



Zambian Midwives' Experiences of Adolescent Pregnancy and Childbirth in a Clinical Midwife Context: An ethnographic study

Leena Honkavuo

Department of Caring Science Faculty of Education and Welfare Studies, Åbo Akademi University, PB 311, 65101 Vasa, Finland

Correspondence: Leena Honkavuo, Tel: +358 02 21531. Email : honkavuo@hotmail.com

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Summary

BACKGROUND

Adolescent pregnancy is a global health care concern. Approximately one million adolescents, younger than 15 years and 17 million adolescents in the age from 15 to 19 give birth every year, globally. For many Zambian adolescents pregnancy is not the result of a deliberate and conscious choice. Poverty, rural setting, and low education levels predispose many to adolescent pregnancies, childbirth and school drop-out. This exposes the adolescents to severe outcomes. Young adolescents' do not have the cognitive capacity or accountability to make life changing decisions. The objective of this study was to investigate and deepen the understanding of Zambian midwives' experiences regarding adolescent pregnancy and childbirth in a clinical midwife context.

MATERIALS AND METHODS

The study took an ethnographic interpretative design. Inductive data was collected by observational participation, conversational observations, written field notes and diaries along with interviews with seven Zambian midwives from January 2015 to March 2017.

RESULTS

The following themes emerged from the ethnographical analysis through empirical data material with midwives in a clinical midwifery context: (a) the midwives' attitudes over the adolescent pregnant woman; b) the midwives' perceived position; (c) the impact of the clinical midwife community culture.

CONCLUSION

Age, culture and society affects adolescent pregnancy and childbirth. Pregnant adolescents need professional support, access to information and a caring relationship in clinical midwife practice. It is essential that adolescents' and midwives' feel that they are all part of the same mission.

Keywords: Adolescents, Childbirth, Ethnography, Midwife, Pregnancy, Zambia

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Introduction

Adolescent sexuality profile is a protruding human and moral subject worldwide. In the sub-Saharan Africa adolescent pregnancies and childbirths are a major physical, mental and social issue [1,2]. In Zambia 28.5% of adolescents between 15 to 19 years had been pregnant or had given birth [3]. Zambia, the old British colony of North Rhodesia is a constitutional democracy in Southern Africa with approximately 18,5 million inhabitants in 2018. Zambia is one of the world's poorest countries [2,4].

Social as well as medicine science divides adolescence in early adolescence (12 to 14 years), average adolescence (15 to 17 years), and late adolescence (18 to 22 years). Adolescence is an important life phase which prepares the young human being mentally and physically to adulthood through developmental tasks and challenges [5,6]. When approaching parenthood from the perspective of consecutive age, one encounters the societal reality that young adolescents are not ready for social parenthood. The young adolescents are incapable of handling the necessities of everyday life that require the ability for organization and appropriate livelihood [7,8].

The prevalence of sexual intercourse among adolescents and the number of pregnancies has increased since 1950s in Zambia. In the 1960s and 1970s the society and health authorities progressively viewed the growing numbers of adolescent pregnancies as a problem [1,2].

Midwives form the base of women's and children's reproductive health care services in Zambia. The society's hierarchical power system found in clinical midwifery, includes principles of subordinate beliefs and dependencies [7,9]. Similar kind of principles are related to dominant methods and unethical behaviour towards pregnant and birth giving adolescents. This asymmetry provides room for a reserved attitude concerning openness,

loneliness and distance towards midwifery care [10]. It can be understood that it degrades the entire midwife profession from a global midwife's perspective and takes distance from the genuine and historical aim of midwifery – to serve the women and their children. Through history, midwives have been role models and pioneers who are convinced of the significance of collaboration for patient care nationally and internationally [11].

The theoretical perspective of this study is based on Hildegard Peplau's thoughts that have the starting point in behavioural- and psychological sciences about relationships. Peplau defines nursing and midwifery as a significant therapeutic interaction process between human beings [10,12].

