ISSN: **2518-8631**

FEAR, FAITH AND FORTITUDE: A PHENOMENOLOGICAL STUDY OF PSYCHOLOGICAL CHALLENGES AND COPING STRATEGIES AMONG PREGNANT ADOLESCENTS IN URBAN KENYA

Fatuma Abdullahi Said[1*], *Talaso Barako*[1] & *Eunice Nyasiri Atsali*[1]

Institutional Affiliations
[1]*School of Health Sciences, Kenyatta University*
[1*] Corresponding author Email address: fatubintabdul@gmail.com

Abstract
Introduction: This study explores the psychological challenges and coping strategies of pregnant adolescents attending antenatal care in an urban Kenyan setting. Adolescent pregnancy is associated with significant emotional distress, social stigma, and limited support, yet few studies have qualitatively examined how adolescents themselves experience and navigate these challenges in Kenya.
Methods: This interpretive phenomenological study was conducted at Mama Lucy Kibaki Hospital in Nairobi City County, Kenya. Fifteen pregnant adolescents aged 13–19 years were purposively sampled and participated in in-depth interviews which were audio-recorded, transcribed verbatim, and analysed thematically using Dedoose software. Rigorous strategies including member checking, reflexivity, and audit trails were employed to ensure trustworthiness and credibility.
Findings: Three major themes emerged: Emotional Struggles (anxiety about childbirth, emotional turmoil), Vulnerabilities (financial insecurity, knowledge gaps, social stigma, isolation), and Coping Strategies (spiritual practices, social support networks, personal resilience). Participants described layered emotional challenges amplified by poverty and social judgment but also demonstrated resourceful coping through faith, supportive relationships, and acceptance.
Conclusion: Findings underscore the need for midwifery practice to integrate adolescent-focused mental health support, foster respectful, stigma-free communication, and strengthen culturally sensitive, holistic care to improve psychological well-being and maternal outcomes for pregnant adolescents in urban Kenya.

Keywords: *Adolescent pregnancy, psychological challenges, coping strategies, phenomenology, urban, Kenya, midwifery practice, maternal health*

INTRODUCTION

Adolescent girls who become pregnant face significant health, social, and psychological challenges compared to their peers who are not pregnant. Globally, adolescent pregnancy is associated with increased risk of obstetric complications, school dropout, social exclusion, and lifelong economic disadvantage (Kassa et al., 2018; Kawakita et al., 2016; Owuonda, 2023). In Kenya, adolescent pregnancy remains a persistent public health concern, with 15% of adolescent girls reporting having ever been pregnant and 12% reporting having given birth according to the Kenya Demographic and Health Survey (Kenya National Bureau of Statistics (KNBS), 2023).

Pregnant adolescents frequently encounter stigma and judgment from their communities and even within healthcare settings (Miller et al., 2021). These experiences can undermine mental health, limit social support, and reduce engagement with antenatal care (Bohren et al., 2022; Kotoh et al., 2022).

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

Studies in Kenya and other low- and middle-income countries have documented that, adolescent mothers often experience feelings of fear, anxiety, shame, and isolation during pregnancy (Ajayi et al., 2023; Kumar, 2022). Such psychological distress can contribute to negative maternal and neonatal health outcomes and create barriers to seeking timely, respectful, and appropriate care (Govender et al., 2020).

While existing research has described prevalence rates of adolescent pregnancy and some of its health consequences, fewer studies have focused on pregnant adolescents' own accounts of their psychological experiences. In particular, limited qualitative research has examined how adolescents themselves describe and navigate emotional challenges such as fear about childbirth, social stigma, and managing new responsibilities at a young age (Amongin et al., 2020; Kagawa et al., 2017). Moreover, less is known about the coping strategies that pregnant adolescents rely on in the face of these challenges, especially in urban Kenyan settings where social and economic pressures can be pronounced (Kathono et al., 2024).

Understanding these lived psychological experiences is essential to improve antenatal care services and ensure they meet the specific needs of adolescent patients. Qualitative approaches, such as phenomenology, can provide in-depth insight into adolescents' own perspectives on the fears, anxieties, and supports they experience during pregnancy (Mumah et al., 2020). Such knowledge can help address gaps in existing services and inform the integration of adolescent-focused mental health support within antenatal care (Osok et al., 2018).

