



Paternity Denial and Mental Health of Teenage Mothers in Rwanda

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Abstract - With an emphasis on teenage moms of Berwa Kinunu, this study attempts to assess the association between paternity denial and the mental health of adolescent mothers in Rwanda. The researcher established clear goals: to examine how teen moms' mental health is affected by child abandonment. to evaluate how denying adolescent mothers financial help affects their mental health. to examine the effects on teenage moms' mental health of refusing moral support. To examine how relationship rejection affects adolescent mothers' mental health. The study's 154 respondents were chosen from the target population of 251 teen mothers, coordinators, and trainers of Berwa Kinunu using a combination of qualitative and quantitative data collection methods, including questionnaires and an interview guide. The study's descriptive research design used a mixed approach of qualitative and quantitative data, and the Cronbach's alpha test was used to evaluate the reliability of the research instrument. The data was analyzed using SPSS version 28 and included descriptive statistical analysis using mean and standard deviation. The results show the negative effects of moral support refusal on teenage mothers' mental health, as reported by the teen pregnancy, including persistent headaches and stomachaches, a prolonged sense of loneliness for the teen mother, failure to care for herself and her child, teen mother dropping out of school because of adolescent pregnancy, Teen mothers who get verbal discouragement experience disappointment and constant blaming, while those who receive judgment experience trauma, emotional suffering, and social isolation. According to the findings, teen moms should primarily turn to their peers or friends for help. Teens who are parents may receive training in peer education and counseling. According to this study, future investigations could concentrate on creating and approving particular screening instruments for detecting psychopathology in adolescent mothers. The long-term psychological effects on adolescent moms who become pregnant in rural Rwanda could potentially be investigated in future research.

Keywords - Teenage mothers, Adolescent pregnancy, Paternity denial, Mental health, Child abandonment.

I. Introduction

Consequences of paternity denial among teenage mothers became a global public health issues and different stakeholders are invited to work on them for reducing these issues and having a safe universe. Once this study is completed; it was used in further management of the paternity denial and MH of teenage mothers in Rwanda especially for the teen mothers associated in Berwa Kinunu who used this study in advocacy for teen mothers 'MH and legal support.

This study supported future research that raises issues in need of additional resolutions. Ultimately, the results of this study was benefit those involved in child protection, child



rearing, positive parenting, prevention, and case management of young people entering early parenthood in order to ensure their safe, overall health. Some stakeholders, including the Ministry of Gender and Family Promotion, the Ministry in charge of emergency management, Save the Children International, Churches, parents, teachers, justice organs, and health institutions, was benefit from this research in the form of case management and prevention of the MH issues of the adolescent mother's denial of paternity and the creation of a policy protecting these young mothers.

The study's report was kept in Mount Kigali University's library for use in other scholarly endeavors. It can also be incorporated into Rwanda's educational system to end paternity denial and improve the MH of adolescent moms.

Threats of violence, rejection from parents and friends, and other difficulties are common for teenagers who get pregnant without a partner (Plan International, 2022). Every year, around 3.9 million girls between the ages of 15 and 19 in underdeveloped nations have unsafe abortions. Adolescent pregnancies can also have a detrimental social and economic impact on girls, their families, and communities.

Studies conducted in South Africa suggest that teenage unwanted pregnancies are not the father's fault (Iyakaremye I, Mukamana L, 2020). According to unpublished data, 26.9% of young males surveyed in 2003 for the Stepping Stones project in the Eastern Cape denied being responsible for a pregnancy. Twenty percent denied paternity for pregnancies that happened the year before twelve months later. Previous studies show that men's misgivings, denials, or arguments about pregnancy frequently center on the woman's reliability, casting doubt on her morality or drinking habits, adultery, and vindictive intentions, (Ngweso S, Petersen RW, 2017). The adolescents mothers experience various MH issues including trauma, rejection, fear of community, and school dropout (Ruzibiza, Y, 2022). It is still necessary to research certain putative fathers' experiences with unfriendly and uncaring reactions (Kwibuka, Eugène, 2018). However, there is a gap in understanding the paternity denial on MH of teenage mothers in Rwanda. A Case of Berwa Kinunu.