The midwife's professional mission is to promote growth and learning, to improve life skills and thereby support various development processes or desired change. Interaction requires acceptable professional attitude to respond to an adolescent patient's individual problems or needs [10]. The midwife's indifference, disrespect for the adolescent girl's needs or the practice of power and control is immoral thus, not approved in a caring relationship in the context of midwifery [13]. The responsibility for advancing the relationship towards certain goals rests with the midwife, who together with the adolescent girl can determine whether the goals are being met. However, it is the adolescent who decides the purpose and goals of the interaction in the caring relationship.

Adolescent pregnancies have a high-risk profile due to multiple components that confer an increased risk of lifespan vulnerabilities for the adolescent and the unborn child. Medical complications connected to pregnancy and childbirth are the leading contributors to adolescent maternal and neonatal mortality. Additional contributors include complications from unsafe provoked abortions, sexually transmitted diseases and



HIV. These have an impact on the Zambian statistics of female adolescent mortality rates [9,14]. Adolescent pregnancies are identified as a major cause of school drop-out and low literacy levels. The desire to continue education is a reason why adolescents choose a provoked abortion. Although, abortion is legal in Zambia, adolescents undergo illegal abortions because of socio-economic reasons and that the governmental legal abortion services are experienced as unreachable and unacceptable [15].

The perception of adolescent pregnancy is socially undesirable and a negative phenomenon [8,16]. There is a gap between understanding adolescents, adolescent pregnancies and childbirths in the Zambian society. There are different reasons for adolescents to become pregnant. Many adolescent pregnancies seem to be unplanned and unwanted as much as some engage in unprotected premarital sex, despite the moral prohibitions.

Zambians are strongly religious. The predominant religion is a combination of traditional beliefs and Christianity. A minor part of the population adheres to Islam [1]. Regardless of religious affiliation premarital sex is forbidden. Sex education or rites of passage for girls to womanhood after their menarche is increasingly being taken over by schools, churches and non-governmental organisations. This kind of education formerly rested on the elderly family members with a consequence of early adolescent pregnancy, childbirth and child marriage [9,17,18].

This study aims to investigate and deepen the understanding of Zambian midwives' experiences regarding adolescent pregnancy and childbirth in a clinical midwife context. The results can be used to promote adolescent prenatal health and health of young

parents, not only in the Zambian society and midwifery context but internationally when it comes to planning, development and education of social and health care.

Materials and Methods

The study applied ethnography to understand and describe Zambian midwives' experiences of adolescent pregnancy and childbirth in a clinical context. Participation and observation are the cornerstones of ethnographic research [19,20]. The researcher was a part of the natural environment for Zambian midwives from January 2015 to March 2017.

In this study, the researcher describes the midwifery community's events and the members' interpretation of their own and others' activities. A long research period in the field allowed the midwives to become accustomed to the presence of the researcher and to continue their regular working activities.

The reflexivity of the researcher is an important part of ethnography. The researcher's starting point is a socio-cultural context that influences the midwives' reality in a constructionist way. This implies an inevitable researcher perspective that is the co-creator of the reality being studied and where the researcher participates by observing [19,21].

The study's genuine, empirical and inductive material consists of observational participation, conversational observations, written field notes and diaries along with interviews with the participants [22,23]. They gave this ethnographic study a holistic perspective. The study's inductive approach enables description, analysis and methodological interpretations of the Zambian midwife and his or her lifeworld.



Participants and Implementation of the Study

Seven female midwives from the capital city Lusaka were invited to participate in the study. The selection was theoretically sound and followed meaningful principles. The selection was made in line with Patton's [20] recommendation to achieve maximum variation in order to make visible variations and aspects of what is being studied. The participants were aged from 24 to 46 years old (median 33 years) and had spent between from 2 to 18 years in the profession (median 8 years). None of them had specialist training or continuing education related to adolescent sexual and reproductive health care.

The number of participants was small but in ethnographic studies, focus is on smaller communities where the number of participants is not crucial. A smaller number of participants usually enables deepened knowledge [19,21,23].

