Perceptions of Healthcare Workers and Caregivers regarding Parenting and Co-parenting Among Adolescent Parents in Windhoek, Namibia

Wilma Wilkinson[1] 0009-0002-1225-4916, Emma Maano Nghitanwa[2] 0000-0003-3321-2635, & Hans Justus Amukugo[3] 0000-0003-0512-4144

University of Namibia

Abstract

According to the World Health Organization (WHO), approximately 16 million adolescents aged 15 to 19 become pregnant each year, with 95% of these pregnancies occurring in developing countries including Namibia. This study aimed to explore the experiences and perceptions of healthcare workers and adolescent parents' caregivers regarding parenting and co-parenting among adolescent mothers and fathers (aged 16 to 19 years) in Namibia. A qualitative, exploratory design was employed. The population included all caregivers or guardians co-parenting with adolescent parents, as well as healthcare workers involved in adolescent care, such as nurses, midwives, and social workers. Data was collected from five caregivers and six health care workers through semi-structured focus group discussions and in-depth interviews and analyzed using Tesch's method. Findings revealed that participants valued the importance of parenting and co-parenting and emphasized the need to support adolescents in these roles. Caregivers highlighted the importance of educating adolescent parents on baby care and called for multidisciplinary healthcare teams to provide support. Healthcare workers also noted the need for emotional support for adolescent parents, improved family relationships, and increased education on parenting skills. Overall, the study highlighted the challenges faced by adolescent parents and the crucial role of caregivers and healthcare professionals in supporting parenting and co-parenting efforts.

Keywords: *Adolescent parents, caregiver, health care worker, perception*

Introduction

According to the World Health Organization ([WHO], 2018), adolescent pregnancy is a global issue affecting countries across all regions. Adolescence is defined as the transitional period between childhood and adulthood, typically between the ages of 10 and 19, and is characterized by significant biological, psychological, and social changes (Sawyer et al., 2018). Adolescent pregnancies are more prevalent in marginalized communities and are often driven by poverty, lack of education, and limited employment opportunities (David et al., 2017).

[1] Dr. Wilma Wilkinson is a Senior Lecturer at the Faculty of Health Sciences and Veterinary Medicine, School of Nursing and Public Health , University of Namibia. **(Corresponding author)** .Email: wwilkinson@unam.na
[2] Emma Maano Nghitanwa is a Senior Lecturer at the Faculty of Health Sciences and Veterinary Medicine, School of Nursing and Public Health , University of Namibia. Email: enghitanwa@unam.na
[3] Hans Justus Amukugo is a Senior Lecturer at the Faculty of Health Sciences and Veterinary Medicine, School of Nursing and Public Health , University of Namibia. Email: hamukugo@unam.na

Research shows that approximately half of all adolescent pregnancies in developing regions are unintended (Amakali-Nauiseb, 2016).

Adolescent pregnancies may be attributed to circumstances in which adolescent girls are unable to refuse unwanted or coerced sexual encounters, which are often unprotected. Such situations increase the risk of sexually transmitted infections, including HIV/AIDS, as well as other reproductive health complications (Ayelew et al., 2014). Adolescent parenthood presents not only health risks but also emotional, psychological, social, and economic challenges for both the mother and child. According to Hodgkinson et al. (2014), adolescent parenthood is associated with a range of adverse outcomes, including mental health problems such as depression, substance abuse, and post-traumatic stress disorder.

Pregnancy during adolescence can also result in negative social and economic consequences for adolescent girls, their families, and communities. Studies consistently show that positive and supportive relationships between adolescent mothers and their own mothers, as well as with the infant's father, serve as protective factors for both mother and child (Hodgkinson et al., 2017). In Namibia, as in other contexts, poor emotional and social support, particularly limited co-parenting support, has been linked to an increased risk of postpartum depression (Slomian, 2019). Evidence from both observational and experimental studies in developed countries suggests that co-parenting support can buffer the negative effects of parenting stress and enhance parenting quality. This support has long-term benefits for children's physical, mental, and behavioural health, future relationships, and occupational outcomes.