In this study, we explored the psychological challenges and coping strategies of pregnant adolescents attending antenatal care at Mama Lucy Kibaki Hospital in Nairobi City County, Kenya. We described in their own words how these adolescents experience and manage emotional distress during pregnancy to better inform the design of adolescent-friendly, respectful, and psychologically supportive antenatal services

METHODS

An interpretive phenomenological approach was used to explore the lived psychological experiences of pregnant adolescents attending antenatal care at Mama Lucy Kibaki Hospital in Nairobi City County, Kenya. Phenomenology is well suited to capturing participants' subjective interpretations of fear, anxiety, stigma, and coping, supporting a deeper understanding of the meanings adolescents attribute to their pregnancy experiences (Guenther, 2020).

Mama Lucy Kibaki Hospital is a major public referral facility in Nairobi City County serving a large, diverse urban population. The hospital offers comprehensive perinatal, sexual, and reproductive health services and has a substantial adolescent patient volume. The surrounding communities include densely populated informal settlements with elevated rates of adolescent pregnancy (Izugbara et al., 2017; Kenya Health Information System [KHIS], 2020). Nairobi County consistently records high rates of teenage pregnancy, underscoring the need to understand adolescents' experiences in this urban setting

The study population comprised pregnant adolescent girls aged 13–19 years attending antenatal care at Mama Lucy Kibaki Hospital. A purposive sampling strategy was

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

used to select participants who could provide rich, relevant accounts of their psychological experiences. Recruitment was conducted in collaboration with hospital staff, who helped identify eligible adolescents during routine clinic visits.

Eligible participants were informed about the study's purpose, procedures, and voluntary nature. Those under 18 years provided assent alongside parent/guardian informed consent, while participants aged 18 and older provided their own written consent. In Kenya, a person becomes an adult at 18, as stated in the Age of Majority Act and the Constitution (Kenya Law, 1974; Kenya Law Reform Commission, n.d.). Participation was entirely voluntary, with no incentives provided. Sampling continued until data saturation was achieved at 15 participants, Data saturation in qualitative research occurs when no new themes emerge from additional data, signalling that the research questions have been fully explored (Naeem et al., 2024). consistent with recommendations for phenomenological studies that emphasize depth over breadth (Creswell & Creswell, 2018; Sarfo et al., 2021).

Data were collected between June and August 2023 using semi-structured in-depth interviews designed to elicit participants' personal accounts of pregnancy-related fears, anxieties, experiences of stigma, and coping strategies. An interview guide developed through literature review and expert validation (Braun & Clarke, 2012) ensured consistent coverage of core topics while allowing participants the flexibility to share their stories in their own words.

Interviews were conducted in English or Swahili based on participant preference and held in private hospital consultation rooms to ensure confidentiality. Sessions lasted approximately 30–45 minutes. With participant consent, all interviews were audio-recorded and supplemented with detailed field notes to capture non-verbal cues and contextual information. Prior to data collection, a pilot study was conducted at Pumwani Maternity Hospital in Nairobi County to refine the interview guide, ensuring clarity and relevance to the adolescent population (DeJonckheere & Vaughn, 2019). Feedback from pilot participants was used to improve question phrasing and flow.

Audio recordings were transcribed verbatim and translated into English when necessary. To protect confidentiality, transcripts were de-identified and assigned unique participant codes. All data were securely stored on password-protected devices accessible only to the research team. Data were analyzed thematically using Braun and Clarke's six-phase process: familiarization, coding, theme development, theme review, theme definition, and final reporting (Braun & Clarke, 2021). Transcripts were uploaded to Dedoose qualitative analysis software to facilitate systematic coding. Two researchers independently coded the transcripts to ensure analytical rigor, resolving discrepancies through discussion. An audit trail documented all coding decisions, theme refinements, and analytic interpretations to support transparency and confirmability (Braun & Clarke, 2022). Member checking with selected participants was conducted to validate the accuracy and resonance of the emerging themes.

Trustworthiness was enhanced through several strategies, including pilot testing, member checking, peer debriefing, and reflexivity. The researcher maintained a reflexive journal to examine personal assumptions and biases throughout the study.

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

Thick descriptions of context, participants, and methods support the transferability of findings to similar urban Kenyan settings (Jamieson et al., 2023).

Ethical approval was obtained from the Kenyatta University Ethics and Research Committee (Ref No: PKU/3007/12031). Additional permissions were granted by the Nairobi City County Department of Health and Mama Lucy Kibaki Hospital administration. Participants received comprehensive verbal and written information about the study, including potential risks such as emotional discomfort when discussing sensitive topics. Written informed consent (and assent where applicable) was obtained before participation. Confidentiality was prioritized through secure storage of all records, removal of personal identifiers, and presentation of findings in aggregate form. Participants were informed of their right to withdraw from the study at any time without any consequences for their access to care.

