icrrd
Quality Index Research Journal
INTERNATIONAL CENTER FOR RESEARCH AND RESOURCES DEVELOPMENT article
ISSN Number: 2773-5958, https://doi.org/10.53272/icrrd, www.icrrd.com

Teenage Pregnancy and Childbearing: Experiences of Teenage Mothers in the Dormaa East Municipality

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Received: 06 July 2024 **Accepted:** 10 November, 2024
Revision: 20 October 2024 **Published:** 03 December 2024. **Vol**-5, **Issue**-4

Cite as: Asirifi, et al. (2024). Teenage Pregnancy and Childbearing: Experiences of Teenage Mothers in the Dormaa East Municipalit. *ICRRD Journal, 5*(4), 139-158.

Abstract:

Background: Childbirth among adolescents continues to be an urgent matter of public health concern, in developing and middle-income nations. Notwithstanding efforts to tackle this matter, obstacles persist regarding access to postnatal healthcare and assisting adolescent mothers. The study investigated the childbearing experiences of adolescent mothers residing in the Dormaa East District of Ghana. **Methods**: The research employed qualitative methods and a cross-sectional descriptive design to gather data. In-depth interviews were conducted individually with 30 adolescent mothers, selected using purposive sampling. Data collected was analysed using qualitative content analysis using NVIVO 10 qualitative software. **Results:** The findings showed that adolescent mothers exhibited a moderate level of understanding and proficiency in childcare protocols such as breastfeeding, complementary nutrition, and infant hygiene, according to the study. The knowledge of respondents regarding the advantages of lactation, particularly exclusive breastfeeding, was comprehensive; they frequently sought advice from healthcare professionals, family members, and personal experiences. Teenage mothers employed coping mechanisms to navigate the challenges of early motherhood such as financial constraints, societal stigmatization, and postpartum complications including preterm birth and haemorrhage. **Conclusion:** Teenage mothers were resilient and driven to ensure that their children received the finest possible upbringing. Additionally, the study acknowledges the importance of personal development, continuous learning, and assistance throughout the period when adolescent girls become mothers. **Recommendation**: The study's findings underscore the significance of implementing vocational training programs to enhance financial assistance for adolescent mothers, augmenting funding for initiatives targeting the reduction of teenage pregnancies, ensuring affordable maternal and childcare services, and intensifying comprehensive sexuality education.

Keywords: Adolescent motherhood, childbearing experiences, coping mechanisms

Introduction

Global public health concerns regarding the health and development of teenagers, particularly teenage pregnancy, have gained significant attention in recent years (Ahinkorah et al., 2019; United Nations Population Fund [UNFPA], 2015). The World Health Organization (WHO) estimated that 16 million teenage girls give birth annually, with 95% of these births occurring in low- and middle-income countries (Krugu et al., 2017; UNFPA, 2015). Teenage pregnancies are associated with severe health

risks such as preterm birth, eclampsia, puerperal endometritis, postpartum haemorrhage, and neonatal fatalities (WHO, 2018). Young mothers, especially those under fifteen, face significantly higher health risks and mortality rates compared to older women (Saleh, 2022).

Teenage pregnancy adversely affects young women's educational attainment, potentially hindering their ability to contribute effectively to their families and societies (Combs et al., 2018; Amjad et al., 2019). This issue is particularly acute in Sub-Saharan Africa, which has the highest rate of teenage pregnancies worldwide (Ahinkorah et al., 2019). Ghana, for instance, has seen a rising adolescent birth rate, with regional disparities indicating higher rates in areas such as the Volta and Central Regions (Engelbert Bain et al., 2019; Lambonmung et al., 2022). Teenage mothers in these regions face increased risks of infant and child mortality and adverse social outcomes (Akadri & Odelola, 2018). Research has shown that teenage pregnancy leads to numerous negative social, economic, and health consequences, including high stress levels, poverty, unstable family structures, and limited educational opportunities (Kirbas et al., 2016). Physically and psychologically immature teenage mothers are at higher risk for complications such as fistula, postpartum hemorrhage, anemia, cesarean sections, pregnancy-induced hypertension, and neonatal issues (Manjula, 2022). The body of research on teenage pregnancy has expanded to include the determinants of unwanted adolescent pregnancy and factors such as attitudes, behavior, sexual health awareness, health services, and risk factors (Ameyaw, 2018; Ahinkorah et al., 2019).

In Ghana, despite efforts to improve adolescent sexual and reproductive health and access to comprehensive sexuality education, high rates of teenage childbirth persist in certain areas (Clark et al., 2019; GSS, GHS, & ICF Macro, 2015). For instance, the Bono region has reported high adolescent pregnancy rates, with data showing an increase from 14.2% in 2020 to 16.1% in 2021 (District Health Information Management System [DHIMS], 2022). Programs aimed at reducing teenage pregnancies have included the provision of youth-friendly health services, family planning counselling and nutrition services among others. Adolescent mothers are more likely to face poverty and unemployment due to poor choices during pregnancy and the postpartum period, which further exacerbates their health risks and impacts childcare practices (Wong et al., 2020). Understanding the experiences of teen mothers, especially in areas like Dormaa East Municipality, Ghana, is crucial. This study aims to fill the knowledge gap by employing a qualitative methodology to explore the birth experiences of young mothers in this district, providing valuable insights that can inform healthcare policies and support adolescent health services.

Methods

The study was conducted in Dormaa East District, one of the 260 Metropolitan, Municipal and District Assemblies (MMDAs) in Ghana, and forms part of the 12 of Municipalities and Districts in the Bono Region. The District has a total land area of 456 Square Kilometres and lies between Latitude 7°. 08´ North and 7° with Wamfie as District Capital, which is about 1.18 percent of the total land area of Brong Ahafo Region that is 38,557 Square Kilometres and about 0.19 percent of that of the country that is 238,537 Square Kilometres. The District shares common boundaries with Dormaa Municipal to the West, Berekum to the North, Sunyani to the East and South by Asunafo North Municipal and Asutifi District. The district has a population of 70,781 for 2023.

Study Design: This is a qualitative cross-sectional study that adopted an interpretivist and phenomenological research paradigm to explore the childbirth experiences of teenage mothers in the Dormaa East Municipality.

Study Population: The study targeted teenage mothers aged 13 to 19 years residing in the Dormaa East Municipality. The study excluded adolescent mothers with children older than two years.