The observational period was 220 hours and resulted in 74 pages of written text. The study's ethnographic interviews lasted from 45 to 60 minutes. The interviews were recorded because the study had an extended character. The recording enabled analysis procedures of the material afterwards and guaranteed the validity of the study. The interview questions were formulated into descriptive, structural and confrontational questions.

Data Analysis

Thematic analysis techniques according to Corbin and Strauss [24] were used. The empirical material was reviewed, subsequently organized and integrated into ideas and themes using the principles of thematic analysis [25]. The themes were identified by using inductive method for the study's qualitative data. Preliminary capture ideas for preliminary themes were identified. These ideas were discussed in a research

group, compared and reconciled. The researcher applied the reconciled set of the ideas to six additional transcripts, written observation field notes and interview transcripts. An iteration of review and adjustment to develop a final whole that included descriptions and examples of the themes. Themes were identified by reviewing the ideas in data material. This was done until data saturation.

Rigour

Numerous approaches are used to ensure reliability of the study results. This is typical for qualitative studies. In this study triangulation of sources such as interviews, observations, fieldnotes and extended engagement during fieldwork enhanced its rigour. Reflexivity was throughout an integral part of the study process and an essential component of confirming the rigour of the ethnographic approach [21,23].

A continuous reflection was required of the researcher since she was a part of the social action in the Zambian midwifery context. The process of reflexivity was part of collecting data and fieldnotes knowledge. At the same time, it formed part of the consideration of analysis. Reflexivity allowed the researcher to capture and record the midwives' experiences and thoughts within a reflective account and all the fieldnotes collected. The researcher was able to offset personal bias as a professional nurse specialist and midwife and mother of twins. Without reflexivity the position might probably limit or restrict with the researcher's ability to collect and interpret data.

Ethical Considerations

Ethical issues were considered throughout the study. The District Medical Officer for Lusaka District granted the permission to conduct this study. The recruitment was done manually with active help from a local Family Health Clinic in



Lusaka and an obstetric clinic. Seven voluntary Zambian midwives provided their oral and written consent to participate.

Objectivity, anonymity, integrity, the possibility to discontinue and various research procedures were important ethical starting points to protect the participants [20,26]. The study was carefully analysed to avoid unnecessary harm or devaluation for any participants as well as not to create concern in any form. The researcher focused on to describe and interpret the participants' narratives according to scientific concepts and aims. The study does not wish to influence the Zambian midwife community's critical ethnography,

but it is obvious that the researcher had an ethical responsibility for the culture in which she participated during the implementation of the study.

Results

The following ethnographic narratives represent seven midwives' lived experiences and understanding of adolescent pregnancy and childbirth in a clinical midwife context that is related to the public maternity and reproductive health care in Zambia. The subsequent themes emerged from the analysis: (a) the midwives' attitudes over the adolescent pregnant; b) the midwives' perceived position; (c) the impact of the midwife community culture.

Table 1: Overview of categories and subsequent themes. Categories portray qualities for the public maternity care according to adolescent pregnancy and childbirth. The themes present an ethnographic interpretation of them conveying the underlying meaning of the categories.

Categories	Themes
Midwives acting by themselves: Normative thinking Religious values Challenges in communication and interaction Challenges in understanding Adolescent as a human and technical object Decision making and control	Midwives attitudes towards adolescents
The presence of midwives: Pedagogical platform as an educator Guiding and counselling Professional knowledge Technical midwife skills	The midwives perceived position
Contribution of midwives: Midwives participate actively and passively New midwife generation changes the culture Genuine caring of the woman and her child Qualitative practices and procedures becoming The influence of religion, beliefs and traditions Societal culture related to midwifery Teamwork between midwives	The impact of the midwife community culture



Midwives' Attitudes Over Pregnant Adolescent

The maternity clinic environment and midwives' attitudes should accommodate the adolescents needs so that they feel invited, welcome and want to receive the maternity care. Adolescent sexual behaviour is an issue that is intertwined in morals. Normative thinking and Christian values are steering the society, communities and culture.