RESULTS

A total of 15 pregnant adolescents aged 13–19 years participated in this study. Most (73.3%) were in late adolescence (18–19 years), and 66.7% were married. Over half had secondary education, and most were in their second trimester of pregnancy. Three major themes were identified following a thematic analysis. They included, Emotional Struggles, Vulnerabilities, and Coping Strategies.

Each theme comprises specific subthemes that illuminate the complex, nuanced ways adolescents perceive, experience, and respond to pregnancy. The findings reveal how fear, anxiety, material challenges, social stigma, and personal resilience interweave to shape their journey through pregnancy.

Table 1:Characteristics of the Participants

Category	Frequency	%
Age		
Middle Adolescent (14-17)	4	26.7
Late Adolescent (18-19)	11	73.3
Level of education		
Primary Level	3	20.0
Secondary Level	8	53.3
Higher Education	4	26.7
Marital status		
Unmarried	5	33.3
Married	10	66.7
Gestational age		
Second Trimester	9	60.0
Third Trimester	6	40.0
Pregnancy status		
Planned	4	26.7
Unplanned	11	73.3

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

Table 2: Themes and subthemes

THEME	SUBTHEME
1. Emotional Struggles	Anxiety about Childbirth and Motherhood
	Emotional Turmoil
2. Vulnerabilities	Financial and Material Insecurity
	Knowledge Gaps
	Social Stigma and Shame/ Isolation and Lack of Support
3. Coping Strategies	Spiritual Practices
	Social Support Networks
	Personal Resilience and Acceptance

Theme 1: Emotional Struggles

Many adolescents expressed anxiety about the unknown aspects of pregnancy and childbirth. This anxiety stemmed not only from physical fears about delivery but also from concerns about how they would manage motherhood, especially when family relationships were strained or uncertain. Participants worried about the lack of guidance or practical help during delivery and postnatal care.

***Anxiety about Childbirth and Motherhood*:** Many adolescents expressed anxiety about the unknown aspects of pregnancy and childbirth. This anxiety stemmed not only from physical fears about delivery but also from concerns about how they would manage motherhood, especially when family relationships were strained or uncertain. Participants worried about the lack of guidance or practical help during delivery and postnatal care. The following quote, illustrates the depth of uncertainty adolescents felt about relying on family, amplifying fear of facing childbirth and early motherhood alone.

> *"I have had issues with all of my family and at this point I am not sure whether they will offer me any sort of help. I'm just there." (P015)*

Emotional Turmoil: Beyond specific fears about delivery, adolescents described general emotional upheaval, mood fluctuations, and the psychological impact of feeling judged. Others reflected on the daily emotional fluctuations of pregnancy, balancing moments of confidence with periods of worry. For example,

> *"One nurse made a comment about my situation that hurt, but the others have been very kind." (P013)*

> *"Some days are harder than others, but I feel confident overall." (P006)*

These narratives highlight the fragile emotional state many adolescents face as they navigate pregnancy at a young age, underscoring the need for empathetic, youth-friendly support.

Theme 2: Vulnerabilities

Participants also revealed multiple, intersecting vulnerabilities that shaped their experiences, limiting their ability to access and benefit fully from antenatal care. These vulnerabilities arose from intersecting social, economic, and structural barriers.

Financial and Material Insecurity: Economic challenges were prominent, with many adolescents struggling to afford transport or recommended medical tests. Urban living compounded costs compared to rural settings:

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

"Unlike in the village where you can easily walk, here in town is very different because you need to board either a motorbike or a matatu (public transport system) to get here but I only attend when I have money." (P014)

Knowledge Gaps: Educational interruptions contributed to limited understanding of reproductive health and pregnancy changes. Some participants depended heavily on clinic staff for even basic information. These gaps heightened anxiety about pregnancy changes and delivery, leaving adolescents feeling unprepared to identify complications or make informed decisions about their care.

"I didn't learn much about reproductive health in school, so most of what I know comes from the nurses." (P013)

Social Stigma and Shame / Isolation and Lack of Support: Participants consistently described facing stigma from their communities and even their families. They reported being told to hide their pregnancies, facing gossip, and receiving judgmental comments. Such experiences deepened feelings of shame and eroded social support.