Sample Size: A total of thirty teenage mothers were purposively selected, with ten participants chosen from each of the four sub-districts namely; Wamfie, Dormaa Akwamu, Kyeremasu and Wamanafo, guided by the principle of data saturation (Nascimento et al., 2018).

Sampling Technique: Purposive sampling was employed to select participants based on their relevance to the study's objectives (Nascimento et al., 2018). Community leaders, including chiefs, assemblymen, and health volunteers, assisted in identifying eligible participants from the Municipality's four sub-districts.

Data Collection Tool: An in-depth interview guide (IDI) was developed based on a review of relevant literature on adolescent mothers' childbirth experiences. The guide comprised four sections covering participants' demographic information, childcare practices, challenges encountered during and after childbirth, and coping strategies employed by teenage mothers.

Data Collection Technique: Individual, one-on-one interviews were conducted with teenage mothers to gather data, allowing for a deeper exploration of their childbirth experiences. The interviews were scheduled at convenient times and locations chosen by the participants, with field assistants facilitating the process. Interviews were audio-recorded with participants' consent, and field notes were taken to supplement the recordings.

Data Analysis: Qualitative content analysis was performed using NVivo 10 software to systematically manage and analyze the collected data. Transcribed interviews and field notes were coded into parent and child nodes, organizing primary themes and subthemes that emerged from the participants' experiences. Quotes from participants were incorporated to illustrate key findings and enhance the credibility of the analysis.

Limitations of the Study: While efforts were made to ensure the trustworthiness of the study findings, limitations inherent to qualitative research, such as issues of reliability and bias, must be acknowledged. Measures taken to minimize some of these biases included; providing participants with summaries of interview key points and recruiting a homogeneous sample of teenage mothers aged 13 to 19 years with children aged two years or younger. However, the study's findings should be interpreted within the context of these limitations.

Ethical approval: Ethical approval was obtained from the Committee on Human Research, Publication and Ethics, Kwame Nkrumah University of Science and Technology- CHRPE/AP/015/24. Final approval was obtained from the Municipal Director of Health Services. The adolescents who consented to the study and publication either signed or thump-printed written consent forms before participating in the study.

Results

Socio-Demographic Characteristic of the Participants

The socio-demographic and background characteristics of teenage mothers—including age, marital status, educational attainment, religion, and occupation—are covered in this section. A total of thirty (30) teenage mothers participated in the study. The age distribution of the mothers showed that, and the respondents had a mean age of 17.9, with a minimum age of 15 with and maximum age of 19. The marital status of participants showed that, two (2) were cohabiting, four (4) were married, and twenty-four (24) were single (never married). The participants level of education also showed that, nine (9) had completed senior high school followed by eighteen (18) who had also completed junior high school, and the remaining three (3) had also finished primary school. Based on the religious breakdown of the participants, 28 of them were Christians, while the remaining two were Muslims.

Table 1: Socio-Demographic Characteristic of the Participants

SDC Variables	Frequency (N=30)	Percentage (100%)
Age (Mean = 17.9)		
15.00	3	10.0
16.00	2	6.7
17.00	1	3.3
18.00	12	40.0
19.00	12	40.0
Marital status		
Never married or Single	24	80.0
Married	4	13.3
Cohabiting	2	6.7
Level of education		
Primary	3	10.0
J.H.S	18	60.0
S.H.S	9	30.0
Religion		
Christian	28	93.3
Islamic	2	6.7

Teenage Mother's Child Care Practices

Examining how teenage parents cared for their children was one of the study's objectives. In this research, adolescent mothers were questioned regarding their childcare practices, such as how they position and bond with their children, how much they know about exclusive breastfeeding, how they supplement babies their diet, how difficult it is for them to nurse, how they clean and bathe their children, and how they handle their umbilical cords. Practices for cleaning and bathing children, and the difficulties and constraints of nursing were equally noted. The majority of the relevant topics that

were learned about from the participants during the in-depth interviews have been explained and analyzed in the subsequent sub-themes.

Child's Positioning and Attachment

The mothers described their methods of positioning and attaching their babies during breastfeeding. They emphasized the importance of proper positioning to ensure the baby feeds well and to prevent issues like milk passing through the nose. For instance, one participant mentioned sitting down, supporting the baby's head, and holding the breast in the baby's mouth to facilitate feeding. Another described carrying the baby in her arms while breastfeeding to avoid vomiting or milk entering the child nose.

Participants shared this:

''Yes! I sit down and put my baby on my lap/legs and support the head and I hold the breast in the mouth of my baby. This helps the baby to suck or feed well because if I don't do it this way the breast milk can pass through the child nostrils''. ¬ Respondent 1.

To add up to this statement, respondent 3 noted the following:

''…I usually put my baby on my legs and carry her in my arms to breastfeed well because if I don't do it this way my baby can vomit or the breast milk can enter the head and it can great problem for my baby''. ¬ Respondent 3.

Knowledge on Breastfeeding and Exclusive Breastfeeding

Teenage mothers demonstrated a good understanding of the benefits of breastfeeding and exclusive breastfeeding. They highlighted the nutritional value of breast milk and its role in promoting the baby's growth and development. Many participants mentioned exclusively breastfeeding their babies for the recommended duration of six months before introducing other foods. They expressed confidence in the adequacy of breast milk and its ability to meet their babies' needs for growth and protection against infections.

Participants shared the following experiences;

''…I breastfeed my baby all the time, I know the breast milk has all the nutrients my child needs and it is safe and natural. I have to give the breast milk to my child anytime my child needs it to help my baby grow well and get stronger'' ¬ Respondent 20,

Another respondent also shared her experience on exclusive breastfeeding:

''... I have been breastfeeding my baby exclusively right after birth. I knew it was good for my baby. I will continue to breastfeed exclusively until he gets to six months, then I will give him food! That is what the nurses told me...''. ¬Respondent 1

Still on the exclusive breastfeeding practices another respondent shared her story:

''.....the breast milk is the only food I have to offer to my baby until she grows up a bit like from 6mounth to 1 year before I can I give other food or liquid....'' Respondent 14,

Teenage mothers were asked to share knowledge on the benefits of exclusively breastfeeding their babies and the need to perform it. A participant mentioned the following benefits:

''…the breast milk is the only food for my baby at this time, so I breastfeed her because I know my baby can become strong and healthy when I breastfeed her from now till the time I have to cut breastfeeding.'' ¬Respondent 3

Source of knowledge on Breastfeeding

Participants shared various sources from which they acquired knowledge on breastfeeding, including healthcare providers, mothers, friends, family members, and personal experiences. Some learned from observing their mothers or other relatives, while others received guidance from healthcare professionals during antenatal care or childbirth.

