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Original Article

Teen mothers' perceptions on barriers and facilitators to mental health services utilization in Gasabo District, Rwanda

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Abstract

Background: Mental health disorders are among the leading causes of disability worldwide, with teenage mothers representing a particularly vulnerable population. Despite the high burden of mental health problems among teenage mothers in Rwanda, utilization of mental health services remains low. Understanding the perceived barriers and facilitators influencing service uptake is essential for improving access and outcomes. This study aimed to explore teenage mothers' perceptions of barriers to and facilitators of mental health service utilization in Gasabo District, Rwanda.

Methods: A qualitative phenomenological design was employed in three sectors of Gasabo District (Remera, Jali, and Kinyinya). A total of 39 teenage mothers aged 13–19 years who had previously sought mental health services were purposively selected. Data were collected through 15 in-depth interviews and three focus group discussions. The interview guide was informed by the Health Belief Model. All interviews were audio-recorded, transcribed, translated into English, and analyzed thematically using NVivo 14.

Results: Teenage mothers identified multiple interrelated barriers and facilitators to mental health service utilization. Key barriers included lack of family and societal support, stigma, low awareness of available mental health services, downplaying of psychological distress, and poor continuity of care. Facilitators included mandatory referral through healthcare providers, peer support and peer-linked referrals, availability of free mental health services, and positive prior experiences with mental health care.

Conclusion: Mental health service utilization among teenage mothers in Gasabo District is shaped by complex social, cultural, and health-system factors. Addressing stigma, strengthening family and community support, improving service continuity, and leveraging peer-based and provider-initiated linkages are critical to enhancing mental health service uptake among teenage mothers in Rwanda.

Keywords: Adolescents, Barriers to care, Facilitators to care, maternal mental health, service uptake, qualitative

Introduction

Mental disorders are considered to be among the leading causes of disability worldwide, with teen mothers representing a particularly vulnerable subpopulation(WHO, 2022). The transition to motherhood is a period that increases psychological vulnerability, and is deeply felt by teenagers who face the dual challenges of adolescent development and parental responsibilities. In sub-Saharan Africa, the prevalence of depression among adolescent mothers is strikingly high, ranging from 14-53% (Dinwiddie et al., 2018). . This high prevalence underscores a significant global public health concern, as defined by World Health Organization (WHO): mental health is a state of well-being that enables people to cope with life stresses, realize their abilities, and contribute to their community (WHO, 2022). When compromised, it can significantly contribute to years lived with disability, affecting both the mother and her child (Marquez & Saxena, 2016).

The situation in Rwanda reflects this troubling global trend. A recent national study by Kayiteshonga revealed that 48% of teen mothers exhibited clinically high depressive symptoms (Kyiteshonga et al., 2022). This statistic highlights a severe and localized mental health burden. However, a critical disconnect exists: despite this demonstrated need, there is a consistent underutilization of mental health services by this group (Jack et al., 2022). This service utilization gap is problematic because untreated mental health disorders can intensify within the community, negatively impacting the well-being of both the teen mother and her child(Aguirre Velasco et al., 2020; Tembo et al., 2024). The underutilization of services is often attributed to a complex mix of personal, cultural and systematic barriers such as stigma, poor mental health literacy, and healthcare system shortages as noted in various international contexts(Amahazion, 2021; Clement et al., 2025). Conversely, facilitators like family support and previous positive experiences with healthcare can promote service use (Abigail E. et al., 2024). While this general knowledge is informative, the specific social, cultural and health system determinants that uniquely hinder or facilitate mental health service utilization for teen mothers in Rwanda remain poorly understood. Prior literature provides a global framework but lacks the nuanced, contextual experiences necessary to develop effective, localized interventions in Rwanda. It is still unknown how Rwandan teen mothers themselves perceive these barriers and facilitators, and what drives their decision-making when it comes to mental health

services utilization. Therefore, this study aims to bridge this specific knowledge gap by moving from a general understanding of the problem to a focused exploration of local context. The research will qualitatively investigate teen mothers' perceptions of the barriers and facilitators to using mental health services in Gasabo district, Rwanda. By centering the voices and experiences of the target population, this study will generate critical evidence to inform the development of tailored strategies to improve mental health service uptake among this vulnerable group in Rwanda.

