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Vulnerabilities and Strengths of Pregnant Haitian Adolescents and their Families During Transition to Motherhood

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ABSTRACT

Background and Objective: Teenage pregnancy is considered a social and health problem because of its multifaceted consequences for pregnant teens, their family and society. The objectives of this article are 1) to describe the vulnerabilities encountered by pregnant teenagers and their relatives throughout the time of transition from pregnancy to motherhood and 2) to identify the strengths that are mobilized by these individuals during this period.

Methods: The qualitative data collection and analysis methodology was based on John Dewey's Social Inquiry. Participants were recruited from nine health institutions in the North and Northeast departments of Haiti. Data were collected through individual semi-structured interviews, which were audiotaped, transcribed, and exported for coding after verification and validation. The data were analyzed using the thematic analysis of Paillé and Mucchielli.

Results: A total of 50 interviews were conducted with 33 pregnant teenagers (aged 14 - 19 years) and 17 relatives. This research identified vulnerabilities and strengths experienced by the adolescent participants and their relatives during the motherhood transition.

Conclusion and Global Health Implications: The experiences, challenges, and vulnerabilities associated with the teenage-motherhood transition and the needs of pregnant teens, partners, and parents were identified in this study. The results indicated that more attention must be given to psychosocial and material support programs for pregnant adolescents and their loved ones during the motherhood transition and after-childbirth period. When logically and effectively implemented, the study results and suggested recommendations can be used as tools for reaching local and global public-health initiatives in Haiti.

Keywords: • Teenage Pregnancy • Transition to Motherhood • Vulnerability • Strength • Haiti

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I. Introduction

The transition to motherhood is considered a crucial period in the development of a woman's life.^{1,2} Often, it is seen as an agonizing time for teenage girls.³ Studies have shown that pregnant teens face physical,

emotional, cognitive, social, and cultural challenges, such as a lack of physical maturity,⁴ psychological problems,⁵ economic difficulties,¹ social and family isolation,⁵ health problems,⁶ family conflicts,⁷ minimal parental support,⁸ and undernourishment.⁹ These

challenges can be mitigated with partner and family support.⁸ The consequences of teenage motherhood affect not only young girls but also their partners, parents, and society.²

In Haiti, teenage girls are vulnerable to early and unwanted pregnancy.¹⁰ According to statistics, the pregnancy rate among teenagers (15 to 19 years of age) was 10%.¹¹ During the transition to motherhood, they face many challenges, such as malnutrition, which affects approximately 23% of pregnant teenagers.¹² About 59.6% of these teenage girls gave birth at home in the absence of health professionals.¹¹ These teenage girls are most likely to die during pregnancy or childbirth.¹³ These pregnancies often occur at a time when they are students or unemployed.¹⁴ As a result, their relatives accept substantial responsibility during the transition and beyond. Culturally, the Haitian family is a social safety net for its members.¹⁵

Despite these and other challenges faced by pregnant teenagers, there is a paucity of research on the adolescents' experiences of transitioning to motherhood in Haiti from the perspective of the teenage girl and her family. The few existing studies focus on the subject from an epidemiological perspective.^{16,17} It is necessary to understand the teenage girl and her family's perspectives (e.g., their vulnerabilities and strengths) to improve their experiences during this period and to improve public health policies, programs, and services in Haiti. This study is aligned with the previous recommendation of Gilbert and Gilbert (2017) that highlighted the need for exploring the experiences of pregnant adolescents and their families during pregnancy in Haiti.¹⁰ This article's objectives are 1) to describe the vulnerabilities encountered by pregnant adolescents and their relatives during the transition to motherhood and 2) to identify the strengths mobilized by these individuals during this period. The knowledge gained from this study can be critically used to guide policymakers, health professionals, and others who work to improve the teenage pregnancy condition in Haitian society.

