

Determination of the Adolescent Mother's Perceptions of Maternity and Prenatal and Postnatal Period Needs

Adölesan Annelerin Annelik Algıları ile Prenatal ve Postnatal Dönem İhtiyaçlarının Belirlenmesi

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ABSTRACT

Introduction: Adolescence, one of the important processes in human life, is a period in which many important physical, psychological, and social changes occur. However, various physical, psychological, and social changes also occur during pregnancy. Experiencing these important periods at the same time exposes the individual to various risks. This study was conducted to determine the perceptions of motherhood and their needs of adolescent mothers in the prenatal and postnatal periods.

Methods: The research was conducted between 20.02.2022 and 28.05.2022 with 30 adolescent mothers who reside in İğdır province and meet the criteria for inclusion in the research. Demographic and Personal Information Form and semi-structured Adolescent Mother Interview Form, prepared by the researcher, were used as data collection tools. This study was conducted as qualitative research, and the data obtained through semi-structured interviews were analyzed descriptively. The findings were grouped into three themes: prenatal needs, postnatal needs and perceptions of motherhood.

Results: Considering the findings of the study, the average age of the adolescent mothers participating in the study was 19.8, the participants did not feel ready for motherhood, and they did not have enough information about the pregnancy process, baby care, health, and nutrition. It was also found that they needed support, and related to this, they did not find themselves fully competent in motherhood.

Conclusion: It has been concluded that adolescent mothers perceive motherhood positively to a large extent and need support due to their lack of knowledge and skills in many subjects in the prenatal and postnatal periods.

Keywords: Adolescent, Adolescent mother, Maternal needs

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ÖZET

Giriş: İnsan yaşamındaki önemli süreçlerden olan adölesan dönem, fiziksel, psikolojik ve sosyal açıdan birçok önemli değişikliğin meydana geldiği bir dönemdir. Benzer şekilde gebelik döneminde de çeşitli fiziksel, ruhsal ve sosyal değişiklikler yaşanmaktadır. Bireyin bu önemli dönemleri aynı anda yaşaması onu çeşitli risklerle karşı karşıya bırakmaktadır. Bu çalışma, adölesan annelerin annelik algıları ile prenatal ve postnatal dönemlerdeki ihtiyaçlarının belirlenmesi amacıyla yapılmıştır.

Yöntem: Araştırma, 20.02.2022-28.05.2022 tarihleri arasında İğdır ilinde ikamet eden ve araştırmaya dahil edilme kriterlerine uyan 30 adölesan anne ile yürütülmüştür. Veri toplama aracı olarak Demografik ve Kişisel Bilgi Formu ile araştırmacı tarafından hazırlanan yarı yapılandırılmış Adölesan Anne Görüşme Formu kullanılmıştır. Bu çalışma nitel bir araştırma olarak yapılmış ve yarı yapılandırılmış görüşmeler aracılığı ile elde edilen veriler betimsel olarak analiz edilmiştir. Bulgular doğum öncesi ihtiyaçlar, doğum sonrası ihtiyaçlar ve anneliğe ilişkin algılar olmak üzere 3 temada toplanmıştır.

Bulgular: Araştırmanın bulgularına bakıldığında, çalışmaya katılan adölesan annelerin yaş ortalamasının 19,8 olduğu, katılımcıların kendilerini anneliğe hazır hissetmedikleri, gebelik süreci, bebek bakımı, sağlığı ve beslenmesi gibi konularda yeterli bilgiye sahip olmadıkları ve desteklenmeye ihtiyaç duydukları, bununla ilişkili olarak da annelik rolü konusunda kendilerini tam olarak yeterli bulmadıkları tespit edilmiştir.

Sonuç: Adölesan annelerin büyük ölçüde anneliği olumlu algıladığı ve prenatal ve postnatal dönemlerde pek çok konudaki bilgi-becerilerinin eksik olmasına bağlı olarak destek almaya ihtiyaç duyduğu sonucuna ulaşılmıştır.

Anahtar Kelimeler: Adölesan, Adölesan anne, Annelik ihtiyaçları

1. Introduction

Adolescence, which is one of the important stages of human life, is a process in which the individual passes from childhood to adulthood by experiencing biological, psychological, and social changes. During this period, various problems related to identity process, peer relations, communication with the opposite sex, and sexuality can be experienced (Çelebi and Çayır, 2021; Akbaş and Yiğitoğlu, 2021). Pregnancies occurring during adolescence can lead to irreversible consequences. This situation not only poses a life-threatening threat to sexual and reproductive health but also violates many of the rights of adolescent girls (United Nations Population Fund [UNFPA], 2013). There are various risk factors for the occurrence of adolescent pregnancies, such as poor socio-cultural and socio-economic conditions of families, low level of education, presence of mental problems in family members, communication problems within the family, presence of individuals who are prone to commit crime/ have committed crime, presence of substance addicted individuals, presence of sexual abuse in the family, separation of parents and domestic violence (Uzun Kara and Orhon Şimşek, 2013; Çınar and Hıra, 2017).