Materials and Methods

Study setting

The study was conducted in three selected healthcare facilities located within Gasabo district, Kigali. These facilities were strategically chosen to represent the districts' diverse socio-economic and residential contexts: Remera sector(urban), Jali sector(rural), and Kinyinya sector(peri-urban), respectively, that represent urban, rural, and peri-urban areas of the district.

Study design

This study utilized a qualitative, phenomenological design to explore the lived experiences and perceptions of teenage mothers regarding the barriers and facilitators to mental health service utilization in Gasabo district, Rwanda. The study was guided by the Health Belief Model (HBM), which provided a theoretical framework for developing the data collection instruments and analyzing the data.

Study participants

A purposive sampling was used to recruit 39 teen mothers, 13-15 years, who are early adolescents, and 16-19 years, middle and late adolescents, who had previously sought mental health services before and can understand the questions. Recruitment continued until data saturation was reached, meaning the point where there is no new information is being obtained (Guest et al., 2006).

Participant recruitment and sampling

A purposive sampling technique was employed to recruit teenage mothers who had prior experience with mental health services. Eligible participants were mothers aged 13-19 years who had sought mental health services at one of the three selected facilities and were able to comprehend and respond to interview and discussion questions in Kinyarwanda.

Recruitment continued until data saturation was achieved, which was defined as the point where three consecutive interviews yielded no new themes or insights relevant to the research question (Guest et al., 2020).

Data collection

Before starting all the interviews, informed consent, assents, and demographics were collected from all participants. Semi-structured interview guide for both IDIs and FGDs was developed based on the six constructs of the HBM: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. The guides were pretested through role-playing exercises with research assistants and refined for clarity and flow. Following (King & Horrocks, 2010) framework for qualitative research, a total of 15 in-depth interviews (IDIs), 5 per health center, and 3 focus group discussions (FGD: 1per health center) were conducted. These allowed for deep exploration of individual experiences and sensitive topics. All sessions lasted between 30 minutes- 60 minutes. Field notes were taken to capture nonverbal cues shown during the interviews.

Data analysis

Socio-demographic data were descriptively analyzed. Interviews were translated by local researchers from Kinyarwanda to English and were transcribed. Audio recordings were transcribed verbatim in Kinyarwanda and then professionally translated into English. The research team cross-checked transcripts against the original recordings for accuracy. A thematic analysis approach was used, with the HBM serving as the initial coding framework (Azungah, 2018). Referring to the six steps of Braun and Clarke's thematic analysis, the process included:(1) becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining themes, and (6) writing up. Using NVIVO14, transcripts were analyzed, and initial codes were generated. These codes were then searched for text that corresponded to the predefined health belief model(HBM) constructs(Willig & Rogers, 2017). The coding framework was developed by two researchers independently and then discussed to reach a consensus, which enhanced the trustworthiness of the analysis.

Results

Demographic

Study participants were predominantly in their late adolescence (16 – 19), but a significant portion became mothers during early adolescence (13 – 15). The majority being single, have one child, are not employed, and have a primary level education or less.

Table 1: Sociodemographic of the teen mothers

Characteristics	Number N (%)
Age (years)	
13 – 15(Early adolescence)	2 (5.13%)
16 – 19 (Middle and late adolescence)	37(94.87%)
Education	
No formal education	7 (17.95%)
Primary level	22 (56.41%)
High School (Secondary level)	10 (25.64%)
Marital status	
Cohabiting	3 (7.69%)
Single	36 (92.31%)
Number of children	
One child	35 (89.74%)
More than one child	4 (10.26%)
Employment	
Not employed	37 (94.87%)
Employed	2 (5.13%)
Age when she became a mother for the first time	
13 – 15 (Early adolescence)	13 (33.33%)
16 – 19 (Middle and late adolescence)	26 (66.67%)

Source: Primary data (2025)

Perceived barriers and facilitators to mental health service utilization

Transcripts revealed eleven subthemes corresponding to six constructs of the health belief model (HBM), which explain barriers and facilitators to mental health services utilization as perceived by teen mothers. **(Table 2)**

Table 2: Thematic findings based on the health belief model construct

Theme	**Subtheme**	
	Barriers	**Facilitators**
Perceived Susceptibility	-	Awareness of mental health risks
Perceived Severity	Downplaying of psychological pain	-
Perceived benefits	-	Notable improvements from others
Perceived Barriers	Lack of family support	-
	Lack of societal support	-
Cues to action	Low awareness of available mental health	-
	Lack of well-organized continuity of mental health services	-
	-	Mandatory linkage of the teenage mother to the mental health service
	-	Available free mental health services
	-	Peer-linked referrals
Self-efficacy	-	Positive first experience

Perceived susceptibility

In this section, the participants recounted that teen mothers are likely to believe that they have experienced mental health challenges, which could influence their utilization of mental health services.