A teenage mother shared an experience by stating.

''...My mother provides me with support and educates me on the kind of food items which, when eaten can increase milk supply and shows me how to position the baby for optimal and successful feeding...'' ¬Respondent 2.

A similar experience was shared by another respondent:

''...At times, when our mother was busy she will ask me to breastfeed her even though I was not having breast milk but I will put the breast in her mouth when she was crying for the breast till our mother finishes...'' Respondent 13.

Complementary Feeding

Teenage mothers discussed reasons for introducing complementary foods to their babies, such as perceived insufficient breast milk or the baby's small size at birth. They mentioned preparing porridge or buying commercial baby food to supplement breastfeeding. Some participants also cited recommendations from family members or healthcare providers as influencing their decision to introduce complementary foods.

The participants had the following experiences to share:

''*... I have been preparing porridge for my baby because my breast milk is not enough or insufficient for my baby*'' ¬ Respondent 18.

A participant with a 7 months child also shared this ''....*sometimes I give my baby Cerelac and porridge [koko] but I prepare [koko] at home I don't buy it outside. I know when I give other food for my baby, it also makes my baby healthy and stronger...*'' Respondent 9.

Another participant the rationale for practicing complementary feeding as shown below:

''*...I started giving my child food because when I gave birth my baby was very tiny so my Auntie and my mother asked me to give my child food and water. Surprisingly, my baby can eat anything like porridge [koko], and rice water"* ¬Respondent 10.

Another teenage mother also had this to say: *''...I give my baby porridge, cowbell mix and water for now because the breast milk is not sufficient for him so I have even decided that when she is one year old I will stop breastfeeding and give her other heavy food like mashed kenkay, rice*'' ¬Respondent 17.

Challenges associated with Breastfeeding.

While many teenage mothers reported convenient breastfeeding experiences, some faced challenges such as abdominal pain, nipple soreness, or discomfort during breastfeeding. Some struggled with the sensation of breast milk letdown or felt distracted by sexual feelings when breastfeeding. Others encountered difficulties in determining when their breasts were empty or experienced discomfort from engorged breasts.

These were some experiences shared by the participants:

''... I felt some pain from stomach/abdomen as my baby suckled, and this continued for a while so I went to the hospital and the nurse told me my womb is getting back to its shape and he prescribed medicine for me but it was still unbearable...'' ¬Respondent 22

A teenage mother with a female child also said *''... I nearly stopped because I did not like putting breast into my baby's mouth because it tickles and feel pains and there was a little [insufficient] breast milk too but I don't have money to buy those formulas....''* ¬Respondent 3

Another participant whose husband likes to suck the breast had this say:

''..Initially, the moment I put the breast into my baby's mouth and if he starts sucking it, I begin to feel for sex but now I am used to it. Also my husband likes to suck my breast a lot...'' ¬Respondent 28

Another participant who had nipple sore and needed help noted that:

''...I wanted a nurse who could take care of me and tell me about my nipple problem, there was a nipple sore and it really pained me so I did not breastfeed my baby for some time because I was retracting and I could not decide whether or not to breastfeed my baby...'' ¬Respondent 11

Baby Care: Signs of Hunger and Satisfaction

Teenage mothers shared their observations of signs indicating hunger or satisfaction during breastfeeding. Common cues for hunger included crying, licking lips, or tongue movements. Signs of satisfaction included the baby falling asleep or milk dribbling from the mouth. Participants relied on these cues to gauge their babies' feeding needs and adjust their breastfeeding practices accordingly. Some of the participants noted the signs their babies make when they are hungry*: ''... my child sometimes cries hard and high...''* ¬Respondent 7. Another participant had this to say:

''... is either my baby licks the lip or will cry...'' ¬Respondent 3

This further corroborated by another teenage mother. *''..., my baby will be shaking her tongue and rub it is around the lip...''* ¬Respondent 8

It was further added: ''... I will see the baby struggling...'' ¬Respondent 16

Another participant also expressed this: *''...My baby most at times will pour out the subsequent breast milk from the mouth and this shows my baby is satisfied...''* ¬Respondent 1.

To corroborate this statement, a teenage mother aged 17 years noted that: *''... when my baby is satisfied I will see that the breast milk that is in her mouth start coming out of her mouth and I will clean it, when this continues for about three or four times I will know that my baby is satisfied and I will stop feeding at that time...''* ¬Respondent 5.

Another teenage mother added that: *''...When I breastfeed my baby fully I will see that for some minutes, the baby will sleep and stop touching my breast...''* ¬ Respondent 13

Child bathing and Cleaning Practices

Participants described their bathing and cleaning practices for their babies, often learning from family members or observing experienced caregivers. While some expressed confidence in their abilities to bathe their babies independently, others relied on assistance from relatives, especially in the early postnatal period. Challenges mentioned included fear of soap entering the baby's eyes or uncertainty about cleaning certain body parts effectively.

Some of the participants had this to say: *''….For the first three months going, I had to observe my mother doing it because I did not have the confidence to bath my baby so she asked me to look carefully anytime she was bathing the baby. But, nowadays I do it by myself and even bath my baby twice in a day..''* ¬Respondent 29.

Another participant stated that: *''...my mother in-law used to bath my baby on her lap, but I have fear to do same, so I normally bath my baby in rubber bucket, but I make sure I guide her not to fall or use any part of the body to hit anything or the rubber..''* ¬Respondent 16

Some of the participants mentioned some of the challenges they face when bathing their babies. A participants had this to say: *''...I am always careful because I am afraid the soap will enter my baby's eyes, mouth or nose...''* ¬Respondent 8

Another teenage mother aged 18 years with a baby aged three months further added:
''...I think the little problem I face when bathing my baby is when I want to clean her vagina and it is very difficult for me because I become not too sure whether her vagina is clean or not...'' ¬Respondent 7

Teenage mothers discussed various methods for caring for their babies' umbilical cords, including using substances like methylated spirit or shear butter. Some followed traditional practices taught by family members, while others adhered to instructions provided by healthcare professionals. Participants expressed a preference for keeping the cord dry and clean to promote healing and prevent infection.