"When I got pregnant, I didn't have anyone to talk to which really affected me. I thought I would get better help in the hospital but no significant support I have received so far especially considering that I didn't have money to perform medical tests and ultrasound as requested." (P009)

"Where I come from is terrible, no one wants to see you going to the hospital because they believe that being pregnant while under-age is a shameful thing and thus should not be exposed." (P010)

"I know I made a mistake by getting pregnant at this age but it is not right for nurses to always rub it on my face, they can do better." (P014)

These quotes reveal the double burden adolescents face. They are navigating their own fears while contending with social rejection and moral judgment, even within healthcare settings meant to support them.

Theme 3: Coping Strategies

Despite the emotional challenges and vulnerabilities described, participants demonstrated agency and resilience through a range of coping strategies. These practices offered psychological relief and practical ways to manage their situation.

Spiritual Practices: For many adolescents, prayer and faith provided a key emotional anchor. Spiritual practices were described as offering comfort, hope, and a sense of control in the face of uncertainty.

"I pray a lot to cope with my emotions." (P001)

Social Support Networks: Participants also described drawing strength from relationships with family, friends, and partners. Even in cases of limited formal support, these networks offered emotional comfort, practical help, and motivation to attend antenatal care.

"What can I do, I have to borrow money from my neighbour to attend a clinic." (P001)

"Talking to my husband and close friends has been my main strategy." (P012)

"My education gave me a good foundation, but I've learned even

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

Table 3:Summary of the findings.

Theme	Subtheme	Illustrative Quotes
1.Emotional Struggles	Anxiety about Childbirth and Motherhood	"*I have had issues with all of my family and at this point I am not sure whether they will offer me any sort of help am just there*" (**P015**)
	Emotional Turmoil	"*One nurse made a comment about my situation that hurt, but the others have been very kind*." (**P013**) "*Some days are harder than others, but I feel confident overall*." (**P006**)
2.Vulnerabilities	Financial and Material Insecurity	"*Unlike in the village where you can easily walk, here in town is very different because you need to board either a motorbike or a matatu (public transport system) to get here but I only attend when I have money*" (**P014**).
	Knowledge Gaps	"*I didn't learn much about reproductive health in school, so most of what I know comes from the nurses*." (**P013**)
	Social Stigma and Shame/ Isolation and Lack of Support	"*When I got pregnant, I didn't have anyone to talk to which really affected me. I thought I would get better help in the hospital but no significant support I have received so far especially considering that I didn't have money to perform medical tests and ultrasound as requested*" (**P009**). "*Where I come from is terrible, no one wants to see you going to the hospital because they believe that being pregnant while under-age is a shameful thing and thus should not be exposed*" (**P010**). "*I know I made a mistake by getting pregnancy at this age but it is not right for nurses to always rub it on my face, they can do better*." (**P014**).
3.Coping Strategies	Spiritual Practices	"*I pray a lot to cope with my emotions*." **(P001**)
	Social Support Networks	"*What can I do, I have to borrow money from my neighbor to attend a clinic*." (**P001**) "*Talking to my husband and close friends has been my main strategy*." (**P012**) "*My education gave me a good foundation, but I've learned even more through the hospital sessions*." (**P012**) "*So far, so good. Every time I come; I have never felt unwanted, which I like so much. This has been one of the reasons I have never missed my prenatal care*" (**P015**)
	Personal Resilience and Acceptance	"*People in my village talk behind my back, but I avoid them and focus on my health*." (**P010**) "*There is a lot of stigma, but I try to focus on my baby's health and ignore what people say*." (**P013**)

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

more through the hospital sessions." (P012)

"So far, so good. Every time I come; I have never felt unwanted which I like so much. This has been one of the reasons I have never missed my prenatal care." (P015)

Personal Resilience and Acceptance: Finally, many adolescents described consciously choosing to accept their situation and focus on the health of their baby, despite social stigma and judgment. They spoke about managing their emotions and setting personal priorities to ensure the well-being of their child.

"People in my village talk behind my back, but I avoid them and focus on my health." (P010)
"There is a lot of stigma, but I try to focus on my baby's health and ignore what people say." (P013)

These coping mechanisms demonstrate young mothers' resourcefulness and determination to protect their well-being in the face of significant challenges.

DISCUSSION

This study explored the psychological challenges and coping strategies of pregnant adolescents attending antenatal care at Mama Lucy Kibaki Hospital in Nairobi City County, Kenya. Using a phenomenological approach, the research identified three interrelated themes: Emotional Struggles, Vulnerabilities, and Coping Strategies. These findings provide important insights into how adolescent girls experience and manage pregnancy in an urban Kenyan context, highlighting the complex intersection of emotional, social, and structural factors that shape their maternal health journeys. Together, these themes reveal how adolescent pregnancy is not merely a clinical event but a deeply personal and social experience (Taubman–Ben-Ari et al., 2022). Below, each theme is interpreted in depth, situated in existing literature and implications for midwifery practice.