The role of co-parenting is increasingly recognized as a critical family dynamic influencing the mental health of both adolescent mothers and their children (Schulz et al., 2023). Co-parenting refers to the ways in which parents, and other adults who assume parental roles, coordinate, interact, and support each other in parenting tasks (Jahromi et al., 2023). This subsystem may include more than two individuals, such as grandparents or guardians, regardless of gender, sexual orientation, or biological relation to the child. These individuals may share responsibilities such as daily caregiving, emotional support, educational decisions, medical care, and financial provision (Lamela & Figueiredo, 2015).

Despite the importance of such support, research shows that adolescent mothers in Namibia often do not receive the assistance they need to cope with parenting responsibilities, placing both themselves and their children at risk. In light of this, the present study seeks to explore the experiences of those directly involved in and affected by adolescent pregnancy, including caregivers and healthcare providers.

Objectives

The objectives of the study were to:

- Explore and describe the experiences of caregivers of adolescent parents regarding parenting and co-parenting.
- Explore and describe the experiences of healthcare workers involved in the care of adolescent parents.

Literature Review

According to the World Health Organization (2018), approximately 16 million adolescents aged 15 to 19 become pregnant each year, with 95% of these pregnancies occurring in developing countries. Adolescent mothers often face greater challenges than adult mothers during early parenthood. In Namibia, the prevalence of adolescent pregnancy among girls aged 15 to 19 was reported at 19% in 2013 (Namibia Demographic and Health Survey, 2013).

Adolescent parenthood presents significant health, emotional, psychological, social, and economic risks. Abdul et al. (2024) report that adolescent parenthood is associated with

adverse outcomes including depression, substance abuse, and post-traumatic stress disorder. Pregnancies at this stage of life can also disrupt education, limit employment opportunities, and reinforce cycles of poverty. Educational disruption is one of the major consequences of early pregnancy. Between 5% and 33% of girls aged 15 to 24 who drop out of school in various countries do so because of early pregnancy or marriage, which limits their future employment prospects (Diabelková et al., 2023). Unmarried pregnant adolescents may face stigma, rejection by family and peers, and threats of violence (Kotoh et al., 2022). Research further suggests that girls who become pregnant before the age of 18 are more likely to experience intimate partner violence (Thomas et al , 2019).

Adolescent mothers require strong support systems for parenting and co-parenting, especially from their partners and caregivers. Emotional and psychological support provided by a partner during pregnancy and after childbirth forms a critical foundation for co-parenting. As with global trends, Namibian research indicates that a lack of emotional and co-parenting support increases the risk of postpartum depression (David et al., 2017). International studies further reveal that co-parenting support improves parenting outcomes and mitigates the impact of stressors, with long-term benefits for children's development (Stevenson, 2021). However, a study conducted in Namibia's Oshana Region found that many adolescent mothers received little support or guidance from their partners or families (David et al., 2017). Some participants did, however, report meaningful support from caregivers, particularly grandparents.

The experiences of adolescent mothers in low-income settings highlights the importance of empathy and social support in reducing depression and fostering positive caregiving environments (Kumar et al., 2017). Insufficient support can worsen mental health issues and impair parenting capacity, ultimately affecting children's well-being (Kumar et al., 2017). Healthcare providers, particularly nurses, play a key role in supporting adolescent mothers. They provide education, emotional support, and care, often serving as the primary source of professional assistance. Nurses emphasize the need to create positive, safe experiences for both mother and infant. They use various strategies to build therapeutic relationships rooted in empathy, respect, and individualized care (Quosdorf et al., 2020). Therefore, effective support from partners, caregivers, and healthcare workers is essential in helping adolescent mothers navigate the challenges of parenting and co-parenting.

Material and Methods

Study Design

This study employed a cross-sectional, exploratory qualitative design. The qualitative approach allowed participants to share in-depth perceptions and lived experiences of adolescent parenting and co-parenting.