One participant had this experience to share:
''….When I returned from the hospital my mother was the one bathing and cleaning my baby's umbilical cord for me. She sometimes uses palm kernel oil or shear butter mixed with some medicine. She said it removes the pains and help the wound to go fast..'' ¬Respondent 22.
Another participant had this to say: *''...My mother cleans my baby's umbilical cord for me. She uses spirit and cotton wool to clean it...''* ¬Respondent 25
Another teenage mother aged 17 years shared her experience: *''...my mother in-law has been bathing and cleaning my baby for me. She uses methylated spirit to clean the umbilical cord. When she baths my baby she keeps the cord dry and after that she uses the spirit to clean it well...''* ¬Respondent 27.

Assessing Postnatal Challenges Teenage Mothers

Adolescent mothers spoke about some of the difficulties they have following childbirth. Both physical and socioeconomic issues were noted in the study, including postpartum complications, difficulty accessing healthcare, financial difficulties, educational obstacles, and rejection, denial, and irresponsibility from family members and the baby's father.

Challenges Associated with Childbirth

Adolescent mothers provided observations starting on the day they gave birth as part of the difficulties. Adolescent mothers reported that, in terms of delivering, postpartum problems were unforgettable experiences. Teenage mothers brought up several issues related to childbirth, such as preterm deliveries, postpartum hemorrhage or vaginal bleeding, and other issues with the newborn. Additionally, teenage mothers reported ongoing physical discomforts such as general body weakness, waist pains, dizziness, and weight loss, affecting their postnatal recovery and well-being.

The following were some statements shared by the participants: *''...When I gave birth I had a lot of blood coming from my vagina for some days, it was really bad because I could not sustain the pains at first, but when I came home the pain has gone down..."* ¬Respondent 3

A participant also had this to say: *'' ... I was scared when the nurse told me they have to cut me [incision], because my child was big, so they did it before I was able to deliver safely...''* ¬Respondent 19;

Another respondent added that: *''...When I gave birth, it was a tough condition for me at that time. I was bleeding a lot and had severe pains as well. This continues, for some time, but now it is gone is only when I am having sex that I feel the pain small...''*. ¬Respondent 6.

Participants also shared experiences of general body weakness, waist pains etc. A teenage mother had this to say:

''... I gave birth successfully, but for sometimes now I have had problems with my waist. I feel pain and sometimes get scared when I want to have sex...'' ¬Respondent 30.

Another participant had this to say*''...I get tired any time I walk and I become hungry but I know it is because of the sudden loss of weight and energy...''* ¬Respondent 28.

Some participants who were confident and were determined deliver had these to say;

Other participants said the following:

''... I thank God I had a successful delivery. I gave birth to my child naturally and did not experience any birth challenges, but it was a bit painful especially my last push...'' ¬Respondent 20.

Corroborating the positive [self-confident] of the teenage mothers, another participants aged 19 years indicated:

''...It was successful and happened just like that. I realized my baby was out and crying...'' ¬Respondent 27.

In terms of accessing post-partum services, the participants expressed the following concerns relating to long distance and bad attitude of health staff..
A participant had this to say: *''…I used to go to the hospital for weighing but now my baby is not sick so I do not go unless maybe my baby is sick. I think it is not a problem and another thing is that from where I stay in the hospital is also far and getting money to go is a problem…''* ¬ Respondent 10.

Another participant stated that *''.... the way the nurse talked to me was bad, so I also overacted so since then I do not feel happy to go to the hospital again...''* ¬Respondent 16.

Financial Challenges
Financial constraints were identified as major hurdles for teenage mothers, impacting their ability to provide for themselves and their babies adequately. Participants expressed struggles with meeting expenses for baby care essentials such as formula and diapers. Limited family support compounded these challenges, as some participants lacked stable sources of income within their households. Furthermore, aspirations for education were hindered by financial burdens, with many teenage mothers expressing a desire to return to school but facing uncertainty due to the financial strain of childcare responsibilities.

Some participants had this to say: *''…I take care of my baby but I stay with my mother so she has been providing some of my needs and gives me food because we cook together, but she doesn't give me money unless I'm sick. It would be nice if I could get some help with formula, baby's nappies and some money to pay for the baby's expenses from my baby's father or his parents, I don't even hear from my boyfriend so I am there like that''* ¬ Respondent 2.

Another teenage mother aged 19 years added that: *''…Getting support is a big problem I am facing now. I need some help with my baby expenses. It really worries me. No one in our family has a permanent job to earn good income. Some work day by day while the cost of living has increased every day since I had a baby things have become tough for me..''.* ¬ Respondent 8.
A participant who received support from the family said:
''...I take care of my baby, but my mother, brother and sister help as well. But what I get is not enough so I am planning to do something to get money to buy some of the things that my child will need myself...'' ¬ Respondent 17

Most of the participants expressed interest in to go back to school, but they realized that it would be very difficult and it will even take some time for them to go back because they have to wait for their babies to grow up. These were some of their views:
''...I wish I could go back to school, but not now because I have to take care of my baby to grow and see if I can continue with school. It would be nice if my family will provide support me then I can go back to the normal schools but for now nobody is asking me and want to help me ...''¬ Respondent 5.

A teenage mother who completed J.H.S also had this to say: *''...Yes, I would like to continue my education, but I have planned to be enrolled to get the senior high certificate when my child gets to three years old, I will go to school because now SHS is free so I will go...''*. ¬ Respondent 17.

''….I am not sure I can go back to school [SHS]. The school authority asked me to leave when I got pregnant. And nobody will give me money, food or dress even if I say I want to go back to school, but I wish I could go to school in a different place when my child grows...'' ¬Respondent 7

Parents and Baby's Fathers Responsibility

Participants shared varying experiences regarding the support received from their parents and the baby's fathers. While some encountered familial and paternal care, others faced rejection, neglect, and even abuse. Instances of unsupportive parents and absent or disinterested baby's fathers were reported, exacerbating the emotional and financial burdens on teenage mothers.

However, some teenage mothers highlighted positive experiences of support from their partners, who provided financial assistance and emotional care, albeit after initial denial or indifference.

A participant had this experience to share:

"……My father always insult me with his family members. He has informed me not to receive any money or things from my son's father but he does not also provide my needs for me. Sometimes he beats me on account of what people tell him and always tell that i will go back to the father of my child " Respondent 15.

A teenage mother aged 19 years also added *''...My baby's father did not care. I asked him if he wanted me to keep the baby or wanted me to have an abortion and he chose the latter. I was not happy to be with him anymore.."* Respondent 21.

Some participants explained that their boyfriends were showing care and supporting them.

A participant had this to say*: ''...When I got pregnant, he denied me, but I latter welcomed him and now he has been providing my needs, he gives me money, and he buys me things that I asked for"* ¬ Respondent 8.

