

Perceptions and Experiences of Parenting, Co-parenting and Parental Adjustment among Adolescent Mothers and Adolescent Fathers in Windhoek, Namibia

Emma Maano Nghitanwa⁶, Wilma Wilkinson⁷ & Hans Justus Amukugo⁸

University of Namibia

Mark Ethan Feinberg⁹

Pennsylvania State University

Abstract

Adolescent pregnancy and parenting have become a major challenge globally due to the psychological adjustment of adolescents during pregnancy and transition to parenthood. Parenthood during adolescents holds not only health risks but also the emotional, psychological, social and economic risks for the adolescent parents and their children. The aim of the study was to explore experiences and perceptions of parenting, co-parenting and parental adjustment among adolescent mothers and adolescent fathers in Namibia. The study employed a qualitative approach with an explorative design. The study population were adolescent mothers and adolescent fathers who were co-parenting in Windhoek, Namibia. Participants were aged between 15 and 19 years. Participants such as adolescent mothers (n = 14) were purposively selected using exclusion and inclusion criteria, while, adolescent fathers (n=7) were snowball sampled. Data was collected through semi-structured interview and Focus Group Discussion till data saturation. Tesch's method was used in data analyses. The study found that participants value the importance of parenting and co-parenting relationship in the provision of financial, emotional, and physical wellbeing of both the adolescent mothers and babies. The study revealed positive experiences by adolescent parents such as being joyful and happy to be a parent and being changed - a responsible parent. The study also recorded negative experiences. Design of preventive family programmes and support through counselling to cope with parenting, co-parenting and parental adjustment are recommendations flowing from the findings.

⁶Emma Maano Nghitanwa is a senior Lecturer at the Faculty of Health Sciences, School of Nursing at the University of Namibia, Windhoek, Namibia. E-mail: enghitanwa@unam.na

⁷Wilma Wilkinson is a Senior Lecturer at the Faculty of Health Sciences, School of Nursing at the University of Namibia, Windhoek, Namibia, Email : wwilkinson@unam.na

⁸Hans Justus Amukugo is a Senior Lecturer at the Faculty of Health Sciences, School of Nursing at the University of Namibia, Windhoek, Namibia, Email : hamukugo@unam.na

⁹Mark Ethan Feinberg is a Professor at Human Development and Family Studies, Pennsylvania State University, Pennsylvania, United States: Email : mfeinberg@psu.edu

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Supporting healthy adolescent pregnancy and competent parenting has become a major global challenge due to adolescents' difficult psychological adjustment to pregnancy and the transition to parenthood (Amakali-Nauseb, 2017; David et al., 2017). Adolescence refers to a transitional period between childhood and adulthood characterized by biological, psychological, and social changes (Backes & Bonnie, 2019). In Namibia, about 20% of female adolescents aged 15 to 19 years become pregnant (Ministry of Health and Social Services [MoHSS] & ICF International, 2014). Becoming pregnant is a challenging period for adolescent mothers. Despite sleep deprivation and exhaustion that are typical challenges of early parenthood, female adolescents often experience lack of support from their partners and rejection by their families (David et al., 2017). The lack of emotional and financial support may increase adolescent mothers' health risks of depression, anxiety, substance use, and other problems. Moreover, adolescent mothers demonstrate high levels of sexually transmitted disease, especially HIV, in Namibia, with direct consequences on their infants' health (Amakali-Nauseb, 2017). Consequently, given the lack of support and severe financial and health stressors, many adolescent mothers are unable to raise their children and therefore send the infants to be raised by others, often their kin in rural villages.

In a study by Lamela and Figueiredo (2016), the role of co-parenting was examined as an important family mechanism influencing the mental health of children as well as adolescent mothers. According to Đurišić and Bunijevac (2017), co-parenting refers to the ways parents and other adults who take on parental responsibilities interact, coordinate and support each other when performing parenting functions. The co-parental subsystem can consist of more than two people. That sub-system can include other adults such as grandparents or guardians, regardless of gender or sexual orientation, or any person with biological ties to the child who undertake shared responsibilities. The co-parenting functions may include daily childrearing and emotional support, arranging for education and medical care, providing financial support, and so on (Lamela & Figueiredo, 2016). Most of the studies that have been conducted on understanding co-parenting dynamics so far were often undertaken in North America and Europe and were not always in the context of nuclear family structures. We are not aware of any studies conducted in Namibia or in sub-Saharan Africa on parenting and co-parenting among adolescent parents.