Study Population

The study focused on two target groups in Windhoek, Khomas Region, Namibia: (1) caregivers of adolescent parents who were actively co-parenting with them, and (2) healthcare workers involved in the care of adolescent parents. The latter group included nurses, midwives, and social workers.

Sampling and Recruitment

Adolescent mothers were identified through the maternity ward registry at Katutura Hospital. A snowball sampling technique was used to recruit their caregivers. Healthcare workers were purposively selected based on their direct involvement in adolescent care, with names obtained from the nurse manager at Katutura Health Centre.

Inclusion criteria for participation were:

1. Caregivers or guardians of adolescent mothers or fathers who had provided support since pregnancy and continued to share co-parenting responsibilities.
2. Healthcare professionals (social workers, nurses, and midwives) from Katutura Health Centre involved in adolescent maternal care

Exclusion criteria embraced:

1. Caregivers or guardians of adolescent mothers or fathers who had provided support since pregnancy and continued to share co-parenting responsibilities but declined to participate.
2. Healthcare professionals (social workers, nurses, and midwives) from Katutura Health Centre involved in adolescent maternal care that refused to participate in the study.

Sample size

The sample size included five caregivers and six health care workers guided by data saturation for both groups when there was no new information emerging.

Data Collection

Data were gathered using semi-structured focus group discussions (FGDs) and in-depth interviews. One FGD with four participants and one interview were conducted with caregivers. For healthcare workers, one FGD was held with five participants (three enrolled nurses, two registered nurses) and one interview with a social worker. All healthcare workers were full-time employees of the Ministry of Health and Social Services. Data collection was conducted at a local community hall to ensure accessibility.

Guiding questions posed to participants included:

- What do you think is the role of the mother or father in pregnancy, parenting, and co-parenting?
- In your experience, what do adolescents need to become better parents?
- What have you observed are the things adolescents enjoy, struggle with, or worry about regarding parenting and co-parenting?
- How effective is the co-parenting relationship between adolescent mothers and their co-parents?

Participants completed a socio-demographic questionnaire before the discussions that collected information on age, marital status, and education level. Interpretation was provided for non-English-speaking participants. Audio recordings were made with participants' consent, and field notes were taken to supplement the data. Before commencement of data collection, the researchers introduced themselves and explained the study's purpose to all participants. Written informed consent was obtained from all participants, including permission to record the discussions.

Data Analysis

Data were analyzed using Tesch's 8-step method (Tesch, 1992). Audio recordings were transcribed verbatim, and field notes were linked to the transcripts before data analysis commenced. Researchers read through the transcripts to familiarize themselves with the content, identified patterns and recurring ideas, and organized them into themes and sub-themes following Tesch's steps.

Trustworthiness

Trustworthiness was also ensured through the following criteria:

Credibility: Achieved through prolonged engagement, use of verbatim participant quotes, member checking, and triangulation with other data sources.

Transferability: Ensured thorough detailed contextual descriptions and comparison with existing literature.

Confirmability: Supported by maintaining an audit trail that documented each analytical step and decision.
Dependability: Strengthened by consistent application of methodology and use of a co-coder in data analysis.

Ethical Considerations

Ethical clearance was obtained from the University of Namibia Research Ethics Committee and the Ministry of Health and Social Services. Participants gave informed, written consent after being briefed on the study's purpose, procedures, and their rights, including the right to withdraw at any time. Consent was also obtained for the use of digital recorders during the interviews. Confidentiality was maintained by anonymizing data in the presentation of results. Although anonymity could not be fully guaranteed during interviews or group discussions, participant identifying details were not recorded. All raw data, including recordings and transcripts, were securely stored in a locked cabinet accessible only to the research team.

Findings

Findings from adolescent parents' caregivers

A total of five caregivers participated: Four in a focus group discussion and one in an in-depth interview. Four participants were female, and one was male, with ages ranging from 46 to 56 years. Four participants were mothers of adolescent mothers, and one was a father of an adolescent mother. The data yielded three major themes.