Another teenage mother aged 19 said *''...in recent times my boyfriend is good, in the beginning that I was pregnant he was not minding me, but after I gave birth to his baby, he visits me, he buys things for me and my baby, I say God bless him to continue like that...''* ¬ Respondent 17.

Stigmatization

Stigmatization emerged as a significant concern among teenage mothers, reflecting societal judgments and prejudices surrounding adolescent pregnancy. Participants recounted experiences of being ostracized, gossiped about, and labeled as "spoilt" or incapable.

The participants also expressed concern about been stigmatized because during pregnancy.

A teenage mother had this to say; *"...people talked a lot about my pregnancy, that I am too small to be pregnant and that i could not complete school. But thanks be to God, after delivery everyone was quite especially after they saw me going back to school.."* Respondent 15.

Another teenage mother had this addition to make; *"…My main challenge is stigma from my area where I live, which makes me feel very bad but thanks to my mother she did not listened to society and encouraged me to deliver "* ¬ Respondent 13.

Teenage Mothers' Coping Strategies

Coping Mechanisms of Teenage Mothers

Majority of the teenage mothers shared insights into how they manage life post-childbirth, with some highlighting their coping strategies concerning motherhood for the sake of their infants. One participant expressed her approach: "…*My mother has been a pillar of support, urging me to embrace motherhood with the maturity of an adult. She encouraged me to handle my baby's needs responsibly*..." Respondent 11.

Another participant emphasized her self-reliance: "*After giving birth, I was determined to find employment to sustain myself and my child independently. Relying on others was not an option for me*," Respondent 4.

Additionally, familyl and social support played significant roles in their coping mechanisms, as indicated by one participant: "…*I receive invaluable assistance from family members who aid with household chores and childcare. Additionally, my friends and even my baby's father contribute by offering gifts and financial support*..." Respondent 28.

Emotional Responses of Teenage Mothers

Teenage mothers expressed a spectrum of emotions regarding their new roles in motherhood. While some conveyed happiness and a sense of fulfilment, others grappled with initial regrets or apprehensions. "..*Initially, I was filled with regret upon discovering my pregnancy. However, with encouragement from friends and family, I embraced motherhood as a positive transformation*..." Respondent 13, aged 17 years. Similarly another participant stated that "…*Although I had reservations initially, the unwavering support of my boyfriend instilled confidence in me. I viewed motherhood as a blessing and a journey towards personal growth*.." Respondent 6.

Despite the challenges, most mothers derived happiness from their maternal roles, finding purpose in caring for their new-borns.

A teenage mother added that: "*Being a mother brings me immense joy and fulfilment. Despite my youth, I am committed to providing the best upbringing for my child, even if it means sacrificing my own comfort*." Respondent 9.

However, some mothers grappled with feelings of discontent, particularly concerning the limitations imposed by motherhood on their social lives and personal freedom. A participant lamented: "…*While I cherish motherhood, I miss the freedom to socialize and pursue personal interests. Adjusting to this new phase of life has been challenging, and at times, lonely*..." Respondent 11.

Accepting Responsibility as a Teenage Mother

Teenage mothers demonstrated a strong sense of responsibility towards their children, despite their young age. Many made sacrifices and adjustments in their lives to prioritize their children's well-being. This is exemplified by a 17 years teenage mother "...*Every day, I prioritize caring for my baby over personal desires. Although it's challenging, I willingly forego social activities and outings to ensure my child's needs are met*..." PD1, 17 years.

Similarly, respondent 12, emphasized her commitment to responsible parenthood: "..*Becoming a mother heightened my sense of responsibility. Despite my age, I am determined to provide the best upbringing for my child. I view motherhood as a journey of growth and maturity*..." Respondent 12.

Social Support for Teenage Mothers

Social support emerged as a vital resource for teenage mothers in navigating the complexities of parenthood. Many participants cited the unwavering support of their families, friends, and sometimes the baby's father: "…*My family has been incredibly supportive since I gave birth. They provide emotional encouragement, financial assistance, and practical help with childcare duties*..." Respondent 14.

Similarly, another participant highlighted the role of maternal support: "*My mother has been my rock throughout this journey. She offers invaluable advice, assists with household chores, and provides emotional comfort when needed*." Respondent 8.

Future Plans of Teenage Mothers

Teenage mothers articulated diverse aspirations for their future and those of their children. Many expressed a desire to pursue further education, secure employment, or establish businesses to provide better opportunities for their families. A teenage mother shared her ambitions: "...*In the next five years, I aim to return to school and complete my education. I aspire to secure a stable job to support myself and my child financially*…" Respondent 4. Similarly another teenage mother shared her goals: "*I envision myself starting my own business within the next five years. Despite the challenges, I am determined to provide a bright future for my child through hard work and perseverance*." Respondent 10.

Future Plans for Children of Teenage Mothers

Teenage mothers expressed hopes and dreams for their children's futures, aspiring for them to receive quality education and lead successful lives. A participant stated that "*I am committed to providing the best opportunities for my child. I envision a bright future for them, filled with academic success and personal fulfillment*." Respondent 22.

Similarly, another teenage mother touched on the importance of education to her child "*My goal is to ensure my child receives a quality education. I believe education is the key to unlocking their full potential and achieving their dreams*." Respondent 9.

Self-Motivation and Advice for Teenage Mothers

Teenage mothers offered words of encouragement and advice to their peers, urging them to prioritize their goals and aspirations. A participant had this to say "*I encourage other teenage mothers to remain focused on their goals and aspirations. Despite the challenges, motherhood should not hinder their dreams of a better future*." Respondent 2.

Similarly, another teenage mother emphasized the importance of self-reliance: "*Teenage girls should focus on securing their futures through education and employment. Motherhood should not deter them from pursuing their dreams and aspirations*." Respondent 19.

Discussion

The study explored the lived experiences of the participants while they were experiencing the phenomena. Interviews were performed among teenage mothers aged 13 to 19 years who had babies aged two years or less. This provides an empirical account of the lived experiences of the teenage mothers. The findings of the study are discussed according to the main themes (parent nodes) that emerged during the data analysis within the context of the literature.

Teenage Mothers' Childcare Practices

The results of the study revealed that most teenage mothers appeared to have knowledge of proper positioning and attachment of their babies. For instance, some reported being able to breastfeed their babies but had low confidence and skills in other childcare practices, such as child bathing and umbilical cord care. Although some teenage mothers had learned these skills, the majority heavily relied on their mothers, relatives, and mothers-in-law for support. This finding corroborates the work of Woolley and Greif (2019), who opined that parents play a major role in supporting their wards. Others, despite giving birth for the first time, noted that they had already cared for their younger siblings and had some experience in childcare practices. These experiences were based on the use of common practices rooted in their family and community culture, rather than *scientific-based practices* recommended by health professionals when caring for their babies (Ahmad et al., 2022).