The purpose of the study was to explore the perceptions and experiences with parenting, co-parenting and parental adjustment among adolescent mothers and their adolescent partners to obtain baseline information in Namibia.

Objectives

The objectives of the study were to:

- Explore and describe the perceptions of adolescent mothers regarding parenting, co-parenting, and parental adjustment;
- Explore and describe the experiences of adolescent fathers regarding parenting, co-parenting and parental adjustment.

Literature Review

Parenting

Parenting is a purposive activity aimed at ensuring the survival and development of a child. It is the process of promoting and supporting the physical, emotional, social, spiritual and intellectual development of a child from infancy to adulthood (Lifeline/Childline, n.d.). Parenting entails raising a child from birth, protecting them from harm, and imparting skills and cultural values to them (Đurišić & Bunijevac, 2017). Parenting thus refers to the aspects of raising a child, notwithstanding the biological relationship, that can be done by biological parents or guardians. According to Lamela and Figueiredo (2016), parenting is defined as the styles and practices that each parent individually brings in their interaction with their child. Although parenting is a universal process, it is by no means static or absolute. Parenting varies from culture to culture, generation to generation and from one socio-economic level to another. It may be influenced by pressures of society, education and vocational levels, the age and personality of the parent and child, parental expectations and the number of children in the family.

According to the 2013 Namibia Demographic and Health Survey, the rate of adolescent pregnancy is 19%, which is very alarming (MoHSS & ICF International, 2014). Adolescent mothers are expected to take care of their children such as keeping them safe and secure as well as loving them in addition to performing other parenting responsibilities (David et al., 2017). However, a study conducted in Namibia (David et al., (2017) which explored the experiences of adolescent mothers on motherhood indicated that adolescent mothers are not getting the required social support during pregnancy and after delivery. Furthermore, the lack of support from families, friends and partners affects their parenting responsibilities. In addition, adolescent mothers stated that they experience challenges related to motherhood such as loneliness, social isolation and rejection by family or partners, lack of support, and burden on caring and bringing up babies (David et al., 2017).

Co-Parenting

Co-parenting is an important family mechanism in predicting mental health in children and adolescents (Lamela & Figueiredo, 2016). According to Đurišić & Bunijevac (2017), co-parenting refers to the ways parents and other adults who take on parental responsibilities interact with each other when performing parenting functions.

Furthermore, Varga and Gee (2017) argued that co-parenting is a sound parenting alliance that exists when both parents are invested in a child, value the other parent's input and involvement with the child. In addition, in co-parenting both parents should respect each other's judgment regarding their child, and have a desire to talk to each other about their child.

Furthermore, Varga and Gee (2017) posit that co-parenting begins during prenatal period, not at birth. Therefore, the psychological support and planning the father provides during pregnancy and after child birth is an important primary foundation of co-parenting. The study conducted in Namibia to explore the experiences of young adolescent mothers regarding adolescent motherhood in Oshana region revealed that there is lack of support and guidance from adolescent partners and families (David et al., 2017).

Method

Study Design

This study employed a qualitative approach involving exploratory, descriptive and phenomenological design. A qualitative approach with an explorative design was used to give the participants opportunities to explore in-depth their perceptions and share their lived experiences on the phenomenon (Polit & Beck, 2017). Data were collected from adolescent mothers and adolescent fathers co-parenting in Windhoek, Namibia.

Population

The study population was all adolescent mothers and fathers aged 15 to 19 years who were co-parenting in Windhoek, Namibia.

Sampling and Sample

Participants were selected purposively using inclusion and exclusion criteria. Purposive sampling was employed to select adolescent mothers and snowball sampling methods were employed for adolescent fathers. Potential adolescent mothers to participate in the study were identified through the maternity ward registry at Katutura Intermediate Hospital. Katutura Intermediate hospital is a referral hospital in Windhoek where pregnant mothers at risk are referred to for antenatal care. Adolescent mothers are also regarded as at risk. Adolescent mothers who met the inclusion criteria were contacted for study participation. During the initial contact, the snowball sampling method was used to identify adolescent fathers who were co-parenting with adolescent mothers. The inclusion criteria were:

1. Adolescent mothers aged 15 to 19 years with the first baby currently alive, willing to participate.
2. Adolescent father was a male, biological parent of the child with adolescent mother between the ages of 15 and 19 years. Additionally, the father had to be actively involved in co-parenting with his child to be considered for this study; although, they

did not have to live in the same house with the adolescent mother.