Theme 1: Caregivers' Experience with Adolescent's Parental Adjustment

Participants frequently expressed concern about the adolescent mothers being too young to effectively handle the responsibilities of parenting. They observed that many adolescent parents were still in school and not emotionally or financially prepared for parenthood. In most cases, caregivers stepped in to assist with childcare so that the adolescent mothers could continue their education. Participant C indicated that "caregivers are like the mother of those children, as they have to spend more time with them while adolescent mothers go to school."

Participants also discussed the emotional impact of unplanned pregnancy on adolescents. Some reported that the adolescent mothers in their care displayed anger and sadness, mostly due to the unexpected nature of their pregnancies and the disruption to their educational aspirations. Participant A has this to say: "Most adolescents become angry because they are young and did not expect to become pregnant." Participant B concurred - "Some adolescents are not happy because they are still studying and pregnant at the same time."

Caregivers believed that adolescent mothers needed structured support systems. This included education on how to care for a baby and emotional guidance on adjusting to their new role as parents. Many also emphasized the need for government assistance, including financial support and public services, to help adolescent mothers cope. According to Participant E, "if there is no food, no soap, and there is not enough support from the partner, it worries them."

Theme 2: Caregivers' Experience with Co-parenting

Participants highlighted the importance of co-parenting, emphasizing that it allows both the adolescent mother and father to be actively involved in the upbringing of the child. This shared responsibility was seen as beneficial not only to the baby but also in reducing stress for the mother. Participant E summed this up succinctly: "The baby is getting what is needed from

both parents, and it prevents stress, especially for the mother who mostly stays with the child." The absence of co-parenting, they reported, could lead to serious consequences, such as emotional neglect, poor child health, malnutrition, and even abandonment. Accordign to Participant A, "some adolescent parents will dump the babies, as they feel helpless if they are unable to take care of them."

Theme 3: Suggestions for Improving the Co-parenting Relationship

Participants made several recommendations to enhance co-parenting. According to Participant A “social workers should educate communities about the responsibilities of both adolescent mothers and fathers. Participant C felt that “caregivers should be taught how to support and guide adolescent parents, particularly in difficult emotional situations.” Some participants noted that families should avoid shaming or expelling their adolescent daughters from the home, as such actions only worsen the emotional strain and may sever the opportunity for supportive co-parenting. Participant B has this to say: “Parents should refrain from expelling pregnant adolescents from family homes and should rather support them.”.

Finally, they recommended that families of adolescent parents work towards reconciliation not only between themselves and their daughters, but also with the adolescent fathers, so that all parties could engage collaboratively in the child’s upbringing. According to Participant E “parents should also allow adolescent fathers to be involved in coparenting as well as allow fathers to visit their babies.“

Findings from Health Care Providers

Six healthcare workers participated in the study; three females and three males aged between 26 and 57. All were full-time employees of the Ministry of Health and Social Services. The group included three enrolled nurses, two registered nurses, and one social worker. Their insights resulted in five key themes.

Theme 1: Health Care Providers’ Perceptions of Parenting

Participants stated that the adolescent mother’s primary role during pregnancy was to take care of her physical health and that of her unborn child. This included attending antenatal appointments, avoiding harmful substances, eating well, and understanding her HIV status to prevent mother-to-child transmission. They noted that many adolescent mothers experienced emotional distress upon learning about their pregnancies, which could have a negative impact on their physical and psychological well-being if not addressed through timely counselling and support. The sentiments they expressed were as follows: "She needs to make sure the baby grows up well, physically, mentally, and socially." (Participant K) and; "she needs to stimulate the child cognitively and teach different skills at different ages to help the child become independent." (Participant I)

Participants emphasized the father’s role as equally important. They shared experiences of adolescent mothers suffering due to the absence of paternal support—both emotionally and financially. According to Participant F "the father needs to be there to support the mother physically and emotionally." Participant J said father need "to be involved throughout—for example, starting with antenatal care. They need to go together and attend health education. If he is there, he will learn how to manage, and they can enjoy the results together."