Moreover, it was observed that teenage mothers relied on traditional methods for childcare practices, such as using methylated spirit or traditional oils for umbilical cord care, which indicates a gap between cultural norms and evidence-based practices. This reliance may predispose neonates to infections and increase neonatal mortality rates. These findings are supported by Ara et al. (2021), where participants were using non-prescribed substances such as gentian violet and iodine for cord care. The WHO recommends the use of chlorhexidine gel for caring for the umbilical stump during the first week of life, as it reduces neonatal sepsis (WHO, 2017).

Additionally, the challenges faced by teenage mothers in performing childcare practices, such as bathing, highlight the importance of tailored support mechanisms. The lack of skills and knowledge in best childcare practices underscores the need for comprehensive educational programs targeting teenage mothers to enhance their caregiving abilities. Moreover, the reliance on support networks suggests the importance of fostering strong familial and community support systems for teenage mothers. This finding is consistent with those of Twintoh et al. (2021), where mothers lacked skills and were unfamiliar with some best childcare practices.

Furthermore, the results of the study identified varied means through which teenage mothers acquired knowledge about breastfeeding, highlighting the significance of breastfeeding education and support. The teenage mothers also exhibited a commitment to exclusive breastfeeding, underscoring the need for targeted support interventions, including lactation support and counseling services, to promote breastfeeding practices among young mothers. This finding corroborates those of Asare et al. (2018), who observed that teenage mothers in Ghana successfully practiced exclusive breastfeeding despite associated challenges and other unpleasant situations.

The results of the study on complementary feeding revealed that teenage mothers reported a general use of *koko* (porridge) as the first complementary food, alongside other foods made from cereal-based flour such as maize, rice, and cassava. This finding corroborates those of a study in Ghana, which indicated that adolescent mothers faced challenges acquiring the required food items due to a lack of funds to prepare nutritious complementary foods for their infants (Tampah-Naah, Kumi-Kyereme, & Amo-Adjei, 2019). The implication of this finding is that teenage mothers may have no choice but to

resort to unfortified meals as a first complementary feed, potentially affecting their child's development. This highlights the need for a collective effort by healthcare workers and experienced community mothers to educate teenage mothers on preparing nutrient-rich complementary foods using locally available ingredients.

The study further reported challenges associated with breastfeeding practices experienced by teenage mothers. Participants reported issues such as nipple sores and stomach pains, particularly when babies breastfed for extended periods. Moreover, the majority of teenage mothers lacked the experience and skills to address these challenges. While such challenges are common among breastfeeding mothers, it is essential to educate teenage mothers during antenatal care visits about potential breastfeeding difficulties and strategies to overcome them.

These findings, however, seem to contradict those of Nabatanzi et al. (2021), who reported challenges such as social stigma and anxiety but noted that support from family members, communities, and hospitals—including feeding guidance, financial aid, and psychosocial counseling—enhanced mothers' confidence. Similarly, the role of the extended family in supporting teenage mothers, especially first-time mothers, was evident in a study by Tiumelissan et al. (2021), which highlighted the importance of grandmothers, grandfathers, and in-laws in providing guidance and assistance.

Postnatal Challenges Teenage Mother's Encounter

The study reported on the postnatal challenges faced by teenage mothers after childbirth. The results revealed that teenage childbirth was associated with adverse health outcomes for both the mother and the child. Common maternal risk factors and birth complications identified included vaginal bleeding or postpartum hemorrhage, waist pain, low birth weight, depression, weight loss, and other neonatal health problems. These findings align with those of Karataşlı et al. (2021) and Wong et al. (2020), who reported higher rates of maternal and neonatal complications among teenage mothers, such as preterm delivery, eclampsia, low birth weight, postpartum hemorrhage, and the need for neonatal intensive care. The high prevalence of such complications in this study underscores the importance of early detection, timely intervention, and comprehensive postnatal care services to reduce risks and improve maternal and neonatal health outcomes.

The study further highlighted teenage mothers' awareness of the importance of accessing postnatal care (PNC) services, including vaccination, weighing, and medical check-ups. However, it was observed that some teenage mothers only intermittently accessed PNC services due to financial constraints, negative attitudes of healthcare workers, and the long distances to health facilities. These barriers hindered their utilization of essential postnatal care services. These findings are consistent with those of Darroch, Woog, Bankole, and Ashford (2016), who identified enabling factors such as family income, adolescent mothers' occupation, and distance to healthcare facilities as influencing PNC utilization. However, unlike Ngwira and Lulin (2021), the present study did not address individual factors such as maternal age, educational level, and marital status, which could also impact PNC utilization beyond health system-related factors.

The implications of these findings highlight the need for multifaceted approaches to address barriers to PNC access. These include improving financial support mechanisms, enhancing healthcare worker training on adolescent-friendly services, and strengthening healthcare infrastructure in rural areas to improve accessibility and utilization of postnatal care services.

Findings on the financial challenges faced by teenage mothers after childbirth revealed that the majority struggled with the cost and resources required to raise a baby. Most of the teenage mothers interviewed were unemployed, and the primary source of family income came from subsistence economic activities such as cashew farming, and growing maize, cassava, vegetables, and fruits. These financial difficulties emphasize the need for socio-economic support interventions tailored to adolescent mothers. Programs focused on enhancing financial literacy, providing vocational training opportunities, and promoting economic empowerment can alleviate the financial burdens and improve their ability to care for themselves and their infants. These findings align with those of Gbogbo (2020) and Twintoh et al. (2021), who noted that teenage mothers in Ghana often face financial instability and depend on families or significant others for support due to the additional responsibilities of early childbearing. Similarly, Philibert et al. (2023) reported that teenage mothers frequently experience severe economic hardship, making it challenging to meet their parental responsibilities.

Another significant theme that emerged was the emotional and psychological challenges faced by teenage mothers. While some teenage mothers reported positive relationships with their babies' fathers, others experienced strained relationships. Many of these fathers denied paternity, which caused significant emotional and psychological distress for the teenage mothers after childbirth. These findings highlight the need for establishing social support networks and community-based programs to address feelings of isolation, stress, and emotional distress among teenage mothers, thereby promoting their psychological well-being.