2. Theoretical Perspective

Two theoretical perspectives were used to construct the interview guide and data analysis structure: intersectionality¹⁸ and social justice theories.^{19,20}

The application of intersectionality in research offers the possibility of multiple analyses, which consider categories of social identities, such as race, ethnicity, gender, sexual orientation, and other dimensions of social inequalities,²¹ while considering the heterogeneity of all individual groups.²² Most importantly, the application of intersectionality allows for a deeper understanding of the intersections between social determinants. For Fraser, a feminist author who focused on issues of social justice, injustices did not stem from a single facet of reality, such as recognition of one's own identity²⁰; the author proposes to focus on the principles of resource redistribution and public participation, which highlights the need for equal political representation to solve inequities and injustices.¹⁹ This three-dimensional conception of social justice can be used by public health officials to analyze injustices that still prevail in our contemporary society. Based on this dual theoretical framework that reflects a systematic approach and complexity, the researcher of this study proposes two initial propositions. The first one relates to the negative consequences of teenage pregnancies on teens and their relatives, including the burden of facing this often-unexpected event with limited access to programs, services, and governmental policies that support teen maternity care. The second one relates to the isolation risk when family assistance is the only source of support for pregnant teenagers.

3. Methods

John Dewey's qualitative social survey, based on a pragmatic epistemology,²³ was chosen to answer our research question and, therefore, was used to explore the transition to motherhood by teenagers. After following a logical investigation based on experiential knowledge and social construction of meaning in view of social issue resolution, the researcher developed a unique alternative for research analysis with this pragmatic perspective.²³ Dewey's pragmatism is unique in its functions for creating a new logic through the reconstruction of individual meanings that are embedded in context and for using the process of abduction. Abduction is the iterative movement between inductive and deductive approaches²³; therefore, abduction was used in several experimentation tests in our study.²⁴

Due to a lack of knowledge among Haitian teenage girls on the transition to motherhood, this method was seen by the researcher as the best method to provide an initial description of experiences. As a qualitative research tool, the method can be used by researchers to facilitate the study of social and human phenomena in the natural environment; researchers can also use the method for phenomena interpretation based on the participants' experiences and knowledge.²⁵ Since we adopted social survey logic, the initial theoretical propositions were evaluated with empirical data. A field proposition emerged in relation to constraints and strengths, and we proposed that teenage pregnancy represented an economic and psychosocial burden for loved ones.

3.1. Field and Study Participants

Participants were recruited from nine health institutions located in eight municipalities out of 132 health institutions in 32 municipalities in the North and Northeast departments of Haiti.²⁶ This study was conducted from October 2020 to January 2021. In these two departments, the prevalence of teenage pregnancy (10%) exceeds the national average (11%). Thus, these departments have been recommended by departmental authorities. The health institutions that agreed to participate experience high (three), medium (three), or low (three) levels of teenage pregnancy, which correlate to specific geographical locations. A total of 50 participants were recruited, including 33 pregnant teenagers and 17 relatives (i.e., partners, mothers, and guardians).

3.2. Data Collection

3.2.1. Interviews with pregnant teenagers

The recruitment of pregnant teenagers was done using a convenience sample process and was performed in the prenatal clinics of both departments. Pregnant teens were informed of the study by clinicians during their prenatal visit. In most of the institutions (seven of nine facilities), the researcher and a research assistant (also a nurse by training but not employed by the institution) performed on-site interviews and recruitment. The potential participant was led by the clinician to meet the team in a room. For the other two institutions, the community

health workers informed potential study participants during a regular home visit. The prospective participants informed the health worker of their interest, and the latter transmitted the information to the institutional leaders as a preliminary step for the recruitment and interviewing process. Since the primary researcher was a male, it was decided that a female nurse (by training) was recommended to conduct the interviews because she could better facilitate disclosure and trust from the participants.

3.2.2. Interviews with relatives

The participants' relatives were recruited to participate in the study. The participants were sent a letter and a summary of the study to invite one of their relatives to participate in this research. The interview date with the relatives was set within 8 days of receiving the letter. The letter specified that the invitee could change the interview date by contacting the researcher by phone. The interviews with the relatives occurred in the health institution where the participant received the initial prenatal consultation. The interviews were conducted by the researcher.