Data Collection

Qualitative data was collected through semi-structured focus group discussion and in-depth key informant interviews with each category of study participant, using an interview guide. The study was conducted with adolescent mothers and their adolescent partners co-parenting in Windhoek, Namibia . Participants were divided into groups as follows:

- a) The participating adolescent mothers were aged between the age-range of 15 to 19. One group had four participants. The second group had eight participants; where all participants were unmarried, co-parenting with the adolescent father of their child. Two in-depth interviews were conducted with adolescent mothers.
- b) One group of adolescent mother's partners or associated fathers consisted of six adolescent fathers, for one focus group discussion and one father was interviewed; Furthermore, the participating adolescent fathers were identified through snowball sampling by mothers who were co-parenting with them. Adolescent fathers were aged from 17 to 19 years, and they were all unemployed. Three adolescent fathers were still in high school.

The researchers used the community hall in Windhoek for data collection to ensure easy access by participants. Data was collected in English as all participants and researchers are conversant with the English language. Participants were asked more or less the same set of questions on parenting, co-parenting and parental adjustment. The questions were rephrased with each group to reflect their experiences.

The main questions that were posed to all the participants in the focus group and interviews were:

- Tell us what you think is the role/job of the mother/father in pregnancy, parenting and co-parenting?
- How do you experience the status of being a parent?
- What do you enjoy about being a parent, and what do you struggle with or worry about parenting?
- Tell us what you think co-parenting means?
- How do you experience the status of being a co-parent?

Before commencing the focus group discussion, each participant was asked to complete a document through which socio demographic information was collected: Age, marital status, educational status, and so on. The researchers interpreted for non-English-speaking participants. Field notes were taken and audio recorders were used during data collection after the researchers had obtained permission from the participants. Prior to initiating data collection, researchers introduced themselves to potential participants, explained the ethical clearance from the University of Namibia and Ministry of Health and Social Services (REF 17/3/3 EN) and sought their written consent to get engaged as study

participants. Consent for adolescent parents aged less than 18 years was obtained from their parents. In addition, the researchers requested permission from each participant to record the focus group discussion.

Data Analysis

Data were analyzed using Tesch's method (Tesch, 1992). First, the audio tape recordings of the focus group discussions and interviews were transcribed, the data were organized and the field notes were integrated with the raw data. After which the data was prepared for analysis and studied intensively to identify patterns and meanings so that they could be discussed in meaningful terms. Trustworthiness which consists of credibility, transferability, dependability and conformability were applied. Credibility in this study was ensured by staying in the field till data saturation was achieved, by providing evidence of the participants own words through the use of thick description and subjecting the findings to various checks as well as comparing (triangulate) it with other sources of information. Transferability was achieved through the use of thick description and literature control to compare the findings in this study with similar or different studies.

To establish confirmability, the researchers provided an audit trail which highlights every step of data analysis that was made in order to provide a rationale for the decisions made. Dependability was achieved through a detailed description and rigid implementation of the research methodology, through the use of a co-coder during data-analysis, as well as comparing findings (triangulate) with other sources of information. Furthermore, the researchers ensured neutrality and adhered to ethical principles during data collection. Voluntary participation was safeguarded throughout the data collection process to ensure that participants gave factual information. Debriefing was also done to ensure the accuracy of the account data and for confirmability, after the interviews, the researchers summarized the information and obtained confirmation of the information collected from each interviewee.

Results

Demographic Details of Participants

As shown in table 1, the FGD consisted of four to eight participants. Their ages ranged from 15 to 19 years. Three interviews were conducted among participants aged 16 to 19 years. The total number of participants were 14 females and 7 males. All participants were not married but co-parenting with their adolescent partners. Participants are presented with codes.

Table 1
Age and Gender of Participants

DATA COLLECTION METHOD	AGE	PARTICIPANTS CODES	GENDER	NUMBER OF PARTICIPANTS
FGD 1 (Adolescent mothers)	16; 16; 18;18	A,B,C,D	All female	4
FGD 2 (Adolescent mothers)	15;15;15;15;15; 17;19;19	E,F,G,H,I,J, K,L	All female	8
Interview 1 (Adolescent mother)	16	M	Female	1
Interview 2 (Adolescent mother)	17	N	Female	1
FGD 1 (Adolescent fathers)	17; 18;18;18;19;19	O, P, Q,R,S,T	All male	6
Interview (Adolescent father)	19	U	Male	1

Identified Themes and Subthemes

Four themes and 10 subthemes were identified as illustrated in Table 2.