These findings are consistent with those of Papadopoulos (2021), who observed that teenage mothers often experience frustration, stress, and worry about their children's future due to neglect from partners and some family members. Such neglect forces these mothers to single-handedly manage childcare alongside other daily responsibilities. The findings also corroborate those of Erfina et al. (2019), who reported that families of teenage mothers often expressed disappointment and anger, leading to rejection or abandonment. This lack of familial support exacerbates psychological challenges such as suicidal ideation, guilt, loneliness, anxiety, and stress among teenage mothers.

Teenage Motherhood and Coping Strategies

Findings on the financial challenges faced by teenage mothers after childbirth revealed that the majority struggled with the cost and resources required to raise a baby. Most of the teenage mothers interviewed were unemployed, and the primary source of family income came from subsistence economic activities such as cashew farming, and growing maize, cassava, vegetables, and fruits. These financial difficulties emphasize the need for socio-economic support interventions tailored to adolescent mothers. Programs focused on enhancing financial literacy, providing vocational training opportunities, and promoting economic empowerment can alleviate the financial burdens and improve their ability to care for themselves and their infants. These findings align with those of Gbogbo (2020) and Twintoh et al. (2021), who noted that teenage mothers in Ghana often face financial instability and depend on families or significant others for support due to the additional responsibilities of early childbearing. Similarly, Philibert et al. (2023) reported that teenage mothers frequently experience severe economic hardship, making it challenging to meet their parental responsibilities.

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Conclusion: The study highlights the multifaceted challenges faced by teenage mothers during childbirth, particularly in accessing postnatal healthcare services. Financial constraints, negative attitudes of healthcare workers, and the geographical distance of facilities significantly hinder healthcare access. Adolescent mothers often resort to unconventional practices, such as using unfortified foods and non-standardized medicines for infant care, which may compromise health outcomes. Despite these challenges, many participants expressed a desire for personal growth, education, and support during their transition into motherhood. The findings emphasize the need for vocational training and targeted interventions to support adolescent mothers in Dormaa East Municipality, alongside broader programs aimed at reducing adolescent pregnancy and childbirth

Implication for practice: Parents of adolescent girls should foster open communication about sexuality, responsible adulthood, and reproductive health while maintaining household rules to guide behavior. Investing in the education and overall growth of their children should be a priority.
Families, traditional leaders, and municipal authorities—including health and educational institutions, religious organizations, and NGOs—should revise policies and establish bylaws to penalize men who exploit teenage girls and abandon their responsibilities. These measures can discourage exploitative relationships and reduce adolescent pregnancies.

The Government of Ghana, the Dormaa East District Health Directorate, families, communities, and other municipal organizations must work together to ensure the implementation of Comprehensive Sexuality Education (CSE) and Adolescent Sexual and Reproductive Health (ASRH) services. Increasing funding for evidence-based programs to reduce teen pregnancy is critical.
Introducing vocational skills training tailored to adolescent mothers can empower them economically and reduce their dependence on external financial support.

Limitations: The study faced several limitations, including participant selection bias and recall bias, which could affect the reliability of the findings. Nonetheless, measures were implemented to enhance the rigor of the study. Efforts were made to ensure credibility, transferability, dependability, and confirmability by summarizing major interview points for participants to validate their responses. To reduce recall bias, the study recruited only adolescent mothers aged 13 to 19 with children two years old or younger.

Acknowledgement: The authors express their sincere gratitude to the adolescent mothers who voluntarily participated in this study, sharing their experiences and insights. Special thanks also go to

the Bono Regional Health Directorate and the Dormaa East Municipal Health Directorate for granting permission to conduct this study in the selected communities. Lastly, the authors extend heartfelt appreciation to Dr. Sabina Ampong Wireku of the Catholic University of Ghana for her invaluable guidance and support throughout this work.

Funding: The research did not receive financial assistance from any funding entity.

Conflicts of Interest: The author has no conflicts of interest to disclose concerning this study.

Declarations: This manuscript has not been published to any other journal or online sources.

Data Availability: The author has all the data employed in this research and is open to sharing it upon reasonable request.

References

Ahinkorah, B. O., Hagan Junior, J. E., Seidu, A. A., Mintah, J. K., Sambah, F., Schack, T., & Hormenu, T. (2019). Examining pregnancy related socio- cultural factors among adolescent girls in the Komenda-Edina-Eguafo- Abrem Municipality in the Central Region of Ghana: A case-control study. Frontiers in Public Health, 7, 93-148.

Akadri, A. A., & Odelola, O. I. (2018). Labour pain perception: experiences of Nigerian mothers. *The Pan African Medical Journal*, *30*.

Ameyaw, E. K. (2018). Prevalence and correlates of unintended pregnancy in Ghana: Analysis of 2014 Ghana demographic and health survey. Maternal Health, Neonatology and Perinatology, 4(1), 17-23

Amjad, S., MacDonald, I., Chambers, T., Osornio-Vargas, A., Chandra, S., Voaklander, D., & Ospina, M. B. (2019). Social determinants of health and adverse maternal and birth outcomes in adolescent pregnancies: a systematic review and meta-analysis. *Paediatric and perinatal epidemiology*, *33*(1), 88-99.

Ara, L., Al Amin, M., Billah, W., Mahmud, S., Iqbal, R., Rahman, T., ... & Kenah, E. (2021). Effectiveness of social and behavioral change communication intervention to promote the use of 7.1% chlorhexidine for umbilical cord care in hard-to-reach rural Bangladesh: A mixed method

Asare, B. Y. A., Preko, J. V., Baafi, D., & Dwumfour-Asare, B. (2018). Breastfeeding practices and determinants of exclusive breastfeeding in a cross-sectional study at a child welfare clinic in Tema Manhean, Ghana. *International breastfeeding journal*, *13*, 1-9.

Clark, R. E., Weinreb, L., Flahive, J. M., & Seifert, R. W. (2019). Homelessness contributes to pregnancy complications. *Health Affairs*, *38*(1), 139-146.

Combs, K. M., Begun, S., Rinehart, D. J., & Taussig, H. (2018). Pregnancy and childbearing among young adults who experienced foster care. *Child maltreatment*, *23*(2), 166-174.

Dzotsi, H. T., Oppong Asante, K., & Osafo, J. (2020). Challenges associated with teenage motherhood in Ghana: a qualitative study. *Vulnerable Children and Youth Studies*, *15*(1), 85-96.