3.3. Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were applied in this study. All pregnant teens who lived in one of the two departments during pregnancy were eligible for the study. However, pregnant teens under the age of 18 who did not have the signed parental authorization form on the interview day were excluded. The young women were asked questions if they were in a domestic assistance role (*rèstavèk* in Creole, i.e., a child who has been delivered into servitude to a person who is not his parent) and if they experienced domestic violence, particularly from relatives. If the interviewees answered these questions in the affirmative, then they were excluded from the study. If they had partners under the age of 18, then the teens were also excluded.

3.4. Data Collection Tools

Semi-structured, one-on-one interviews were used as the primary data collection tool. The interview guide for pregnant adolescents was built around five general themes: 1) the interviewed participant's

socio-demographic profile, 2) the participant's life course, 3) her living conditions during pregnancy, 4) her experience with sexuality before and during pregnancy, and 5) her plans. The interview guide for relatives was built around three general themes: 1) the participant's socio-demographic profile, 2) the relative's perception of pregnancy and motherhood in adolescence, and 3) the relative's experiences during the participant's pregnancy. Interviews were conducted in Creole, the language spoken by all Haitians. The interview transcripts were systematically reviewed by the student researcher to ensure a thorough understanding of the participants' experiences and to identify emerging themes from the participants' testimonies to prepare for future interviews. All interviews were audiotaped.

3.5. Data Processing and Analysis

The recordings were reviewed and transcribed. The transcriptions were read and reviewed by the authors to identify relevant codes, themes, and categories. After verification and validation, the 69 transcriptions were exported to Qualitative Data Analysis (QDA) Miner version 6.0.5 software for encoding. To analyze the data, the researcher used the thematic content analysis described by Paillé and Mucchielli.²⁷ As part of this study, the process of continuous thematic analysis was performed in four steps to see the identification, grouping, subsidiarity, and discursive examination of the coded sections into themes addressed in the corpus of transcribed interviews. This method of analysis makes it possible to construct a thematic tree with a hierarchy of themes and sub-themes.²⁷ As part of this study, the researcher noted the relevant codes, themes, and sub-themes. During this process, the researcher considered the objective, proposals, and research question, as well as the investigational conduct. During the analysis, codes were sectioned into themes and sub-themes of the tree, which were grouped into a list of categories, and their organization was proposed. As a result, the authors were able to categorize the data into a comprehensive description of the participants' experiences. Abduction, the social survey iterative process of emergent and deductive analysis, was performed through continuous case or participant comparisons, which ensured a pragmatic empirical perspective. Divergent, convergent, and

complementary analyses were conducted to compare and further refine the final propositions concerning the vulnerabilities and strengths of the participants and their relatives during the transition from pregnancy to motherhood.

The themes and sub-themes were sufficiently appreciated to highlight the characteristics of their contents. The salient sub-themes were grouped into clusters under different entries (e.g., convergence with other themes). Themes and sub-themes were checked for concurrence with key concepts in the theoretical frameworks, such as cultural recognition, economic redistribution, public participation, representation, and intersectionality.

3.6. Ethical Considerations

The ethical approvals were granted by the Ethics Committee of Laval University, as well as by the Haitian National Bioethics Committee. To participate in this study, participants had to be 18 years of age and older and had to provide written informed consent. Those who were under the age of 18 had to give their assent along with their parent or guardian consent. Participants were informed that their participation was voluntary, and they had the right to withdraw from the study at any time without prejudice.

4. Results

4.1. Socio-demographic Characteristics of Participants

Participants in this study were divided into two groups, including 33 pregnant teens and 17 relatives. The teenage girls in this study were 14 to 19 years of age (Table 1).

Most relatives that were included in the study were participants' mothers; the participants' partners were reluctant to participate in the study except for three partners (Table 2). None of the three partners was identified as violent.

The participants' statements concerning their experiences during the transition to motherhood produced two overarching themes: vulnerabilities during the transition to motherhood and the strategies used to overcome the various challenges. These two themes were divided into several sub-themes.