"I strongly recommend adolescents sexual abstinence before marriage. If they really want to have premarital sex, they should get contraceptives and use condoms. That is the way to avoid diseases and the questions according abortion or birth giving. They should listen to our advices"

Midwives are the decision makers in maternity clinics. This positions the midwife in a position of power. It is challenging to take care of adolescents in labour. Midwives may experience that adolescents' do not always understand the given instructions or decisions to be made. Adolescents should be encouraged to take on the care that they receive during childbirth more often.

"These young adolescents' that come to us are sometimes a dilemma for us and the society. That's my opinion"... "A child is delivering a child... They come here when the labour has started. They do not talk... so we must make decisions for them and explain how to do"...

Midwives' Perceived Position

Midwives' are educated and respected professionals in the society. Midwives have an important position as educators and expert helpers who can share information for the adolescents. A new generation of midwives seems to be developing.

"I try to understand... be empathic and supporting towards the adolescents. They have different reasons why they are pregnant...

Some of them... or many of them become pregnant because of the cultural sex rites...Its difficult... We try to explain to the adolescent's girl's mother that these kind of consequences of unwanted pregnancies should not happen these days".

Pregnant adolescents may avoid seeking prenatal maternity care in early pregnancy stage. This is due to the fear of discovery and exclusion from the school, the family and the nearest neighbours at the compounds. The reactions of those around, are not always positive when the adolescent informs about the pregnancy.

"The adolescents need to go to school and not become mothers' in early age. They are scared to tell about the pregnancy not be to lonely and abandoned"...

Poor perinatal and maternal outcomes, shortages of important and modern equipment's and midwife staff is challenging and complicated. Thus, the working conditions necessitates that the midwives' have an empathetic approach to the adolescent.

"We are only a few midwives' here... It's challenging when there are no equipment so that we can do our job. These poor working conditions cause dissatisfaction... These adolescents... and the maternal and neonatal mortality rate is quite high among them... It is depressing... Our job is to support those who are bearing the consequences of unwanted pregnancy".

Impact of Midwife Community Culture

Respectful, open and effective communication in the midwife community reflects to the relationship between the adolescent pregnant and the midwife during



consultation and childbirth. Mutual trust forms the foundation towards a caring relationship.

“It is important that we try to be friendly and try to make the situations as good as possible... I know... that there are adolescents who have complained over disrespectful and non-supporting care from midwives during the childbirth.”

The midwives explain that African traditions, culture, beliefs and religion act as barriers for many adolescents to receive care. Due to this the midwife culture is powerful and influences the adolescent’s experiences in different ways.

“I want to see this in a critical way... I guess we newly educated midwives are more tolerant. Of course, we are influenced by our culture and community... We get here some foreign midwives sometimes and they have shown us that things can be done differently”...

Culture influences the expectations, choices and experiences of the adolescent, as well as the midwife's ways of working and the various internal power structures related to the midwife community culture in a maternity clinic. Making different decisions during childbirth should be a socially and culturally negotiable activity.