Subtheme 1: Awareness of mental health risks

Teen mothers recognized their vulnerability to stress and depression, highlighting how mental health issues only affect them but can also lead to harmful behaviors like child abuse. Their vulnerability comes from constant exposure to pressures, feeling unheard, and a lack of support. This perception of susceptibility may encourage many to utilize the service

> *"Yes, I admit that we are at a higher risk of getting mental health challenges. For example, the moment everyone learns that you are a pregnant teenager, they automatically mistreat you. It reaches a point where no one wants to associate with you, like no parent would be happy for their child to be your friend. Add to that the constant need for money, and it becomes hard"*. **FGD R6-Kinyinya health center, June 2025**

Perceived severity

This part explores how the lack of perceiving the mental health condition's seriousness and its potential consequences if left untreated acts as a barrier to mental health services utilization among the teen mothers.

Subtheme1: Downplaying of psychological pain

Without a full understanding of the severity of mental health issues, many participants didn't recognize how serious mental health issues could be; they often brushed off mental health issues as stress or emotional struggles, seeing financial issues as their most pressing concern over other challenges that they might be facing.

> *"Talking to people only can't help me, due to all the problems we always face being tied to not having an income. Even after coming from talking to the person in charge of mental health in my health center, when I reached home, the problems came back again*". **IDI1-Remera medicalized health center, June 2025.**

Perceived benefits

Subteme1: Notable improvements from others

The belief that a service will meaningfully improve one's life has helped teen mothers to utilize the mental health services.

This was shown in the testimonies shared by teen mothers who have sought the service and got valued outcomes.

> *"When you have someone whom you talk to about your struggles it makes it easier for you to manage them".* **FGD R1 Kinyinya health center.**

Another added,

> *"Since I joined the gathering of teen mothers, I have quit drinking alcohol and smoking cigarettes. Now, as you can see (smiling)my skin is clearer because I finally have a community of women who understand me. We share the same struggles, and when I talk, I feel truly heard".* **FGD R8 Remera medicalized health center, June 2025**

Perceived barriers

Subtheme1: Lack of societal support

The intensity of stigma was recognized, which has led many to think that no one cares, resulting in reducing proactive healthcare seeking.

> *"Oftentimes in our community, we are considered to be sex workers, so no one cares about us. If a woman sees you with her or someone else's husband, whether it is innocent or not, you automatically become the topic of the whole village for that period of time. Forget about anyone listening to your stresses, struggles, and how you are feeling. Once they have called you a sex worker, no one cares about you".* **FGD-R4 Jali Health Center, June 2025**

Subtheme2: Lack of family support

The absence of family and friends' safety became a heavy burden for teen mothers, which worsened their mental health status.

Participants shared experiences of not only being neglected but also the feeling of being hostile to those who were supposed to care for them.

> *"I was not allowed to go outside of our compound, not to mention utilizing the mental health services".* **IDI4- Remera medicalized health center, June 2025**

> *"Since my parents don't live with me, it is hard to get any support from them; nothing concerns them when it comes to me, so how can they know about my mental health? Here, everyone minds their own business, you will find many people using the saying that in Kigali, everyone minds their business".* **IDI2- Kinyinya health center, June 2025**

Cues to action

The participants described how the absence of triggers that might prompt teen mothers to utilize mental health services, such as low awareness of available mental health services and Lack of well-organized continuity of mental health services, was shown to be a barrier to mental health services utilization.

Subtheme1: Low awareness of Available mental health services

Lack of information about the available services was demonstrated to be a challenge to utilizing the mental health services available.

> *"People lack information about the services available to them, and this is a major problem for many, as it causes many not to come here at the health center for help".* **IDI5- Jali Health Center, June 2025**

Subtheme2: Lack of well-organized continuity of mental health services

Captures the challenges faced by teen mothers in the period following their single session at Isange, which is characterized by a lack of continuity in the provision of mental health services, which led many to think that this has stopped too soon.