The emotional struggles described by participants reflect more than fear of childbirth, but they reveal profound existential anxiety about an uncertain future and motherhood in a context of limited support. Adolescents' narratives of anxiety and emotional turmoil suggest that pregnancy disrupts not just their physical health but their psychological sense of safety and identity. Hurtful interactions with healthcare providers magnify this stress, indicating that clinical spaces themselves can become sources of harm. These findings imply that adolescent pregnancy is experienced as a crisis of confidence, marked by fear of failure as both mother and daughter, especially when familial support is uncertain.

Similar patterns of anxiety, fear, and psychological distress among pregnant adolescents have been observed globally, particularly in low- and middle-income countries. Studies such as (Moniz et al., 2024)and (Govender et al., 2020) identify fear of childbirth, feelings of unpreparedness, and social rejection as core contributors to adolescent mental health challenges. (Hofberg & Ward, 2003) further link emotional trauma during pregnancy to clinical complications, underscoring the health consequences of unresolved psychological distress. Notably, this study's participants described judgmental healthcare interactions as a source of additional trauma consistent with findings from (Sewpaul et al., 2021) in South Africa,

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

where adolescents reported feeling alienated by providers.

Midwives are uniquely positioned to mitigate these emotional struggles. Respectful, empathetic, and non-judgmental care is not optional, it is essential. Midwives must are called to recognize fear and anxiety as natural, expected components of adolescent pregnancy that warrant compassionate engagement, not condemnation (Anuntakulnthee, 2023). Integrating routine psychosocial screening and counseling into antenatal visits can help identify adolescents in distress early, while staff training in adolescent-friendly communication can reduce harmful interactions (World Health Organization, 2022). By validating adolescents' fears and providing clear, age-appropriate education about pregnancy and childbirth, midwives can foster trust and empower young mothers to approach delivery with greater confidence and calm (Fuzy et al., 2020).

Participants' accounts of vulnerabilities reveal the layered barriers that adolescent mothers face. Financial and material insecurity do not simply limit access to care but they add a persistent cognitive burden, forcing adolescents to prioritize survival over health. Knowledge gaps highlight structural failures in reproductive education, leaving adolescents without the tools to understand their bodies or recognize danger signs. Social stigma and familial rejection transform pregnancy into a source of shame and isolation, undermining the very social networks that should buffer stress (Smith et al., 2016). Collectively, these vulnerabilities are not independent, they compound one another, amplifying psychological distress and reducing the likelihood of timely, consistent antenatal care.

Existing studies support this interpretation. For example, (Osok et al., 2018) identified financial barriers as not only practical obstacles but also sources of emotional stress and anxiety for adolescent mothers in Kenya. Research in Tanzania and Malawi similarly demonstrates that educational gaps lead to delayed recognition of complications and poor care-seeking behavior (Kululanga et al., 2011; Mwilike et al., 2018). Stigma has been widely documented as a pervasive barrier across sub-Saharan Africa, with adolescents describing moral condemnation, social gossip, and community rejection that discourage them from accessing care (Ahinkorah et al., 2021; Ajayi et al., 2023). This study's participants reinforce these themes, while revealing their cumulative psychological impact in an urban Kenyan context.

Addressing adolescent mothers' vulnerabilities requires holistic, integrated responses. Midwives ought to see beyond the clinical encounter to understand the socio-economic realities that shape adolescents' experiences. Providing flexible, low-cost, adolescent-friendly services can help reduce financial barriers (C. W. Wainaina et al., 2021). Delivering tailored reproductive health education during antenatal visits can empower adolescents with essential knowledge about pregnancy and birth. Crucially, midwives must actively combat stigma, both within healthcare settings and in the community by modeling respectful, supportive care and advocating for social inclusion of adolescent mothers (Taheri et al., 2018; WHO, 2022). Community engagement efforts, including involving family members and local leaders, can help shift cultural attitudes and reduce harmful social pressures.

Despite these challenges, adolescents in this study demonstrated significant psychological

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

resilience. Spiritual practices such as prayer emerged as vital sources of comfort, offering meaning and hope in the face of fear. Social support networks including partners, friends, neighbors, and sometimes family members provided practical help and emotional reassurance, buffering the impact of isolation and stigma. Personal strategies of acceptance and focusing on the baby's health revealed adolescents' capacity to adapt, prioritize, and endure despite adversity. These coping mechanisms are not trivial they represent essential self-protective responses that allow adolescents to manage pregnancy even in the absence of formal psychological support.