Table 2
Themes and Subthemes on Perceptions and Experiences of Parenting, Co-Parenting and Parental Adjustment

THEMES	SUBTHEMES
Theme 1: Perception of adolescent mothers and adolescent fathers on parenting	Need for the provision of physical, social and financial support
	Adolescent mother as a role model
	Bonding among adolescent mother, father and baby
Theme 2: Experience of adolescent mothers and adolescent fathers with parental adjustment	Negative experiences
	Positive experiences
	Mixed feelings
Theme 3: Experiences of adolescent mothers and adolescent fathers with co-parenting	Positive experiences
	Negative experiences
Theme 4: Improving co-parenting among adolescent mothers and adolescent fathers	Community education
	Reconciliation among adolescents and the parents

Theme 1: Perception of Adolescent Mothers and Adolescent Fathers on Parenting

Four subthemes emerged from this theme namely; provision of physical, social and financial support, adolescent mothers as role model and the importance of adolescent fathers. Adolescent mothers felt that their role during pregnancy and parenting include: Provision of physical, social and financial support, and ensuring that the father played a role in child rearing. According to Participant A, "I would like to say that good parenting is when the parent is meeting the baby's basic needs and is there for the baby, protecting the baby and providing food and keeping the baby warm." Furthermore, Participant D elaborated that the role of the mother is to eat healthy and to keep the baby warm and to prevent the baby from contracting cold or getting sick.

Adolescent fathers stated that the father's role is to maintain the bond with their baby. Furthermore, adolescent fathers indicated that the father should love and pay attention to the mother and the baby. Participant U stated that "our role is to ensure that mothers feel loved and we should do everything for her and we need to take care of our babies." The adolescent fathers believed that good parenting included providing for the baby's needs; including buying toys and clothes, teaching the child about morals, values and norms. Participant O gave examples of poor parenting to include "shouting at children and neglecting to teach them about values, morals and norms."

Participants also indicated that the mother should be a role model to the child, by not taking alcohol. Participant Q, indicated that "drugs and alcohol damage the future of the baby from before birth and after birth, the baby ... exposed to drugs and alcohol, tends to imitate such behaviour." Other participants echoed the same sentiments by pointing at insulting, smacking, and not providing food for the child. In addition, they said that whenever the child does something wrong and the parent takes the child's side even though the child is wrong, it is also as a sign of poor parenting.

Theme 2: Experience of Adolescent Mothers and Adolescent Fathers with Parental Adjustment

Participants indicated negative experiences such as suicidal ideation, rejection, and inability to cope with parental adjustment. Subthemes on positive experiences were joy and being a responsible parent. Participants also indicated mixed feeling as they were afraid of their parents as well as bullying by their school mates. Adolescent mothers indicated negative experiences with parental adjustment, especially their feelings when they realized that they were pregnant. Some considered suicide when news of their pregnancy led them to be rejected by their boyfriends. Participant H thought about abortion while Participant J was rejected by her biological father and chased away from home.

The stress caused by inability to cope with adjusting to parenthood led Participant C to state: "I was stressed as I used to be awake at night taking care of the baby and

woke up early in the morning to go to school and come back from school to breastfeed.” Nevertheless, most adolescent mothers enjoyed being parents as indicated by Participant L: “I enjoy being called mummy by my daughter and doing everything for her.”

Adolescent fathers expressed different experiences on being parents. Most participants indicated a positive feeling because they felt that they had changed from being boys to being fathers with responsibilities such as saving money to take care of the child and their partners. Participant Q stated that he changed a lot as a parent as he no more goes out with friends to avoid conflict between him and his girlfriend and to be a role model to his child. A similar sentiment was shared by Participant T who stated that “I learnt how to save to support my child. I used to buy expensive clothes, drink too much alcohol but as a parent I do not do that anymore.” In addition, Participant O highlighted the importance of the father supporting the mother and the baby especially in food and clothes provision and not only thinking of himself.

Participant P indicated that he stopped taking alcohol and stopped buying expensive clothes as he needs to support his child and the partner. Moreover, Participant Q indicated that being a parent has positive impact on his behaviour. He further stated that as a parent he is sharing everything he has with his child’s mothers and that this is even not enough.

Most participants also indicated their joy when they are with their children, especially when people are commenting that their children look like them. They also stated their happiness when children are performing well in school and when children are running to welcome them when they arrive home. As indicated by Participant T, “I feel happy and proud when I am with my child. When I come home and the child is running after me I always feel proud.”

Most participants indicated their happiness after being informed about pregnancies by their partners. Participant Q stated “I was very proud to be a father because I miss having my own child although it was unexpected.” Participant R said

I felt good because I am no more a boy but a father. I am thankful that when I become old there will be someone to take care of me rather than being assisted by my nephews. It is not good to have a baby during old age because when you become old the child is still small and unable to assist you. I was very much excited.