Participants recount a complete lack of reliable support systems, including not obtaining proactive follow-up from the mental health department after her first and only session, and she felt the help should have continued.

> *"The first time I got the support was from Isange one stop, after getting pregnant I was sent to the Isange one stop where I met with the person who had discussions with me about how life keeps going even though I was pregnant, we had a good conversation but it was*

> *only once which I think would have been better if we kept on talking like 3 times or more".***IDI2-Kinyinya health center, June 2025**

Another respondent added:

> *"Due to not having ways in our system which target the teen mothers who have sought for the mental health services like home visit to make sure that the support we are offering to them is being helpful and is continuous, to me it looks like something which can hinder a teen mother from utilizing mental health in the future due to that visiting them might be a better way to see how they are being treated at their place and think about how we can further help them".***KI 1-Jali health center, June 2025**

The facilitators in this construct included Mandatory linkage of the teenage mother to mental health services, availability of free mental health services, and peer-linked referrals.

Subtheme 1: Mandatory linkage of the teenage mother to mental health services

Participants have described how the mandatory linkage to mental health officers through the Isange one-stop center program was not experienced as a barrier to freedom but a necessary measure. This linkage connected them to mental health care and removed the challenges of initiating help-seeking behavior in an unfamiliar space.

> *"The first time coming here, the police brought me after I was raped. Due to that, I arrived within 24 hours of the assault, I was given an HIV test and was told to speak with the mental health officer here at the health center".* **FGDR4 Remera medicalized health center, June 2025**

Subtheme 2: Presence of Free service

The complete financial coverage of mental health services through Isange's one-stop center was deeply appreciated by many participants, as it helped to alleviate the economic constraints faced by teen mothers when accessing valuable services.

> *"I think that it is very helpful that the mental health services we got and are still getting are offered without requiring us to pay any amount of money. You can come here to the health center anytime you want without worrying about the cost".* **IDI4 -Kinyinya health center, June 2025**

Subtheme 3: Peer-linked referrals

Participants have recounted the benefits of leveraging peer networks, noting that referrals to mental health professionals often occurred through information they received from their peers who had benefited from the services.

> *"I cannot talk my issues with someone my age, but who is not a single mother, because I feel they might not understand me. However, there is this conversation I had with my fellow teen mother, which has really helped*

The respondent continued,

> *'After I got information from a friend of mine, we had discussed the issues I was having at the youth center, she suggested I see the person who had helped her with her own mental health struggles. I went to one session and found it helpful. I have only been once, but from then on, I have never skipped any session she (the mental health officer) has planned. "***IDI-Remera medicalized health center, June 2025**

Self-efficacy

Only one Facilitator revealed that the theme of self-efficacy arose from the data. The participants reported how a positive first experience empowered them with the confidence to utilize the mental health services.

Subtheme1: positive first experience

According to teen mothers, the effectiveness of the services made them confident they would successfully use them again.

> *"Now I can say that I have confidence that I can utilize the mental health service due to that I have seen its impact. If you have someone whom you can talk to about how you are feeling, it really does help"***. IDI5-Remera medicalized health center, June 2025.**

Discussions

Our study findings suggest that the underutilization of mental health services is not merely a lack of access but is fundamentally rooted in a process of normalization and competing priorities, compounded by structural weaknesses in the healthcare system.

A primary barrier was the lack of family and societal support, which limited their utilization of mental health services. These results are in line with Oladeji et al study conducted in Belize(Oladeji et al., 2025) and with (Campbell, 2023) A study highlighted that the participants are more likely to be discouraged from utilizing mental health services when there is a lack of family and societal support. Further, in accordance with a study conducted in Uganda by Juliet et al, it was documented that these environmental factors hinder the adolescent from utilizing the mental health services, particularly(Juliet, 2016). The role of parents in transforming the behavior of their children towards utilizing the health services was shown to have a bigger influence, as shown in the research conducted in Ethiopia(Lindstrom et al., 2019).