The research articles across sub-Saharan Africa such as (Amongin et al., 2020) describe spiritual practices as accessible, culturally grounded coping strategies that help adolescents regulate fear and stress. Social networks have been shown to reduce isolation and encourage antenatal care attendance, even when formal health systems fail to meet adolescents' needs (Govender et al., 2020; E. Wainaina et al., 2020). Personal resilience has been documented as a critical protective factor, although studies emphasize that individual coping strategies cannot fully compensate for systemic failures in providing adolescent-friendly care (Osok et al., 2018).

Hence the need for midwifery practice to build on adolescents' existing strengths and coping strategies. Midwives can validate and support spiritual practices, ensuring they are integrated respectfully into holistic care. Engaging social networks such as including partners, family, and peers in antenatal education and counselling can strengthen adolescents' sense of support and reduce isolation. Facilitating peer support groups within clinics can provide safe spaces for shared learning and encouragement. Finally, recognizing and reinforcing adolescents' personal resilience can help build self-efficacy and trust, contributing to better maternal health outcomes (Hackett et al., 2019; Ireson et al., 2015).

CONCLUSION

Adolescent pregnancy emerges as a profoundly personal and social journey marked by layered emotional struggles and constrained by economic, educational, and cultural vulnerabilities. Yet amid these challenges, adolescents demonstrate remarkable resilience through spiritual grounding, social connections, and personal acceptance. These insights underscore the need for midwifery practice to move beyond purely clinical care toward holistic, adolescent-centered approaches. By fostering respectful, non-judgmental interactions, integrating mental health support, and valuing adolescents' own coping strategies, midwives can help transform antenatal care into a safe, empowering space. Such care can reduce fear, promote well-being, and support healthier outcomes for adolescent mothers navigating complex urban realities

REFERENCES

Ahinkorah, B. O., Kang, M., Perry, L., Brooks, F., & Hayen, A. (2021). Prevalence of first adolescent pregnancy and its associated factors in sub-Saharan Africa: A multi-country analysis. *PloS One*, *16*(2), e0246308. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0246308

Ajayi, A. I., Gebrekristos, L. T., Otukpa, E., & Kabiru, C. W. (2023). Adolescents' experience of mistreatment and abuse during childbirth: A cross-sectional community survey in a low-income informal settlement in Nairobi, Kenya. *BMJ Global Health*, *8*(11), e013268.

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

https://gh.bmj.com/content/8/11/e013268.abstract

Amongin, D., Benova, L., Nakimuli, A., Nakafeero, M., Kaharuza, F., Atuyambe, L., & Hanson, C. (2020). Trends and determinants of adolescent childbirth in Uganda- analysis of rural and urban women using six demographic and health surveys, 1988–2016. *Reproductive Health*, *17*(1). https://doi.org/10.1186/s12978-020-00925-8

Anuntakulnthee, N. (2023). *Midwives' Experience of Caring for Thai Pregnant Adolescents During Childbirth in Central Thailand*. Oklahoma City University. https://search.proquest.com/openview/da84996fcc1554119af3079e84977c4d/1?pq-origsite=gscholar&cbl=18750&diss=y

Bohren, M. A., Corona, M. V., Odiase, O. J., Wilson, A. N., Sudhinaraset, M., Diamond-Smith, N., Berryman, J., Tunçalp, Ö., & Afulani, P. A. (2022). Strategies to reduce stigma and discrimination in sexual and reproductive healthcare settings: A mixed-methods systematic review. *PLOS Global Public Health*, *2*(6), e0000582. https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000582&utm_source=nationaltribune&utm_medium=nationaltribune&utm_campaign=news

Braun, V., & Clarke, V. (2012). *Thematic analysis.*

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*. https://www.tandfonline.com/doi/abs/10.1080/14780887.2020.1769238

Braun, V., & Clarke, V. (2022). Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher. *International Journal of Transgender Health*, *24*(1), 1–6. https://doi.org/10.1080/26895269.2022.2129597

Creswell, J. W., & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. SAGE Publications.