Grandparents and neighbours were also acknowledged as key support figures, often stepping in to provide essential caregiving where the biological parents were unable or unavailable. According to Participant G, "the grandparents and neighbours are also important because they are experienced in taking care of babies."

Health workers further described poor parenting as including child neglect, emotional and physical abuse, failure to meet basic needs, and absence of nurturing interactions. The

sentiments they expressed in this regard were as follows:"Bad parenting is when there is physical, verbal, or emotional abuse." (Participant K); "revenge—if the parents are no longer in love, they punish the child" (Participant F) and; "depriving the child of education or basic needs is an indication of poor parenting" (Participant K).

Theme 2: Adolescent Parental Adjustment

Participants attributed adolescent pregnancy to various socio-economic and familial vulnerabilities, including peer pressure, sexual experimentation, and abuse. In some extreme cases, pregnancies resulted from incest or rape.

They described how adolescent mothers often reacted with fear and hopelessness, especially when facing rejection from their own families. Some attempted unsafe abortions or considered suicide due to the shame and isolation they experienced. Their sentiments are captured as follows: "Some of them are afraid of what their parents will say because the parents have told them not to have children before marriage" (Participant G); "they tend to have emotional complaints which we need to monitor closely" (Participant I) and; "some adolescents think their lives are over and want to commit suicide, so they need monitoring and support." (Participant H)

Theme 3: Adolescent Mothers' Adjustment to Infant Care

Participants stated that adolescent mothers often struggled to care for their babies. Some children were malnourished or missed their immunizations, while others were left with unsuitable caregivers or even abandoned. Their concerns were as follows: "[It is] very difficult for adolescent mothers as they need support to know how to take care of the baby and how to feed the baby." (Participant K); "adolescent mothers often leave babies with grandparents and are mostly not up to date with immunizations" (Participant F) and; "most adolescent mothers find it difficult to cope with baby care, which leads to malnutrition." (Participant G)

The participants noted that adolescent mothers often faced family rejection, which intensified their emotional stress. Many could not continue their education, adding to the pressure. Their views on this were as follows: "Some adolescent mothers are rejected by their families, and that causes them to be stressed" (Participant K); "lack of support from the family leads to stress among adolescent mothers" (Participant I) and; "this stress can even impact the health of the baby due to the strong mental and physical bond between the mother and the baby." (Participant F)

They also observed that most adolescent fathers denied paternity and were largely absent from the parenting process: "Father mostly do not show up, like when the child is sick or the immunization times" (Participant H) and; "some pregnancies are rejected, and this leads to adolescent mothers raising the babies alone with minimal support from their parents." (Participant J)

Theme 4: Experiences with Co-parenting by Adolescent Parents

Health care workers agreed that co-parenting plays a crucial role in reducing the stress on one parent and providing the child with consistent emotional and physical care. They noted that co-parenting should extend beyond the adolescent mother and father to include extended family and community members. "Co-parenting is very important because it is incomplete if the mother or the father is absent. Every parent should be there to support the child." (Participant K) and; "it means two persons involved—for example, mother and father—taking care of the baby through life." (Participant I)

They described how children in co-parenting households demonstrated higher self-esteem, were more sociable, and generally had better developmental outcomes. According to Participant J, "the children have more self-esteem; they have a more positive outlook on life

and are friendlier. You can just see that this child is very outgoing and confident."

Theme 5: Suggested Interventions for Parenting and Co-parenting

Health care providers proposed several interventions to support adolescent mothers. These included emotional counselling, community education, financial assistance, and the development of accessible health education materials. Participants emphasized the need for a collaborative effort involving families, healthcare workers, and communities to empower adolescent parents through knowledge and consistent emotional support. According to Participant F, “as healthcare providers, we need to give health education to guide adolescents on how to be a parent." In the view of Participant H, "we need to create booklets on how to take care of the child and to ensure that certain things are avoided, such as baby dumping or financial problems."