This research has been guided by four specific objectives:

- To analyze the effect of child abandonment on MH of teenage mothers in Rwanda.
- To assess the effect of financial support denial on MH of teenage mother in Rwanda.
- To scrutinize the consequences of Moral support refusal on MH of Teenage mothers in Rwanda.
- To analyse the effect of relationship refusal on MH of teenage mother in Rwanda.

II. Methods

The research strategy for this study was included the use of both descriptive and correlational methodologies. Descriptive research is characterized by its lack of



immersion in the situation being studied and its lack of attempts to establish causal relationships. Furthermore, by using this methodology, the researcher is able to collect the viewpoints of project managers who are actively working on building projects in their real workplace. Furthermore, it is correlative in nature since it aims to establish a connection between the dependent variable of teenage MH and independent factors including child abandonment, relationship rejection, financial support denial, and moral support refusal. Shame, trauma, depression, and anxiety.

A descriptive research design that blends quantitative and qualitative analysis was used for this study. This method was developed to minimize the specific drawbacks of each technique while optimizing its benefits. This study employed a mixed methods approach to generate insights that were not possible through the collection of either qualitative or quantitative data (Kothari & Garg, 2014). Stated differently, mixed methods research facilitates triangulation and offers the capacity to rectify intrinsic weaknesses, capitalize on intrinsic strengths, and offset unavoidable biases in the selected methodology.

The process of encoding, processing, and organizing data to provide a relevant interpretation for the study is known as data analysis (Fleming & Zegwaard, 2018). In order to provide data with a mean and standard deviation that could be used to make decisions regarding central tendencies, the gathered data was subsequently undergone both descriptive and inferential statistical analysis using the SPSS version 28 program. The association and impact of paternity denial on the MH of adolescent mothers in Rwanda were demonstrated using regression analysis and Pearson correlation. The findings were displayed in tables and figures, and the ethical guidelines for research were adhered to.

Due to the more direct and sensitive nature of this type of study with the participants, ethical concerns were addressed. Permitted research ethics guidelines guarantee that the researcher takes into account the needs and concerns of the subjects they are studying, that the research process is appropriately supervised, and that the researcher and study participants build a trustworthy relationship (Qualitative Research Methods: A Data Collector's Field Guide, 2018). The following research ethics were considered in this study: authorization, anonymity, secrecy, and informed consent. The researcher utilized a questionnaire prepared in accordance with four objectives of this research. The respondents received printed copies of the questionnaires. According to Patterson (2015), a questionnaire is a commonly used method of conducting in-depth interviews, as it can yield both general data that is applicable to all participants and specific data that are produced from questions that are customized to each person's individual experiences and viewpoints. The questionnaire included a structured set of questions that was used to gather data, which was then processed to produce the results required to address the current research issue. We delivered questionnaires to the teen mothers from Berwa kinunu. A Likert scale was used in the development of a questionnaire. The researcher used a five-point Likert scale, it will determine the degree of agreement. 1 = Strongly Disagree, 2 = disagree, 3 = not sure, 4 = Agree, 5 = Strongly Agree To gather both quantitative and qualitative data, a structured and semi-structured questionnaire was used; before completing the questionnaire, respondents were briefed on the purpose of the study and how to provide answers. An interview guide has been developed using



open questions to provide deep information to support the validity and reliability of the information given. Bryman (2016) contends that questionnaires must have items emanating from research objectives and utilize Likert scale responses. Respondents will tick responses that adequately describe their perceptions of the “effects of humanitarian aid on mental health status”. The structured questionnaire was used due to its ability to facilitate the researcher to gather specific and relevant information.

The researcher obtained consent from the sample population by providing the ultimate goal of the study and informing them that the data provided are confidentially kept. The questionnaire and interviews have been administered. Policies and regulations of Mount Kenya University has been also put into consideration. The researcher administered the questionnaires to asylum seeker , and an interview protocol was conducted with the selected participants.