However, Participant S had mixed feelings of being happy and at the same time being worried about supporting the child and the mother during pregnancy and after delivery. Participant O expressed also mixed feelings; that he was excited, but he simultaneously tried to hide his happiness as he was afraid of his parents. In the same vein, Participant U said that even though he was proud of himself he was as teased by his school mates: “It was not my intention [to become a father], I was feeling good but my school mates were bullying me for impregnating a girl at such a tender age.”

Participants stated their concerns when they had to provide for the mother and baby basic needs such as shelter and food. Participants also felt that they were overwhelmed with being held responsible for provision of formula milk to the baby, while at the same time they are also responsible for assisting their extended families. Participant U expressed his concern as his father lost trust in him as he was still a student. This same participant also worries that if the child gets sick, it would be his responsibility to provide the money for the hospital bills. According to Participant U “I was sad when my father complained that he sent me to school but I brought back a baby rather than a certificate.”

Theme 3: Experiences of Adolescent Mothers and Adolescent Fathers with Co-Parenting

Two subthemes emerged from this theme: Positive experiences such as getting support from the other parent and the importance of co-parenting; and negative experiences such as discouraging co-parenting and poor parenting. Adolescent mothers were asked about their experiences of co-parenting. Based on the responses from the different participants, it became clear that there is differing understanding on what working together means. Getting support from relatives and the other parent is one of the stated positive experiences. As indicated by Participant A, “support means the father to provide you with food and create a good environment for the baby and not to fight.”

However Participant D indicated that co-parenting means “providing correct milk to the baby and not to stress the mother.” In addition, the father should also be present during the birth of the baby; it also means the father and mother be together as a parent at all time; and to keep calm. However, some participants revealed negative experience as some relatives discourage co-parenting by the child’s father. In this regard, Participant I asserted that she feels that co-parenting is not that important as she herself grew up without knowing her father: “I do not think co- parenting is needed as I do take care of my baby alone.” Participant F shared the same sentiment as she stated “The father is not needed. I also grew up with my mother with no father in my life but I do not have problem [sic].”

Furthermore, participants pointed out that co-parenting prevent parents blaming each other for bad upbringing of the child as they are responsible for raising the child together. Some participants also indicated that a child who is co-parented will be happy and in better health. Participants indicated that co-parenting is easy when parents are working together and advising each other. Co-parenting strengthens the love between parents and the child as parents divide up the parental responsibilities of supporting the child. This is evidenced by the statement of Participant M: “If you are not working together it gives you stress. If you are working together it makes your child happy and the child will know her/ his parents.”

Participants indicated that if adolescent parents are not getting along they will not show the child love and they might hate or abuse the child. Participants indicated

the importance of cooperation. According to Participant N, “cooperation is a very important aspect which makes co-parenting easy.” Participants stated that if there is no co-parenting, it negatively affects the child’s life as the child may end up being a street kid or not performing well in school. In addition, the child will be thinking about the parent who is not performing their parental responsibility.

Participants indicated that break up and the cheating are the major challenges that may discourage the parents from supporting each other. Furthermore, participants also identified issues such as arguments between parents and doubting of paternity by the male parent as a challenge disrupting co-parenting. Participants felt that it is important for both parents to work together in child care as it makes the child happy and co-parenting also strengthens parent-child bonding.

Participants felt that co-parenting defines the child’s future. According to Participants C, “children raised by both parents are well mannered rather than the one raised by one parent.” Many participants offered their suggestions as what could be done to support co-parenting. Participants recommend the provision of counselling during pregnancy and after delivery. Another suggestion for supporting co-parenting is the development and implementation of co-parenting programmes. Participants also stated the importance of acknowledging the other parent as another factor that can promote effective co-parenting. Participant A alluded to this when she said “It is important for the baby to receive parenting from both parents because if there is no co-parenting the baby will only love the parent who is taking care of her/him.” In support, Participant M said that

it is good to work together because if I say I am buying clothes and the other parent is buying soap or food, we are dividing the responsibilities. It is hard if we are not working together because no one can do everything alone.

Adolescent fathers acknowledged that co-parenting strengthens the love between parents and the child, as parents share parental responsibilities of supporting the child. Participants stated that adolescent mothers should keep the home clean and practice good personal hygiene for the baby to prevent infections. Furthermore, participants indicated that mothers should also ensure that they and the baby are well fed. Participants identified child abuse, for example, insulting, striking, and not providing food for the child, as examples of poor parenting practices. Participant O said that “shouting at a child is poor parenting” In addition, he argued that when children’s bad behaviour is not corrected, the child will grow up thinking that such conduct is acceptable.