Discussion

The findings from this study highlight the critical role of caregivers in supporting adolescent mothers, particularly by assisting with childcare while adolescent mothers continue their education. This aligns with the findings of Derlan et al. (2018), who reported that grandmothers’ involvement in co-parenting significantly facilitates adolescent mothers’ transition into parenthood. Similarly, existing literature emphasizes the importance of maternal support during adolescent pregnancy as a protective factor that promotes wellbeing and reduces risks associated with early childbearing (Vieira Martins et al., 2023).

Caregivers in the present study emphasized that families should support adolescent mothers rather than stigmatize or expel them from the household upon learning of the pregnancy. This finding supports the need for compassionate and inclusive family dynamics, where caregivers, particularly parents, play an essential role in promoting co-parenting rather than reinforcing isolation. Furthermore, participants stressed the need for better preparation for parenthood and advocated for the inclusion of adolescent fathers in antenatal education. Educating fathers enables them to support their partners during pregnancy, childbirth, and the early stages of parenting, as similarly recommended by Deave et al. (2018).

Healthcare providers in this study identified several socio-economic and environmental factors that increase adolescents’ vulnerability to early pregnancy. These included sexual exploitation, substance use, lack of supervision, and unstable home environments. These findings are consistent with van Zyl et al. (2015), who observed that many adolescents lack financial and emotional stability due to the early death or illness of primary caregivers. Other studies also indicate that adolescent pregnancy rates are higher in socioeconomically disadvantaged communities, particularly among Black and Coloured women in South Africa (Yah et al., 2020). These patterns reinforce the importance of comprehensive sexuality education and sustained support from parents, peers, and healthcare professionals (Deave et al., 2008).

Disturbingly, healthcare workers reported that some adolescent mothers considered abortion, suicide, or even infanticide due to overwhelming psychological stress. This finding is consistent with Musyimi et al. (2020), who found that adolescent mothers are at increased risk of suicidal ideation. Such emotional distress also has implications for neonatal outcomes, as prior studies have linked adolescent pregnancies to low birth weight and poor Apgar scores (Diabelková et al., 2023).

Despite these challenges, healthcare providers in this study demonstrated a strong willingness to support adolescent mothers through health education, counselling, and information on adoption. They also emphasized helping young mothers cope with the stigma

associated with early pregnancy. These findings align with Govender et al. (2020), who advocated for multidisciplinary communities of practice to build knowledge, share experiences, and provide targeted training for healthcare providers. Such training enables the delivery of non-judgmental, youth-friendly counselling and services tailored to the needs of adolescent mothers. These findings differ from some previous studies, which have shown that adolescent mothers often avoid health and social services due to stigma and feelings of being unwelcome in healthcare settings (Ajayi et al., 2023). Adolescent mothers employ a range of coping strategies to manage this stigma, including belief in predestination, concealment of pregnancy, avoidance of health facilities, and cohabitation. These strategies can be viewed as attempts to mitigate negative social stereotypes and discrimination (Ayomide et al., 2024).

Overall, the findings of this study highlight the need for policy frameworks that actively challenge the stigmatization of adolescent pregnancy and parenting. Policies should promote inclusive and supportive environments across families, communities, and health systems. Healthcare professionals must be trained to provide de-stigmatizing, adolescent-sensitive services to encourage young mothers to seek help and reduce existing inequities in access to care. In addition, policy interventions should include measures to uphold the rights of adolescent mothers and protect them from violence, abuse, and discrimination, while ensuring access to the support and services necessary for safe, healthy parenting.

Conclusion

This study highlights the importance of parenting and co-parenting among adolescent mothers, their partners, and caregivers. Caregivers, particularly parents of adolescent mothers, were willing to assist with childcare, allowing young mothers to continue their education. They also emphasized the need for education on baby care, co-parenting, and support from multidisciplinary teams. Healthcare providers emphasized the need for emotional and parenting support for adolescent parents, particularly in coping with family conflict, absent fathers, and unplanned pregnancies. Support for guardians was also identified as essential.

These findings can inform the development of parenting and co-parenting education programs, such as Family Foundations, tailored to the Namibian context. A nationwide study is recommended to explore adolescent parenting experiences across other regions in Namibia.

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