For quantitative data, the questionnaires has been administered to participants electronic format . Trained research assistants were in place and have assisted in distributing research questionnaires. The (Kob toolbox) has been used for electronic data. Participants were asked to respond to a series of structured questions related to their mental health symptoms and experiences with being denied by fathers.

Results

The analysis was based on the specific objectives of the study; To analyze the effect of child abandonment on MH of teenage mothers in Rwanda; To assess the effect of financial support denial on MH of teenage mother in Rwanda; To scrutinize the consequences of Moral support refusal on MH of Teenage mothers in Rwanda and To analyse the effect of relationship refusal on MH of teenage mother in Rwanda.

The effect of Financial Support Denial on MH of Teenage Mother in Rwanda

The results that denial of financial support has a substantial effect on the MH and overall well-being of teenage mothers in Rwanda. A considerable number of respondents strongly agreed that ignoring the financial problems of teen mothers results in poor quality of life, with 59.5% affirming this and a corresponding mean score of 4.02 (SD = 1.33). The lack of financial support directly affects their access to basic necessities, such as medical care and clothing for their babies. The highest agreement was on the statement regarding refusal to pay medical invoices 76.7% strongly agreed, resulting in a high mean of 4.80 and a relatively low standard deviation (SD = 0.98), highlighting a strong consensus on the life-threatening consequences of financial neglect.

Moreover, financial denial is closely linked with multiple dimensions of vulnerability for teen mothers. Insufficient financial support exposes them and their children to various physical, social, and economic risks, with a mean of 4.53 and low variability (SD = 0.97). This indicates a widespread recognition of the critical role financial stability plays in safeguarding teen mothers' health and dignity. Similarly, the lack of proper clothing was tied to hygiene issues, reflected by a mean of 4.17. These daily hardships are not just economic but also psychological, as they breed stress, anxiety, and a persistent sense of inadequacy, which may escalate into chronic MH problems if left unaddressed.



The data also highlights systemic implications of financial denial, particularly in access to justice and opportunities for future development. Statements linking financial support denial to restricted access to justice and setbacks in health, education, and career; especially in Berwa Kinunu had lower mean scores (4.03 and 3.87 respectively) and relatively higher standard deviations, suggesting more varied opinions. Nonetheless, over 70% of participants still agreed or strongly agreed with these statements, showing that financial exclusion not only burdens teen mothers on a personal level but also limits their long-term prospects and contributes to structural inequality. In conclusion, the findings strongly suggest that financial support denial contributes to a cycle of poverty, social exclusion, and MH deterioration among teenage mothers in Rwanda.

The Consequences of Moral Support Refusal on MH of Teenage Mothers in Rwanda
The findings presented underscore the significant psychological and social consequences of moral support refusal on teenage mothers in Rwanda. A majority of respondents strongly agreed that the lack of emotional and moral support leads to school abandonment due to teenage pregnancy, with 67% in strong agreement and a high mean score of 4.36 (SD = 1.11). Similarly, 82.8% strongly agreed that judgment toward teen mothers results in trauma, emotional distress, and social isolation, reflected in one of the highest mean scores (4.61) and a low standard deviation (0.95), indicating a strong consensus. These responses reveal that negative social attitudes and a lack of empathetic engagement contribute substantially to the psychological burden on adolescent mothers.

The refusal of moral support undermines the emotional resilience and self-worth of teen mothers. The data shows that 73.9% strongly agreed that such refusal leads to a lack of confidence, with a mean score of 4.20 (SD = 1.41), while 59.5% also believed it contributes to the inability of teen mothers to care for themselves and their children (mean = 4.19, SD = 1.19). This suggests that moral neglect is not only emotionally damaging but also has practical consequences for the daily functioning and self-care capacity of young mothers. Moreover, physical symptoms such as headaches and stomachaches mentioned by 53.4% were linked to emotional neglect, confirming the psychosomatic impact of moral exclusion (mean = 3.98, SD = 1.33).