Theme 4: Improving Co-Parenting among Adolescent Mothers and Adolescent Fathers

This theme has two subthemes such as the need for counselling and adolescent support as well as reconciliation between adolescents and their parents. Participants conveyed different ideas for improving co-parenting relationship such as educating the

immediate community on adolescent support; importance of co-parenting; cooperation between adolescent parents and their own parents; and provision of support to adolescent mothers by the government. According to Participant A, “social workers should educate the community on the importance of supporting adolescent mothers and fathers as parents.” Participant U’s focus was on their own parents: “The parents of adolescents should reconcile with their adolescents [female children] and with the boys who impregnated them, so that these adolescent fathers will be able to take on parenting responsibilities.”

Discussion

This study explored the experiences and perceptions of adolescent mothers and fathers on parenting, co-parenting and parental adjustment. Results indicated that most participants were aged 15 to 19 years and unmarried. According to the World Health Organization [WHO] (2013), about 16 million adolescents aged 15 to 19 give birth annually. According to the American Academy of Pediatrics (2001), adolescent mothers are more likely to be single parents. This study’s findings indicate that support from relatives and the other parent is one of the positive aspects of the early parenting experience. These are similar to those reported by Macleod and Weaver (2003) who stated that adolescents need to be supported by families and that they rely on their families for support. Additionally, Kershaw et al. (2003) highlighted the importance of supportive relationships as a significant contributing factor to the wellbeing of pregnant adolescents.

However, in this study some participants identified relatives who discouraged co-parenting as one of the negative experiences of parenting. These findings are similar to those shared by Parada-Rico and Garcia-Suarez (2017) who stated that grandparents, especially grandmothers, are mostly involved in decision making about their grandchildren’s care. Swartz and Bhana (2009) noted that this phenomenon lead adolescent fathers to feel that their parental rights were often not respected or that their disciplinary strategies are undermined. This finding illuminates the complexity of being a child at home while raising one’s own young child.

Furthermore, adolescent mothers also reported arguments between parents and male partners based on doubts about paternity as disruptions to co-parenting. According to Viagra and Gee (2017), adolescent mothers are at risk of relationship challenges. As a result, counseling is needed during pregnancy and after delivery, as is programming for the development and implementation of co-parenting plans. Most adolescent mothers indicated negative experiences after receiving pregnancy diagnoses, leading them to have suicidal thoughts, consider having an illegal abortion, or being rejected by their parents and even chased away from home. These findings are supported by Van Zyl et al. (2015) who reported that two of their study’s participants had been kicked out of their homes by a brother and parents, respectively. These girls were forced to turn to grandparents and the father of the baby’s family for survival.

Adolescent parents also may be stressed by the challenges they face with coping as parents (Apolot.et.al, 2020). However, stress and depression among adolescent mothers lessens if they are supported by partners whose actions improve their self-esteem. However, these findings are not supported by Van Zyl et al. (2015) whose participants reported feeling joy at the news of a pregnancy and indicated that children gave their lives meaning.

Some adolescent mothers were worried about breaking the news of a pregnancy to their parents. They also experienced shame and worried about gossip at school. These findings concurs with Van Zyl et al. (2015) whose participants recounted how people in the community had gossiped about their pregnancies thus affecting adolescent mothers' self-esteem. Pregnant adolescents also experienced a loss of freedom as well as of educational opportunities (Nkosi & Pretorius , 2019). Ngabaza (2011) concurred with the finding of negative adolescent experiences with pregnancy and parenting that involved stigma, loss and rejection. Adolescent mothers also indicated negative experiences and discomfort when called "mummy" by their children and some were stressed by babies crying at night. Lack of parenting skills and inability to raise children are common among adolescents (Van Zyl et al., 2015; Daniels & Nel, 2009). Adolescent mothers similarly faced challenges of inability to cope with the increased responsibility of taking care of babies (Watts et al., 2015). In addition, parenting demands may contribute to stress which may lead to mental health problems that can adversely affect the functioning and parenting behaviour of adolescent mothers (Hodgkinson et al., 2014).