In addition, teen mothers reported the widespread downplaying of psychological distress. Many participants did not perceive their mental struggles as a legitimate health issue that requires professional intervention, often downplaying their pain in the face of more immediate concerns like financial survival or childcare. This finding aligns with Oladeji's study conducted in Belize, but also gains a critical context in Rwanda (Oladeji et al., 2025). The post-genocide narrative of resilience and the collective focus on national development may inadvertently stigmatize individual vulnerability, framing mental health struggles as a personal failure rather than a public health priority. When combined with the pervasive stigma that equates mental healthcare with madness, this creates a powerful social deterrent to seeking help (Atilola, 2016).

Furthermore, the healthcare system itself presents significant structural and logistical barriers. The reported lack of a reliable follow-up system, poor service continuity, and fragmented care pathways create a perception of the system as unreliable. This resonates with findings from South Africa (Field et al., 2020) and highlights a critical implementation gap. While Rwanda has made strides in integrating mental health into primary care, our findings indicate that the reality on the ground, particularly for vulnerable groups like teen mothers, may not match the policy ambition. The absence of proactive cues to action, such as systematic screening and referral at maternal health clinics, means that the burden of initiation falls entirely on an individual who is already hesitant and potentially stigmatized.

Conversely, the most powerful facilitators were those that actively reduced this burden of initiation. Mandatory referrals from healthcare providers, peer support programs, and free services acted as crucial external pushes. The influence of peers was particularly striking, seeing tangible improvements in others who had used services provided a credible proof from peers who have utilized the services that seeking professional mental health services is a worthwhile and effective action for a teenage mother to overcome skepticism. In the same line as prior studies found that adolescent mothers who attend peer support programs are more likely to utilize mental health services due to the shared experiences in that program. These experiences were shown to encourage mental

health utilization (Thomas et al., 2023; Tinago et al., 2024) .The presence of a supportive peer program speaks volumes in increasing mental health services.

This underscores that knowledge alone is insufficient, but trust built through relatable testimonials and mandatory system-initiated linkages is a more potent facilitator for behavior change in this context. Also, a systematic review has revealed the previous positive experience with health services to be the facilitator of mental healthcare utilization (Aguirre Velasco et al., 2020).

Conclusion

In conclusion, the journey to mental health service utilization for teenage mothers in Rwanda is constrained by challenges rooted in socio-cultural norms and systemic inefficiencies. However, it is also illuminated by powerful facilitators like peer influence and proactive healthcare linkages. By moving beyond a description of barriers and facilitators to critically analyze their roots and interactions, this study provides a roadmap for developing targeted, context-sensitive strategies to ensure that this highly vulnerable population receives the mental health support they need to thrive.

Recommendation

Based on the findings of this study, we recommend a multi-level strategy: policymakers at the Rwanda Ministry of Health should mandate and fund the integration of brief mental health screening into postnatal and vaccination clinics and formalize a follow-up protocol using community health workers. Healthcare facility managers and professionals must then implement this by training staff in adolescent-friendly communication and creating a referral and follow-up system for mental health services. Concurrently, community organizations and local leaders should develop culturally anti-stigma campaigns featuring peer testimonials and educate parents through existing community structures like Umuganda. Finally, researchers are urged to design and pilot interventions that bundle these peer and community health worker supports to generate robust evidence for nationwide scale-up.

Strengths and Limitations

This study emphasizes the lived experiences of teen mothers in Rwanda, providing a rich and nuanced understanding of their challenges. Overall, our work contributes to the growing body of research on this population and can inform the development of targeted interventions and support systems. However, this study has limitations worth noting. Firstly, as a qualitative study, its findings are not intended to be statistically generalizable to all teen mothers. Additionally, the exploratory design cannot establish causal relationships or definitively explain why certain barriers exist. Future research should address these limitations by quantitatively testing these findings with larger and more representative cohorts.

Ethical approval

Ethical approval was obtained from the Institutional Review Board of Mount Kenya University, Rwanda, under reference number MKU/ETHICS/04/42/2025. Before the interviews, all participants were informed about the study's purpose, their rights, and their potential risks and benefits involved. Informed consent and assent, where applicable, were obtained from all participants. They were assured that their participation was entirely voluntary and that they could withdraw from the study at any time without penalty. To ensure confidentiality, each participant was assigned a unique identifier, which was used in place of any personal information.

Conflicting interests

No conflicts of interest among authors.

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Authors Contributions

OH conceptualized, developed the survey, sampling methods, conducted data analysis, and wrote the results. JDI supervised data analysis, report writing, and reviewed manuscript drafts and analyses

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