Table 1: Demographic Characteristics of Pregnant Adolescents (ADO)

Pregnant Adolescent	n (%)
Age (years)	
14 to 15 years	4 (12.12)
16 to 17 years	10 (30.30)
18 to 19 years	19 (57.58)
Marital Status	
Single	9 (27.27)
Cohabitation	14 (42.42)
Common-law partner	9 (27.27)
Married	1 (3.03)
Occupational Status	
Informal shopkeeper	4 (12.12)
Unemployed	27 (81.82)
Dressmaker	1 (3.03)
Hairdresser	1 (3.03)
Schooling	
Primary	24 (72.73)
Secondary	8 (24.24)
Out of School	1 (3.03)
Number of Pregnancies	
1st Pregnancy	24 (72.73)
2nd Pregnancy	9 (27.27)
Place of Residence	
Rural	14 (42.42)
Urban	19 (57.58)

4.2. Vulnerabilities during the Transition to Maternity

Pregnant teenagers and their loved ones identified a set of challenges they faced during the transition to motherhood. These vulnerabilities are discussed under the following sub-themes.

4.2.1. Teenage pregnancy - a period of social isolation and shame

Most participants in the groups experienced periods of isolation and shame. One participant stated,

“Since my pregnancy, I have been living in isolation because I can’t participate in activities like singing in my church choir. I’ve been punished, and I can’t go to school” (ADO008).

Table 2: Demographic Characteristics of Relatives (PRO)

Relatives	n (%)
Relative Type	
Partners	3 (17.65)
Mothers	10 (58.82)
Sisters	2 (11.76)
Tutors	2 (11.76)
Marital Status	
Single	6 (35.29)
Cohabitation	1 (5.88)
Common-Law Partner	5 (29.41)
Married	1 (5.88)
Widow/Widower	4 (23.53)
Occupational Status	
Informal Shopkeeper	3 (17.65)
Unemployed	7 (41.78)
Housekeeper	5 (29.41)
Industrial Worker	1 (5.88)
Motorcycle Taxi Driver	1 (5.88)
Place of Residence	
Rural	5 (29.41)
Urban	12 (70.59)

A mother of a participant stated,

“Now I am ashamed to go to church; I am a deaconess; imagine, my daughter is pregnant; moreover, her child has no father. I have been forced to hide since her pregnancy” (PRO005).

4.2.2. Food insecurity during pregnancy

Most participants stated that lack of food was one of the main constraints during their pregnancy. One participant stated,

“I did not eat for two days because I couldn’t find food” (ADO004).

According to another,

“Sometimes we do not eat for a whole day. I don’t find food until the following day” (ADO029).

Several relatives stressed that they were unable to feed their associated participants. One mother confessed,

"I can't feed my daughter during her pregnancy" (PRO001).

One partner said,

"Sometimes I went to work without leaving anything to eat for my wife. She's forced to go through the day without eating at all" (PRO007).

4.2.3. Partner and family violence during pregnancy: living in fear

During the transition to motherhood, most participants experienced physical or verbal abuse. Nearly one-third (9) of teenage girls experienced physical violence during pregnancy. One participant revealed,

"My partner hit me during my pregnancy, and I can't even count the number of times" (ADO001).

Sometimes physical abuse comes from parents. One participant stated,

"My mom wasn't happy because I was pregnant; she hit me and insulted me" (ADO019).

More than two-thirds (40) of the participants in this study also experienced verbal abuse. A teenage girl revealed,

"I have my partner's mother and two sisters who threaten me (...) and who have been insulting me on the street since my pregnancy" (ADO003).

A mother of a young pregnant girl stated,

"One day, several men come to my house; one of them told me that 'the day your daughter said again that I am the father of her child, I will kill her'" (PRO017).

One partner stated,

"My wife's parents have insulted me a lot since their daughter's pregnancy because I am poor and an orphan" (PRO002).

4.2.4. Delay in prenatal consultation for economic reasons

All participants had their first prenatal visit during the second or third trimester of pregnancy. Lack of health literacy and neglect are not the only causes of this delay. One teenager revealed,

"I can't come to the hospital easily because I have no money; I'm eight months pregnant, and I have only come to the hospital twice for lack of funds" (ADO004).

Some participants do not have money to fill clinicians' prescriptions.

"... I was asked to have an ultrasound. I have no money to pay for it; my parents and partner have no money to help me pay the cost, which is 500 gourdes (\$5 US)" (ADO012).