Engelbert Bain, L., Zweekhorst, M. B., Amoakoh-Coleman, M., Muftugil-Yalcin, S., Omolade, A. I. O., Becquet, R., & de Cock Buning, T. (2019). To keep or not to keep? Decision making in adolescent pregnancies in Jamestown, Ghana. *PLoS One*, *14*(9), e0221789.

Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S., & Ismail, D. (2019). Adolescent mothers' experiences of the transition to motherhood: An integrative review. *International journal of nursing sciences*, *6*(2), 221-228.

Gbogbo, S. (2020). Early motherhood: voices from female adolescents in the Hohoe Municipality, Ghana—a qualitative study utilizing Schlossberg's Transition Theory. *International Journal of Qualitative Studies on Health and well-being*, *15*(1), 1716620.

Govender, D., Naidoo, S., & Taylor, M. (2020). "I have to provide for another life emotionally, physically and financially": understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South, Africa. *BMC pregnancy and childbirth*, *20*, 1-21.

Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. (2015). Ghana Demographic and Health Survey 2014. Rockville, Maryland, USA: GSS, GHS, and ICF International.

Karataşlı, V., Kanmaz, A. G., İnan, A. H., Budak, A., & Beyan, E. (2019). Maternal and neonatal outcomes of adolescent pregnancy. *Journal of gynecology obstetrics and human reproduction*, *48*(5), 347-350.

Kirbas, A., Gulerman, H.C. & Daglar, K. (2016). Pregnancy in adolescence is it an obstetrical risk. Journal of Pediatric and Adolescent Gynaecology, 29, 367-371.

Krugu, J. K., Mevissen, F., Münkel, M., & Ruiter, R. (2017). Beyond love: a qualitative analysis of factors associated with teenage pregnancy among young women with pregnancy experience in Bolgatanga, Ghana. Culture, Health & Sexuality, 19(3), 293-307.

Lambonmung, A., Acheampong, C. A., & Langkulsen, U. (2022). The Effects of Pregnancy: A Systematic Review of Adolescent Pregnancy in Ghana, Liberia, and Nigeria. *International Journal of Environmental Research and Public Health*, *20*(1), 605.

Manjula, P. (2022). *A Study of Prevalence and Outcome of Teenage Pregnancy at a Tertiary Care Hospital* (Doctoral dissertation, Madras Medical College, Chennai).

Nabatanzi, M., Seruwagi, G. K., Tushemerirwe, F. B., Atuyambe, L., & Lubogo, D. (2021). "Mine did not breastfeed", mothers' experiences in breastfeeding children aged 0 to 24 months with oral clefts in Uganda. *BMC Pregnancy and Childbirth*, *21*, 1-9.

Nascimento, L. D. C. N., Souza, T. V. D., Oliveira, I. C. D. S., Moraes, J. R. M. M. D., Aguiar, R. C. B. D., & Silva, L. F. D. (2018). Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. *Revista brasileira de enfermagem*, *71*, 228-233.

Ngwira, G. T., & Lulin, Z. (2021). Factors associated with Post-Natal Care (PNC) services utilization among adolescent mothers in rural northern Malawi. *Am J Public Health Res*, *9*(1), 38-47.

Nor, A. M., Shah, S. S. A., Balasingam, U. A., & Zainudin, Z. N. (2019). The turning point in an unwanted teenage pregnancy: A psychoemotional perspective. *Malaysian Journal of Medicine & Health Sciences*, *15*.

Papadopoulos, D. (2021). Mothers' experiences and challenges raising a child with autism spectrum disorder: A qualitative study. *Brain sciences*, *11*(3), 309.

Pechmann, C., Catlin, J. R., & Zheng, Y. (2020). Facilitating adolescent well-being: A review of the challenges and opportunities and the beneficial roles of parents, schools, neighborhoods, and policymakers. *Journal of consumer Psychology*, *30*(1), 149-177.

Philibert, L., Ngangue, P., Lapierre, J., Mulatris, P., Prophète, A., Kiki, G. M., & Ntanda, G. M. (2023). Perception and experience of relatives of pregnant teenagers: a qualitative study in the North and Northeast departments of Haiti. *Journal of Public Health in Africa*, *14*(11).

Powers, M. E., Takagishi, J., Alderman, E. M., Chung, R. J., Grubb, L. K., Lee, J., & Vanderbilt, D. L. (2021). Care of adolescent parents and their children. *Pediatrics*, *147*(5).

Saleh, M. A. (2022). Outcomes of Teenage Pregnancy at Benghazi Medical Center 2019-2020. *International Journal of Science Academic Research*, *3*(3), 358-3602.

Tampah-Naah, A. M., Kumi-Kyereme, A., & Amo-Adjei, J. (2019). Maternal challenges of exclusive breastfeeding and complementary feeding in Ghana. *PloS one*, *14*(5), e0215285.

Tiumelissan, A., Birhanu, K., Pankhurst, A., & Vinci, V. (2021). " Caring for a baby is a mother's responsibility": Parenting and health service experiences of young mothers and fathers in Young Lives communities in Ethiopia.

Twintoh, R. F. (2020). *Teenage Mothers' Experiences With Childbirth in the Komenda-Edina-Eguafo-Abrem Municipality, Ghana* (Doctoral dissertation, UCC).

Twintoh, R. F., Anku, P. J., Amu, H., Darteh, E. K. M., & Korsah, K. K. (2021). Childcare practices among teenage mothers in Ghana: a qualitative study using the ecological systems theory. *BMC public health*, *21*(1), 1-12.

UNFPA, U., (2015). WHO. Sexuality and reproductive health of young people in Asia and the Pacific: a review of issues, policies and programmes. United Nations Population Fund (UNFPA). Bangkok.

Wong, S. P., Twynstra, J., Gilliland, J. A., Cook, J. L., & Seabrook, J. A. (2020). Risk factors and birth outcomes associated with teenage pregnancy: a Canadian sample. *Journal of pediatric and adolescent gynecology*, *33*(2), 153-159.

World Health Organization. (2017). *WHO recommendations on child health: guidelines approved by the WHO Guidelines Review Committee* (No. WHO/MCA/17.08). World Health Organization.

World Health Organization. (2018). WHO recommendations: intrapartum care for a positive childbirth experience: web annex; Evidence Base (No. WHO/RHR/18.04). World Health Organization, Switzerland.

Woolley, M. E., & Greif, G. L. (2019). Mother-in-law reports of closeness to daughter-in-law: The determinant triangle with the son and husband. *Social work*, *64*(1), 73-82.