Various studies indicate that adolescent fathers can be an important source of support to adolescent mothers and their children (Fagan et al., 2007; Macleod & Weaver, 2003). Adolescent fathers stated that their responsibilities to support adolescent mothers starts during pregnancy and after delivery. Similarly, in their study of African American adolescent fathers, Paschal et al., (2011) found that the father's role was to provide financial assistance to the child, such as diapers, clothes and food. However, fathers who fathered children with adolescent mothers were often of poor socioeconomic status and might depend on their parents for support (East & Felice, 1996). The current study revealed that adolescent fathers believe in the importance of good parenting and co-parenting as well as respecting and valuing the other parent's input (Swartz & Bhana, 2009). Cooperation and good communication between parents can result in children with fewer behavioural problems, good educational attainment, good health, and better chances of not becoming adolescent parents themselves (Feinberg, 2003). Studies indicate the importance of assisting fathers to be a part of their children's lives as they contribute to their children's wellbeing in unique ways (Spjeldnaes et al., 2011). Adolescent fathers should spend time with their children, not only provide financial support.

By providing adolescent parents with the tools they need to model healthy cooperation and communication within their personal and parenting relationships, their children are likely to experience fewer behavioural problems, greater educational

attainment, decreased likelihood of becoming adolescent parents themselves, and greater well-being overall (Feinberg, 2003). Father involvement and accessibility have been linked with positive outcomes for children of all ages (Sil-verstein, 2002). However, research indicates that being unmarried, being an adolescent father and not residing with the child are associated with limited parental involvement (Lerman & Sorenson, 2000; Osborne & McLanahan, 2007).

Conclusion

The present study highlighted the perception and experiences of adolescent mothers and adolescent fathers on parenting, co-parenting, and parental adjustment. Findings revealed the importance of parenting and co-parenting among adolescent mothers and their partners which is consistent with previous studies. Participants explained the importance of good parenting, including providing emotional and physical support to adolescent parents and children, and teaching children morals and values so that they can live meaningful lives. The study also pointed to challenges faced by adolescent parents in adjusting to the role of parenting including their struggles to meet the needs of the baby in every respect which may endanger the wellbeing of both mother and baby.

The study revealed positive experiences such as being joyful and happy to be a parent and changes such as being a responsible parent. Furthermore, the study unveiled negative experiences such as suicidal ideation, feelings of rejection, inability to cope with parental adjustment as well as mixed feeling of adolescent fathers such as being afraid of their parents or being bullied by their peers. Findings from this study could influence the development of parenting and co-parenting education programmes such as Family Foundations in the Namibian context. The researchers recommend the conduct of country wide study among the adolescent parents in other regions in Namibia given the limited scope of the present study.

References

- Amakali-Nauseb, T. (2017). Results and findings in the socio-economic determinants of adolescent pregnancy in Katutura, Windhoek, Namibia. *International Journal of Health*, 5(2), 115-119. doi: 10.14419/ijh.v5i2.7748
- American Academy of Pediatrics. (2001). Dependent care committee on adolescence and committee on early childhood and adoption and care of adolescent parents and their children. *Paediatrics*. doi: <https://doi.org/10.1542/peds.2012-2879>
- Apolot, R.R., Tetui, M., Nyachwo, E.B. et al. (2020). Maternal health challenges experienced by adolescents; could community score cards address them? A case study of Kibuku District– Uganda. *Int J Equity Health* 19, 191. <https://doi.org/10.1186/s12939-020-01267-4>
- Backes, E.P., & Bonnie, R.J., (2019). Adolescent development and its applications. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK545476/>