One relative stated,

"My difficulty is that I have no way to send my daughter to the hospital during her pregnancy" (PRO001).

4.2.5. Poverty: its impact on childbirth and surviving the perinatal phase

Economic barriers and lack of financial support contributed to concerns among many participants about childbirth and beyond. One mother stated,

"... I wondered 'where will I find the money to pay for my daughter's delivery? After childbirth, what I will do to look after her?' (...) I see that she will have a bad time" (PRO017).

One partner stated,

"... I work, but I don't really make money. This is a big problem because she is going to give birth; we don't know what kind of delivery she's going to have or where we're going to find the money to pay..." (PRO008).

A pregnant teenager stated,

"My baby's father refuses to recognize that he's the dad, and my parents have lost their jobs since the arrival of COVID-19, so I'm facing some serious economic problems while trying to survive" (ADO031).

4.2.6. Preparation difficulties while welcoming the baby

Most participants experienced financial difficulties while preparing for motherhood.

"I am eight months pregnant, but I have not prepared anything for my delivery. I'm expecting help from good Samaritans" (ADO002).

Another teenager stated,

“I didn’t prepare anything for my delivery because I have no money, despite being seven months pregnant” (ADO005).

One participant in her ninth month of pregnancy stated,

“ I was given a few clothes for the baby, but now I have no money to purchase the things needed for my delivery” (ADO015).

4.2.7. Fear of giving birth in a hospital due to high costs

More than half (17) of the participants expressed fear of giving birth in a hospital setting. Despite their knowledge of the risks connected to home birth, they opted for home delivery for several reasons: economic, health, and cultural.

“I would like to give birth at home, even if there are dangers in a home birth, but I have no money (...) hospitals are expensive” (ADO022).

Another teenager stated,

“ I would like to give birth at home to save the money I would have to pay at the hospital. I need this money to eat” (ADO014).

Other participants were afraid of the service quality.

“I would like to give birth at home because, in the hospital, we suffer discomfort and can’t find care” (ADO021).

Some participants preferred to listen to the advice of others.

“I would like to give birth at home (...). I’ve been advised that when I begin to suffer childbirth pain, I shouldn’t go to the hospital, but call a matron” (ADO001).

4.2.8. Deterioration of physical health

Most participants had major health problems during their pregnancy. One participant stated,

“Since giving birth to my first child, I have been suffering from high blood pressure. Now my health is deteriorating with this second pregnancy because I have

thought too much about my life. These things have really gotten into my head” (ADO005).

Another stated,

“I don’t feel well. I’ve already had two surgeries since my pregnancy” (ADO020).

Pregnant girls and their loved ones experience many constraints during the transition to teenage motherhood. Often, these girls are left alone in the crisis. They must develop their own strategies to succeed.

4.3. Strengths Mobilized to Address Multiple Vulnerabilities

Participants in this study faced many challenges during the transition to motherhood. However, they developed and used strengths to meet their challenges. Future sub-themes with example strategies are described below.

4.3.1. Family solidarity

Approximately 75% of participants testified to the affirmative communal solidarity they received during this period. One teenager stated,

“During my pregnancy, my cousins, aunts, and sisters helped me. They bought things for the baby and purchased or gave me food when I didn’t have any ”(ADO012).

Another participant stated,

“It’s my sister, mother-in-law, and sister-in-law who gave me money to come to the hospital and do other things” (ADO019).

A single participant revealed,

“My cousin has been taking care of me during my pregnancy (...), sending me to the hospital and giving me money every day for food. If he’s short of cash, he invites me to come and eat at his house” (ADO002).

4.3.2. Partner support and dedication

The participants’ partners made many sacrifices to assist. One partner recounted his contribution in this way:

“ I do odd jobs, and I participate in a tontine to save money to buy the necessities for my wife” (PRO007).

Another partner said, *“I work, and sometimes I spend a day without eating anything (...) my wife does a bit of business and together we’ve saved some money to solve our problems”* (PRO008).

Several participants revealed their partner’s efforts to provide support.

“Ever since I became pregnant, he’s been going deep sea fishing to earn money to give me” (ADO033), or *“my partner is preparing for his finals at school (...), but he will work in construction on Saturdays and Sundays to provide money so that I can buy certain things”* (ADO006).