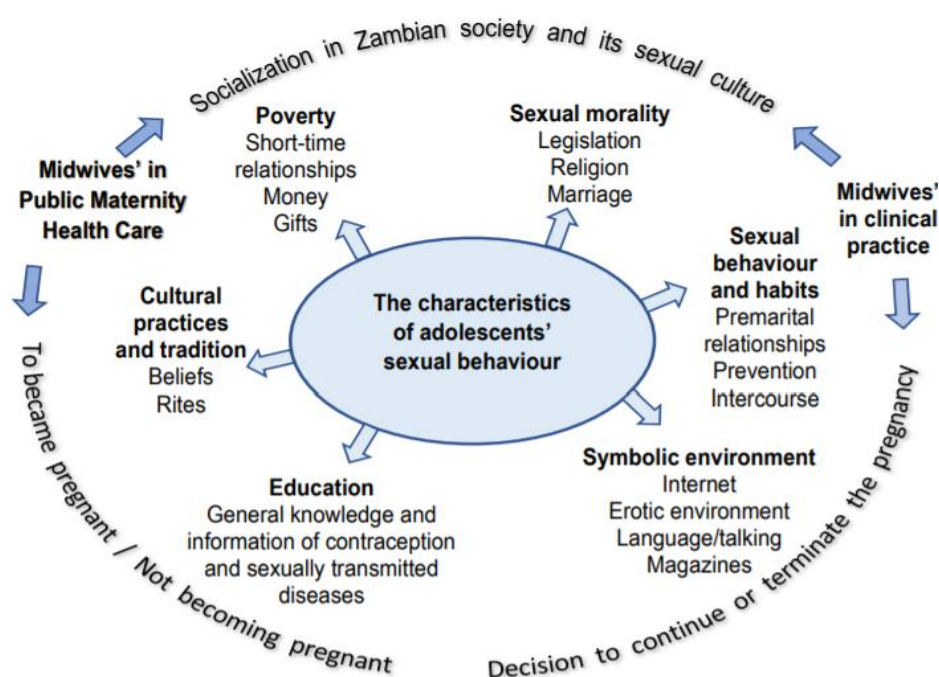


Figure 1: Adolescents’ background factors of sexual behaviour in Zambia; Undesirable pregnancies and sexually transmitted diseases are adverse consequences for adolescent sexual behaviour. Zambian midwife services are connected to adolescent health care and Zambian society’s sexual culture.

Discussion

The study’s objective was to investigate and deepen the understanding of Zambian midwives’ experiences according to adolescent pregnancy and childbirth in a clinical midwife context. The choice of

ethnography as a methodological gateway guided the study. Ethnographic studies are unique and limited on the chosen research field and the uncertainty of responses from the subjective field context, which confirms that it is difficult to prove an absolute truth [13,25].



The presentation provides insight into the empirical material with reasonable translucency, allowing the reader to follow the analysis conducted with references to different kind of modalities, and to open for the Zambian midwives' subjective perspective and understanding of the study object. Emphasis has been placed on elucidating themes through different forms of research material to highlight variance and divergence in the observations.

The participants of the study were united by a midwife community culture that required adaptation and an interpretation of the Zambian midwife context. The results are correlated with previous knowledge and societal context, which increases the study significance.

Comparison of the results of this study is complicated by the scant evidence-based research data on Zambian midwives' experiences of adolescent pregnancy and childbirth. The Zambian midwives' descriptions according to caring relationships with pregnant and birth giving adolescents emphasize different perspectives, which, taken together, illustrate in this study different and important meaning-bearing caring relationships. The relationship between a midwife and a pregnant adolescent is above all a nursing and helping professional relationship where caring is emphasized. According to Peplau's thinking [12], such a therapeutic caring relationship is based on trust and dialogic interaction. The midwives' work together with the adolescents to achieve them and their newborn integrity and health [10,17].

Midwifery is about problem solving, understanding, sharing, communicating, teaching and taking care of the surrounding environment. The midwives' responsibility is to ensure that professional skills and knowledge are utilized for the service of adolescent pregnant and birth giving women [13,27,28].

Age is a defining and outlining factor for the study results. It is obvious that age influences how Zambian adolescents experience their pregnancy and childbirth, and how the environment deals with this [17,29]. Age determines the experience of pregnancy and childbirth for both the adolescent's and the midwives. In the Zambian culture, due to age, adolescents are confronted with definitions that are difficult to detach. Adolescence and pregnancy are determined by the context in which it is defined in the society. According to Pinzon & Jones et al. [16] and Zeck & Bjelic-Radisic *et al.* [8] adolescent pregnancy and childbirth have several undesirable characteristics, which also the midwives in this study deal with.

