results were found that the desire to earn money and get out of poverty; dropping out of school, absence of financial, material, psychological, or emotional support from the environment; and limited access to contraception contributing to becoming pregnant; (Luka, 2021). The point prevalence of the common psychopathologies among respondents of this study, the anxiety score ranged between 1.0 to 2.4 with the mean score of 1.4 (SD = 0.395). Respondent with high level of anxiety were 21 (22.8%), and 71 (77.1%) had the low level of anxiety. The depression score ranged between 1.0 and 2.0 with the mean score of 1.14 (SD = 0.22). Only two (2.1%) respondent showed high level of depression. The PTSD score ranged between 0.0 and 20.0 with the mean score of 1.43 (SD = 4.43). None of the study respondent showed high level of PTSD. Accordingly, anxiety is the predominant psychopathologies among teenagers experiencing early parenthood in Mahama refugee camp. The similar results were found that girls ranging from 15 to 19 experienced postpartum depression at a rate that was twice as high as women aged 25 and older, teen mothers are more likely to experience posttraumatic stress disorder (PTSD) than other teenage women, as well. This could be because teen moms are more likely to have gone through mental and/or physical abuse (Rachel, 2016). The findings from this study show that there are no specific tools that are used to screen psychopathologies among teenager moms. According to the staffs in charge of sexual and reproductive health, the psychopathology suspects are referred to the responsible mental health and psychosocial support services for a “good follow up”. The similar results found by Joe (2019), on mental health questionnaire, the participant feedback survey revealed that 17.2% (n=41) of respondents found the mental health questions difficult to understand. Participants reported that they found one (13.4%, n=32) or two (2.5%, n=6) questions difficult, and the remainder reported that their difficulties were due to general comprehension or recall (1.2%, n=3), these means the utilization of mental health questionnaire in healing process of the mental health issues. The study respondents have admitted to get various psychological support including individual and groups psychotherapies and during the healing process, a therapist uses different psychotherapeutic approaches like psychoanalysis therapy, cognitive behavioral therapy, dialectical behavioral therapy and humanistic therapy. The social supports have been also provided including tangible materials and vocational trainings. Based on the study results, the contribution of psychological support to the teenage mothers include psychological, emotional, and social wellbeing, encompassing the decrease in symptoms of psychopathologies, improved coping skills, enhanced self-understanding, strengthened family relationships, increased Self-Esteem and peer Support.

## **Conclusions**

Based on the findings of this study, it is evident that early parenthood has significant psychological impacts on teenagers, with many respondents reporting feelings of shame, worthlessness, sadness, isolation, self-blame, and fear. Contributing factors to early parenthood were identified as lack of knowledge, limited self-efficacy regarding sexual and reproductive health decisions, poverty, and premature independence. This study found that 22.7% of teenage mothers are still experiencing signs of anxiety. However, only one respondent showed a high level of depression symptoms and none demonstrated high PTSD symptoms. This suggests that while anxiety is a common issue among teenage mothers, depression and PTSD may not be as prevalent in this population. Despite the psychological challenges faced by teenage mothers, the study found that there are no specific tools used to screen for psychopathologies



among this group. This highlights a gap in the current approach to supporting teenage mothers and suggests a need for more targeted screening tools.

The psychological support provided to teenage mothers, including individual and group psychotherapies as well as social supports such as tangible materials and vocational training, was found to have positive outcomes. These include decreased symptoms of psychopathologies, improved coping skills, enhanced self-understanding, strengthened family relationships, increased self-esteem, and peer support.

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### **Ethical approval:**

This study obtained ethical approval from the postgraduate department of Mount Kenya University and Ministry in-charge of Emergency Management.

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