4.3.3. Material support and parental mentoring

Some parents provided material assistance and advice to their participative daughters. Some participants were totally dependent on their parents. One participant stated,

“During my pregnancy, my father and mother gave me everything” (ADO031).

This participant’s mother expressed the efforts she made during her daughter’s pregnancy:

“Except for what comes from God, everything depends on me: her food, her work, the hospital costs. Sometimes I sold my dishes so I could send her to the hospital” (PRO017).

The parents in this study stated that they gave advice to their participative daughters. One mother told her story this way:

“I gave her advice about going to the hospital, respecting appointments, (...) getting vaccinated” (PRO006).

All parents stated that they would assist their daughter even after childbirth. Another mother expressed her feelings this way:

“Well, she’ll have a home birth. I’ll do everything I can for her, such as help with the laundry and food preparation. I’ll go to the health center with her and make sure that the baby gets vaccinated” (PRO011).

5. Discussion

This study was conducted from a qualitative perspective and revealed the vulnerabilities of teenage

girls and their loved ones during the transition to motherhood. Health problems, shame, isolation, physical and verbal abuse, school abandonment, religious sanctions, malnutrition, economic hardship, poor follow-up in prenatal consultation, and fear of childbirth in a hospital were the main challenges faced by participants. Family solidarity, partner support, and parental assistance were the main sources of strength that supported participants.

The study results revealed that pregnant teens experienced physical health problems during their pregnancy. Previous studies have shown that physical health problems, including high blood pressure, anemia, urinary tract infections, and others, are associated with teenage pregnancy.^{2,9} Economic hardships linked to social inequity issues are at the core of many challenges, as revealed by the study results, which showed many negative consequences during the maternity-transition period. Participants in the study reported their inability to find food, and some partners and family members reported their inability to feed the participants. A comparative study in Ghana showed that during pregnancy, teenage girls were more exposed to poor nutrition than older women.⁹ Most participants in this study did not meet the standards in terms of prenatal consultation and preferred giving birth at home. These findings were consistent with a study in Tanzania, which highlighted those teenage girls who had fewer prenatal visits were more likely to have a home birth.²⁸ However, this study suggests that traditional births, supported by matrons rather than clinicians in a hospital setting are more accepted by teenage girls. Further studies of traditional perinatal care are needed. In addition, economic and financial vulnerabilities are among the root causes of non-compliance regarding prenatal visitations and home-birth preferences. Countries, such as Burkina Faso, have developed a recent economic policy that promotes access to prenatal care at no cost to pregnant mothers.²⁹ Haiti could implement a similar model. Home birth is an economic strategy for disadvantaged teenage girls. A recent Haitian study indicated that obstetric services that were provided by traditional medicine professionals could be used to mitigate economic poverty and vulnerability among targeted families.³⁰ Family expenses are increased

because of the transition-to-motherhood burdens; participants and their families did not receive social and state support during the pregnancy period. Teenage pregnancy is an economic burden on Haitian families. The lack of governmental and democratic policies and social programs that support women may create additional problems that result in extreme poverty, especially among pregnant women during the perinatal period. Pregnant women are in an increased state of anxiety and stress, as planning for childbirth and post-partum periods is crucial but difficult for teenage girls in some Haitian contexts.

Culturally, fertility is uniquely defined in Haitian society. Indeed, pregnancy outside of marriage is disfavored.³¹ Thus, most participants in this study were exposed to physical and verbal abuse during their transition to motherhood. Violence during pregnancy is known to be a widespread problem even in high-income countries. However, resources are readily available in privileged nations. Unfortunately, no such provisions exist in Haiti for young mothers. Often, the perpetrators of violence are partners or family members. Previous studies have revealed that teenage mothers are sometimes subjected to various types of violence during and after pregnancy.^{4,5} The participants in this study were forced to abandon school. No educational institution in Haiti will accept a pregnant girl as part of its school community. Furthermore, several participants were sanctioned by the church for their pregnancies that were out of wedlock, or the teenagers' parents were targeted because of their daughter's situation. Social and religious norms further impact the girls' experiences. These findings are consistent with those of a Thai study that showed shame, dropping out of school, and the impacts of religious norms are the challenges faced during the transition to motherhood.³² The participants in this study are confronted with specific inequalities, such as cultural disapproval, limited economic resources, and lack of political representation, which increases their vulnerability during the transition to motherhood.