Adolescence is seen as a kind of incomplete phase that lacks the prerequisites for adulthood. This quest for liberation from adolescences seems to be manifested, during child birth, such as speechlessness and unintention to manage certain issues such as newborn care [5,6]. However, the researcher noticed during the field observations that the midwives were able to leave the adolescent in a passive position by not listening to or trusting to the information they were sharing. This patriarchal action model categorizes adolescents and is ethically dubious. The midwife's clinical approach should always be heuristic and reflexive.

Midwives function as reproductive health care advisors for adolescents in the Zambian society. The symbolic environment such as the use of internet impacts strongly on the Zambian adolescents' sexual behaviour by opening a new understanding of erotic sexuality and pornography [28,30]. Poverty and the lack of belief on future possibilities such as education, work and better life influences adolescents' sexual debut and sexual behaviour. This contributes in many cases to pregnancy, childbirth and child



marriage. Poverty and female gender regards in many Zambian families to economic burden.

Parsons & Edmeades *et al* [31] explain that this problem finds its solution in child marriage as a family survival policy that is connected to social and financial benefits. Cultural practices and old traditions show that gender and sexual habits are normative in Zambian society. Initiation ceremonies and traditional practices are sexual experimentations on very young virgin adolescents with traditional instructors. These normative, pragmatic approaches – practices and rites, attribute to high prevalence of adolescent pregnancies, sexually transmitted diseases and childbirth [9,14].

The overall intention of the study has been to generate information that is true and meaningful in relation to human issues regarding women's and children's health care and its promotion in the Zambian midwifery context [19,32]. In this study, the subject – the Zambian midwives, has been viewed ethnographically from the inside of their context. This can be understood as an intersubjective construction [23]. This view is framed by ethical and humanistic attitudes that set demands on the study reliability. The researcher has by committing herself to the social context outlining new understandings of the study objective. In this study, reliability is not only a question of the chosen research method, but the criteria of reliability are conceptualized in the research process and its analysis, with the researcher being a part of the context she investigated.

Results of the study are connected to data triangulation, the past and the researcher's knowledge from Zambia. Various research methods have strengthened credibility [22,23,32]. The midwife's descriptions of similar and different experiences show that saturation has been achieved. Data was collected over two years which opened the understanding of the Zambian midwife

context, increased the reliability, completed the study and gave implicit information of the midwives' experiences of Zambian adolescents' pregnancy and childbirth.

Credibility is reliably presented, and its dependability has concurrently been realized [19,20,25]. Transferability is strengthened by those aspects that are related to the implementation of the study and by the presentation of the findings through an abbreviated description [19,23]. Seven midwives participated in this qualitative study. This was a conscious theoretical selection based on appropriateness in relation to the study's research mission. Confirmability is validated by the usefulness of the results and how the results relate to the study context [19,20].

This study increases evidence-based knowledge and understanding of transcultural nursing, midwifery and adolescent sexuality in Zambia. The study may contribute to new insights in midwife education, teaching adolescents' sexual behaviour and research related to women's and children's health. The study contributes knowledge to several international non-governmental organizations and voluntary organizations that seek to promote health and well-being in sub-Saharan Africa. On account of low prevalence of family planning and several high risks with additional unintended pregnancies among Zambian adolescents the study motivates further research on this topic. Different kinds of approaches, theories and processing the content from different perspectives could develop and support Zambian midwives' in their care of pregnant and child bearing adolescents.

Conclusion

Adolescent pregnancy and childbirth remain to be a global health problem that has not been solved. Maternal and neonatal mortality are strongly connected to quality and caring of pregnant and birth giving adolescents



in sub-Saharan Africa. A caring relationship between midwives and adolescents is based on trust, responsibility and professionalism. This kind of ethical approach, where adolescents can feel that they are recognized, seen and heard enables collaboration and continuous professional growth as well as development among Zambian midwives. It is significant that the midwife's actions and reflections are ethically defensible, equal and protect adolescents from suffering and various power relationships in the clinical midwife practice.

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Conflict of Interest

Statement: None declared.

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