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, *7*(2), e000057. https://pmc.ncbi.nlm.nih.gov/articles/PMC6910737/

Fuzy, E., Clow, S. E., & Fouché, N. (2020). 'Please treat me like a person'—Respectful care during adolescent childbirth. *British Journal of Midwifery*, *28*(6), 360–369. https://doi.org/10.12968/bjom.2020.28.6.360

Govender, D., Taylor, M., & Naidoo, S. (2020). Adolescent Pregnancy and Parenting: Perceptions of Healthcare Providers. *Journal of Multidisciplinary Healthcare*, *13*, 1607–1628. https://doi.org/10.2147/JMDH.S258576

Hackett, K., Lenters, L., Vandermorris, A., LaFleur, C., Newton, S., Ndeki, S., & Zlotkin, S. (2019). How can engagement of adolescents in antenatal care be enhanced? Learning from the perspectives of young mothers in Ghana and Tanzania. *BMC Pregnancy and Childbirth*, *19*(1), 184. https://doi.org/10.1186/s12884-019-2326-3

Hofberg, K., & Ward, M. R. (2003). Fear of pregnancy and childbirth. *Postgraduate Medical Journal*, *79*(935), 505–510, quiz 508–510. https://doi.org/10.1136/pmj.79.935.505

Ireson, D., Hendricks, J., & Pugh, J. (2015). Pregnant adolescents and midwives: Reinforcing the team. *Women and Birth*, *28*, S19. https://doi.org/10.1016/j.wombi.2015.07.070

Jamieson, M. K., Govaart, G. H., & Pownall, M. (2023). Reflexivity in quantitative research: A rationale and beginner's guide. *Social and Personality Psychology Compass*, *17*(4). https://doi.org/10.1111/spc3.12735

Kagawa, R. M. C., Deardorff, J., Domínguez Esponda, R., Craig, D., & Fernald, L. C. H. (2017). The experience of adolescent motherhood: An exploratory mixed methods study. *Journal of Advanced Nursing*, *73*(11), 2566–2576. https://doi.org/10.1111/jan.13329

Kassa, G. M., Arowojolu, A. O., Odukogbe, A. A., & Yalew, A. W. (2018). Prevalence and determinants of adolescent pregnancy in Africa: A systematic review and Meta-analysis. *Reproductive Health*, *15*(1). https://doi.org/10.1186/s12978-018-0640-2

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

Kathono, J., Nyongesa, V., Mwaniga, S., Obonyo, G., Yator, O., Wambugu, M., Banerjee, J., Breuer, E., Duffy, M., Lai, J., Levy, M., Njuguna, S., & Kumar, M. (2024). Adolescent perspectives on peripartum mental health prevention and promotion from Kenya: Findings from a design thinking approach. *PLOS ONE*, *19*(1), e0290868. https://doi.org/10.1371/journal.pone.0290868

Kawakita, T., Wilson, K., Grantz, K. L., Landy, H. J., Huang, C.-C., & Gomez-Lobo, V. (2016). Adverse maternal and neonatal outcomes in adolescent pregnancy. *Journal of Pediatric and Adolescent Gynecology*, *29*(2), 130–136. https://www.sciencedirect.com/science/article/pii/S1083318815003071

Kenya National Bureau of Statistics (KNBS). (2023, July). *Demographic and Health Survey 2022*. https://www.knbs.or.ke/wp-content/uploads/2023/07/Kenya-DHS-2022-Main-Report-Volume-2.pdf

Kotoh, A. M., Sena Amekudzie, B., Opoku-Mensah, K., Baku, E. A., & Glozah, F. N. (2022). Pregnant adolescents' lived experiences and coping strategies in peri-urban district in Southern Ghana. *BMC Public Health*, *22*(1). https://doi.org/10.1186/s12889-022-13318-2

Kululanga, L. I., Sundby, J., Malata, A., & Chirwa, E. (2011). Striving to promote male involvement in maternal health care in rural and urban settings in Malawi—A qualitative study. *Reproductive Health*, *8*(1). https://doi.org/10.1186/1742-4755-8-36

Kumar, S. (2022). The impact of talent management practices on employee turnover and retention intentions. *Global Business and Organizational Excellence*, *41*(2), 21–34. https://doi.org/10.1002/joe.22130

Miller, L. E., Zamudio-Haas, S., Otieno, B., Amboka, S., Odeny, D., Agot, I., Kadede, K., Odhiambo, H., Auerswald, C., Cohen, C. R., Bukusi, E. A., & Truong, H. M. (2021). "We Don't Fear HIV. We Just Fear Walking around Pregnant.": A Qualitative Analysis of Adolescent Sexuality and Pregnancy Stigma in Informal Settlements in Kisumu, Kenya. *Studies in Family Planning*, *52*(4), 557–570. https://doi.org/10.1111/sifp.12178