The Consequences of Relationship Refusal on MH of Teenage Mother in Rwanda.
For this objective the findings highlight the profound psychological consequences of relationship refusal on the MH of teenage mothers in Rwanda. A significant number of respondents (65%) strongly agreed that relationship refusal accompanied by cut communication leads to increased conflict for teen mothers. This is reflected in a moderately high mean score of 4.04 and a relatively large standard deviation of 1.43, indicating some variability in responses. However, the overall pattern suggests that when teenage mothers are excluded from relationships, especially with the child's father or paternal family. It fosters conflict, instability, and emotional distress that can deeply impact their mental well-being.

A deeper psychological toll is revealed in the extremely high agreement with statements linking relationship refusal to personality disorders and fear-based insecurity. Notably,



89% strongly agreed that avoidance of interaction contributes to personality disorders among teenage mothers, yielding the highest mean (4.73) and lowest standard deviation (0.78), signifying near-universal agreement. Likewise, the refusal to hold meetings or maintain personal contact was associated with teen mothers' fear of ridicule and persistent feelings of insecurity (mean = 4.51, SD = 1.13). These findings indicate that rejection in relationships leads not only to emotional pain but also to potential identity disturbances and internalized stigma, which are critical risk factors for developing chronic MH disorders.

Furthermore, the data reveals that relationship refusal undermines teen mothers' self-image and overall mental stability. A large majority (85.6%) strongly agreed that rejection in relationships directly impacts the MH of teenage mothers, particularly in places like Berwa Kinunu (mean = 4.67, SD = 0.87). Additionally, 61.6% strongly agreed that such rejection contributes to poor self-concept and feelings of inferiority (mean = 4.25). These perceptions suggest that relationship-based rejection reinforces feelings of worthlessness, leading to isolation, anxiety, and depressive symptoms. Overall, the evidence underscores that relationship refusal is not merely a social issue but a profound MH concern that exacerbates the psychological vulnerabilities of teenage mothers in Rwanda.

These findings are consistent with the study conducted by Kareem et al. (2023), who looked at the prevalence, trends, and factors related to young mothers' mental health in Nigeria. A desk study of data from the Nigeria Demographic and Health Survey in 2018, 2016, and 2019 revealed that MH was the top cause of death for adolescent mothers and that it improved by 50.9%, 52.4%, and 55.2% over a ten-year period. The findings, which showed that 5% of teenagers had abortions, underscore the grave situation in which adolescents who are not ready for parenting are subjected to traumatic situations that could have detrimental effects on their lives. Girls' education is hampered by teenage pregnancies because, after giving birth, they are forced to discontinue their study and have strained relationships with their family, friends, and coworkers. Additionally, 73.4% of teen moms live in the lowest conditions in rural areas, which are mostly impacted by their refusal to enter into relationships.

III. Conclusion

Child abandonment has a profound negative effect on the MH of teenage mothers, trapping them in cycles of isolation, stigma, and poverty. The emotional trauma of abandonment, whether through rejection or abortion, leaves lasting scars that disrupt education and social integration, while also exposing their children to similar vulnerabilities. This highlights abandonment as a critical driver of inter-generational psychological and socioeconomic hardship. The denial of financial support greatly undermines the well-being of teenage mothers by intensifying stress, anxiety, and poverty. Without financial assistance, they are deprived of healthcare, education, and justice, which worsens their economic and social marginalization. Consequently, financial exclusion perpetuates MH decline, erodes dignity, and obstructs opportunities for a stable and hopeful future. The absence of moral support significantly destabilizes teenage mothers' psychological resilience. It not only triggers school dropout, trauma, and isolation but also manifests in lowered self-esteem, impaired coping abilities, and



even physical symptoms of stress. Ultimately, the refusal of moral support accelerates the deterioration of MH and prevents teenage mothers from building confidence and self-reliance.

Relationship refusal emerges as one of the most damaging factors to teenage mothers' MH, leading to insecurity, personality disorders, and depressive symptoms. The rejection by partners and families intensifies feelings of inferiority, despair, and loss of social support, leaving teenage mothers deeply vulnerable. Overall, relationship refusal compounds stigma and isolation, severely weakening their psychological well-being and resilience. Based on the findings, future research could focus on developing and validating specific screening tools for identifying psychopathology among teenage mothers. Further studies could also explore the long-term psychological consequences on teen mothers pregnant in rural area of Rwanda.

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