- Daniels, D., & Nel, E. (2009). Tienermoederskap in 'n arm Wes-Kaapsegemeenskap: Narratieweorondersteuning. *Social Work/MaatskaplikeWerk*, 45(1), 62-75. doi: 10.15270/45-1-221
- David, S.A., Van Dyk, A., & Ashipala, D.O. (2017). Experiences of young adolescent mothers regarding adolescent motherhood in Oshana region. *Journal of Nursing Education and Practice*,7(12), 39-51. doi: 10.5430/jnep.v7n12p39
- Đurišić, M. & Bunijevac, M. (2017). Parental involvement as an important factor for successful education. <https://files.eric.ed.gov/fulltext/EJ1156936.pdf>
- East, P. L., & Felice, M. E. (1996). *Research monographs in adolescence. Adolescent pregnancy and parenting: Findings from a racially diverse sample*. Lawrence Erlbaum Associates Publishers.
- Fagan, J., Bernd, E., & Whiteman, V. (2007). Adolescent fathers' parenting stress, social support and involvement with infants. *Journal of Research on Adolescents*, 17(1),1-22. <https://doi.org/10.1111/j.1532-7795.2007.00510.x>
- Feinberg M. E. (2003). The internal structure and ecological context of co-parenting: A framework for research and intervention. *Parenting, Science and Practice*, 3(2), 95–131. https://doi.org/10.1207/S15327922PAR0302_01
- Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2013). Health needs of pregnant and parenting adolescents. *Pediatrics*, 133(1), 114–122. doi: 10.1542/peds.2013-0927
- Kershaw T.S, Niccolai, L.M., Ickovics, J.R, Lewis J.B, Meade C.S, & Ethier K.A.(2003). Short and long-term impact of adolescent pregnancy on postpartum contraceptive use: Implications for prevention of repeat pregnancy. *J Adolesc Health.*, 33(5), 359-68.
- Lamela D, & Figueiredo, B.(2016).Co-parenting after marital dissolution and children's mental health: A systematic review. *JPediatr (Rio J)*,92(4), 331-42. doi: 10.1016/j.jped.2015.09.011.
- Lerman, R. & Sorensen, E. (2000). Father involvement with their nonmarital children. *Marriage & Family Review*, 29(2-3), 137-158, doi: 10.1300/J002v29n02_09
- Lifeline/Childline Namibia [n.d]. *Positive parenting: Infancy to early childhood*.
- Ministry of Health and Social Services (MoHSS) & ICF International. (2014). *The Namibia Demographic and Health Survey, 2013*. <https://dhsprogram.com/pubs/pdf/fr298/fr298.pdf>
- Ngabaza, S. (2011). Positively pregnant: Teenage women's experiences of negotiating pregnancy with their families. *Agenda: Empowering Women For Gender Equity*, 25(3), 42-51.<https://doi.org/10.1080/10130950.2011.610985>
- Nkosi, N. N., & Pretorius, E. (2019). The influence of teenage pregnancy on education: perceptions of educators at a secondary school in Tembisa, Gauteng. *Social work (Stellenbosch)* 55(1), 108-116. ISSN 2312-7198. <http://dx.doi.org/10.15270/55-1-698>.
- Osborne, C., & McLanahan, S. (2007). Partnership instability and child well-being. <https://doi.org/10.1111/j.1741-3737.2007.00431>
- Parada-Rico D. A., & García-Suárez C. I. (2017). Adolescent fathers and mothers in the parenting exercise. *Rev. cienc. Cuidad*, 14(2), 97-112. doi: 10.22463/17949831.1113
- Paschal1, A.M., Lewis-Moss, R.K., & Hsiao, T. (2011). Perceived fatherhood roles and

- parenting behaviors among African American teen fathers. *Journal of Adolescent Research*, 26(1), 61–83. doi: 10.1177/0743558410384733
- Polit, D.F., & Beck, T. C. (2017). *Nursing research. Generating and assessing evidence for nursing practice*. Wolters Kluwer Health
- Silverstein, L. B. (2002) Fathers and families. In J. P. McHale & W. S. Grolnick (Eds.). *Retrospect and prospect in the psychological study of families* (pp. 35-64). Lawrence Erlbaum.
- Swartz, S., & Bhana, A. (2009). Teenage tata: Voices of young fathers in South Africa. Human Sciences Research Council. <https://www.poa.gov.za/education/Supporting%20Documentation/Teenage%20pregnancy%20in%20South%20Africa.pdf>
- Spjeldnaes, I. O., Moland, K. M., Harris, J., & Sam, D. L. (2011). “Being man enough”: Fatherhood experiences and expectations among teenage boys in South Africa. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*, 9(1), 3-21. <http://dx.doi.org/10.3149/fth.0901.3>
- Tesch, R. (1992). *Qualitative research: Analysis types and software tools*. Falmer
- Watts M.C.N.C, Liamputtong P., & McMichael C. (2015). Early motherhood: A qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health*, 15, 873. doi:10.1186/s12889-015-2215-2
- World Health Organization. (2013). *Maternal, newborn, child and adolescent health*. http://www.who.int/maternal_child_adolescent/topics/adolescence/en/index.html
- Van Zyl, L., van der Merwe, M., & Chigeza, S. (2015). Adolescent’s lived experiences of their pregnancy and parenting in a semi-rural community in Western Cape. *Social Work*, 5(1). doi:10.15270/51-2-439
- Varga, C., & Gee, C. B. (2017). Co-parenting, relationship quality, and father involvement in African American and Latino Adolescents . *Merrill-Palmer Quarterly*, (63) 2 210-236. <https://doi.org/10.13110/merrypalmquar1982.63.2.0210>