Moniz, M. de F., Astuti, A. W., & Hakimi, M. (2024). Psychological Impact of Adolescent Pregnancy in Developing Countries: A Scoping Review. *Women, Midwives and Midwifery*, *4*(2), Article 2. https://doi.org/10.36749/wmm.4.2.1-13.2024

Mumah, J. N., Mulupi, S., Wado, Y. D., Ushie, B. A., Nai, D., Kabiru, C. W., & Izugbara, C. O. (2020). Adolescents' narratives of coping with unintended pregnancy in Nairobi's informal settlements. *PLOS ONE*, *15*(10), e0240797. https://doi.org/10.1371/journal.pone.0240797

Mwilike, B., Nalwadda, G., Kagawa, M., Malima, K., Mselle, L., & Horiuchi, S. (2018). Knowledge of danger signs during pregnancy and subsequent healthcare seeking actions among women in Urban Tanzania: A cross-sectional study. *BMC Pregnancy and Childbirth*, *18*(1), 4. https://doi.org/10.1186/s12884-017-1628-6

Osok, J., Kigamwa, P., Huang, K.-Y., Grote, N., & Kumar, M. (2018). Adversities and mental health needs of pregnant adolescents in Kenya: Identifying interpersonal, practical, and cultural barriers to care. *BMC Women's Health*, *18*(1), Article 1. https://doi.org/10.1186/s12905-018-0581-5

Owuonda, S. A. (2023). *Impact of teenage pregnancy on girls' academic progression based on their experiences in Nyatike sub-county, Migori County-Kenya* [PhD Thesis, Egerton University].

Sarfo, J. O., Debrah, T., Gbordzoe, N. I., Afful, W. T., & Obeng, P. (2021). Qualitative research designs, sample size and saturation: Is enough always enough. *Journal of Advocacy, Research and Education*, *8*(3), 60–65. https://www.academia.edu/download/101557437/jare.2021.3.pdf

Sewpaul, R., Crutzen, R., Dukhi, N., Sekgala, D., & Reddy, P. (2021). A mixed reception: Perceptions of pregnant adolescents' experiences with health care workers in Cape Town, South Africa. *Reproductive Health*, *18*(1), 167. https://doi.org/10.1186/s12978-021-01211-x

Smith, W., Turan, J. M., White, K., Stringer, K. L., Helova, A., Simpson, T., & Cockrill, K. (2016). Social Norms and Stigma Regarding Unintended Pregnancy and Pregnancy Decisions: A Qualitative Study of Young Women in Alabama. *Perspectives on Sexual and Reproductive Health*, *48*(2), 73–81. https://doi.org/10.1363/48e9016

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License

Taheri, M., Takian, A., Taghizadeh, Z., Jafari, N., & Sarafraz, N. (2018). Creating a positive perception of childbirth experience: Systematic review and meta-analysis of prenatal and intrapartum interventions. *Reproductive Health*, *15*(1), 73. https://doi.org/10.1186/s12978-018-0511-x

Taubman–Ben-Ari, O., Chasson, M., Horowitz, E., Azuri, J., & Davidi, O. (2022). Personal growth in early pregnancy: The role of perceived stress and emotion regulation. *Journal of Reproductive and Infant Psychology*, *40*(6), 550–562. https://doi.org/10.1080/02646838.2021.1925096

Wainaina, C. W., Sidze, E. M., Maina, B. W., Badillo-Amberg, I., Anyango, H. O., Kathoka, F., Khasowa, D., & Okoror, C. E. M. (2021). Psychosocial challenges and individual strategies for coping with mental stress among pregnant and postpartum adolescents in Nairobi informal settlements: A qualitative investigation. *BMC Pregnancy and Childbirth*, *21*(1), Article 1. https://doi.org/10.1186/s12884-021-04128-2

Wainaina, E., Otieno, C. A., Kamau, J., Nyachieo, A., & Lowther, S. A. (2020). Norovirus infections and knowledge, attitudes and practices in food safety among food handlers in an informal urban settlement, Kenya 2017. *BMC Public Health*, *20*(1), Article 1. https://doi.org/10.1186/s12889-020-8401-x

WHO. (2022). *WHO recommendations on maternal and newborn care for a positive postnatal experience*. https://www.ncbi.nlm.nih.gov/books/NBK579657/pdf/Bookshelf_NBK579657.pdf

World Health Organization. (2022). *Guide for integration of perinatal mental health in maternal and child health services*. World Health Organization.

This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License