The results of this study also revealed that social support was a strengthening factor and stress mediator. Some family members provided cash and

support to the associated participant during the transition to motherhood. Several previous studies have found that family support is considered a positive factor for teenage girls and their family members during the transition to motherhood.^{3,33} Most partners of the participants made sacrifices to fulfill their role as fathers, namely, to provide support during the pregnancy. These partners sought to protect their spouses or girlfriends from adversity. The study only presented the experiences of three fathers, and the results had to be taken as particular cases that did not represent the experiences of most men in the North and Northeast departments of Haiti. Several studies have suggested that fatherly support has a tangible effect during this period.^{3,34} The parents in this study supported their daughters financially and materially, giving them food and clothing as well as services (hospital-visitation assistance), counseling, and parental training. The results were consistent with the literature, in which one study showed the positive impact of parental support throughout this transition, including caregiving, material support and mentoring.³²

5.1. Strengths and Limitations of the Study

The study highlighted the experiences of the transition to motherhood among Haitian teenage girls and their loved ones. The participants were able to voice their concerns and share their stories, which led to the introspection of their experiences. In addition, according to the literature review, this is the first study of its kind in the country. These results may be transferrable to other similar contexts in Haiti. However, the study's portability should be considered with caution. Among the participants, there were only three partners, and a study with a significant number of partners could yield different results. In addition, the research also has limitations in relation to its qualitative nature; a mixed-method estimate could be used to identify and quantify themes of importance, resulting in targeted planning of preventive policies and programs. As a result, future studies should explore the experiences of partners of teenage mothers during the pregnancy period. Further research will be useful in examining the link between prenatal-care costs and the reluctance of pregnant teenagers to participate in prenatal consultation.

Finally, future research should prioritize the mixed method to holistically explore the problem.

6. Conclusion and Global Health Implications

This study highlights specific vulnerabilities and strengths relating to pregnant Haitian teenagers and their loved ones during the transition to motherhood. The results revealed that participants experienced physical, social, economic, material, and health vulnerabilities. In contrast, the identified strengths were the solidarity and safety net offered by family members through social support, the responsibility and dedication of most partners, and the support and mentorship of parents. Family support was present in all circumstances. The negative consequences of the transition to motherhood affect pregnant teenagers, partners, and parents. Mutual aid and solidarity remain the most effective means for reducing the negative effects that occur during this transition period in the Haitian context, characterized by a lack of targeted economic and social policies.

Finally, the results made it possible for the researcher to verify the research propositions. In addition, this study can be used to understand the challenges associated with the transition from teenage pregnancy to teenage motherhood and the needs of pregnant teens, partners, and parents. The study will provide some evidence-based information for future intervention planners to create programs and support policies that facilitate access to free health care for pregnant adolescents and their babies. Development and implementation of psychosocial and material support programs for pregnant adolescents and their loved ones during the transition to motherhood and after childbirth should be envisioned. This approach could be used to support some objectives of the 2030 Sustainable Development Goal, including poverty eradication, good health and well-being, gender equality, and reduced inequality.

Compliance with Ethical Standards

Conflict of Interest: The authors declare no competing interests. **Financial Disclosure:** Nothing to declare. **Funding:** This study received financial support from the International Development Research Center (IDRC) and the Center for Research on Social Innovations (CRISES). **Ethics Approval:** The ethical approvals were granted by the Ethics Committee of Laval University, as well as by the Haitian National

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Key Messages

- ▶ The transition from pregnancy to adolescence is a burden on the family economy.
- ▶ Mutual aid and solidarity remain the most effective ways of reducing the negative effects that are linked to this transition period (adolescence to pregnancy to motherhood) in the Haitian context.
- ▶ Pregnant teens and their family received no third-party assistance during the transition from pregnancy to motherhood.

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