The adolescent fertility rates of 27 European Union member countries were investigated, and it was determined that the country with the highest fertility rate in 2022 was Bulgaria, with 37 per thousand, and the country with the lowest fertility rate was Denmark, with 1 per thousand. In Turkey, the adolescent fertility rate in 2022 was found to be 12 per thousand. It was also determined that the adolescent fertility rate in Turkey decreased from 49 per thousand in 2001 to 11 per thousand in 2023 (Turkish Statistical Institute [TURKSTAT], 2024).

Adolescent marriages and pregnancies violate the rights of adolescents to complete their education and participate in the labor market, as well as various other problems, such as health problems, lack of economic independence, and distance from family and friends (The United Nations Children's Fund [UNICEF], 2018). It is reported that children of adolescent mothers have lower learning capacity and academic achievement, lower cognitive functions, higher potential for committing crimes, and higher rates of experiencing behavioral problems in childhood compared to children of adult mothers. It is also stated that babies of teenage mothers are at higher risk of being neglected and abused (Özcan and Kırca, 2021; Aydın, 2013).

Adolescent mothers experience difficulties adapting to the physiological, psychological, and social changes during pregnancy, childbirth, and the postpartum period. These individuals, who are not developmentally mature and whose pregnancies are considered high-risk, are known to encounter challenges such as parenting, assuming new roles and responsibilities, and meeting their own and their baby's care needs in the postpartum period. Therefore, it is of great importance to identify the areas in which adolescent mothers need support, particularly by healthcare professionals (Emül and Çetin, 2024; Özcan and Topatan, 2023; Çınar and Hıra, 2017; Kassa et al., 2019).

Adolescent individuals may have problematic parenting because they are not mature enough to fully dedicate themselves to a baby. This is because these young people need time to mature physically and emotionally before taking on the responsibility of parenting. However, some young people are quite capable of taking on the role of parenting; but then there may be situations where the individual's development could be harmed. For motherhood, a mother's love for her baby is often not enough on its own. So, what do young mothers need to care for their babies and cope with motherhood? (Nicolson and Ayers, 2004). This study offers a unique perspective in that it addresses both the prenatal and postnatal periods and collects data through direct interviews with adolescent mothers who have experienced childbirth. Based on this question, this study aims to determine how adolescent mothers, who are known to have a significant impact on child development and are not ready for the role of motherhood, perceive motherhood and in which areas they need support. Identifying these needs will help guide measures that can be taken regarding maternal and infant health, as well as the education and support that can be provided.

The aim of this study was to determine adolescent mothers' perceptions of motherhood and their needs in the prenatal and postnatal period. The sub-objectives of the study are as follows.

-How do adolescent mothers perceive motherhood?

-What are the problems/needs of adolescent mothers in the prenatal period?

-What are the problems/needs of adolescent mothers in the postnatal period?

2. Method

2.1. Research Design

The research is a case study designed in a qualitative research model. The aim of a case study, which is one of the qualitative research methods, is to obtain detailed and in-depth information about one or more situations (Gliner et al., 2015). In order to analyze the data, the adolescent mothers participating in the study were coded from A1 to A30. After coding the adolescent mothers, the questions in the interview form were analyzed based on these codes, and the answers to each question were examined separately. Data related to the age, education level, employment status, spouse's education level, income status, living separately from spouse, and number of children of the adolescent mothers participating in the study were presented in tables in proportional form. The questions in the information form were analyzed by examining each question individually.

2.2. Study Group

The study group of the research consists of mothers selected through purposive sampling. Purposive sampling is preferred in studies that are included in the study according to specific criteria or planned for special cases. Accordingly, 30 mothers (who lived in İğdır) who agreed to participate in the study, responded fully to the questions and met the inclusion criteria, were included in the study. Inclusion criteria for the study were: being a young mother (16-21 years), being a mother for the last three years, having a living baby, and having a baby that is at least 6 months old. The exclusion criteria were determined as incomplete data and the participant leaving the study at any stage of the study. Those who agreed to participate in the study were interviewed, and a total of 30 interviews were completed. No one left the interview process halfway through. Adolescent mothers, defined as women who gave birth before the age of 18, were included in the study.

2.3. Data Collection Tools

In the study, the Personal and Demographic Information Form and the Semi-Structured Adolescent Mother Interview Form prepared by the researcher were used as data collection tools. The Personal and Demographic Information Form consisted of questions about the socio-demographic characteristics of the adolescent mothers included in the study (age of the mother, educational status of herself and her husband, income level, employment status of the mother, number of children, family type, etc.) and some information about the prenatal-postnatal period (receiving prenatal-postnatal care and counselling services, drug use during

pregnancy, mode of delivery, health status, etc.). The Adolescent Mother Interview Form is a semi-structured interview form consisting of open-ended questions about the needs of adolescent mothers in the prenatal and postnatal period and how they perceive motherhood. Opinions of 5 experts (Child development, midwifery, and educational sciences) were received for the semi-structured interview form prepared by the researcher. The final version of the interview form was created in line with expert opinions. The interview form includes a total of 21 questions, 6 of which are aimed at determining the prenatal period needs of adolescent mothers, 9 of which are aimed at determining the postnatal period needs, and 6 of which are aimed at determining how they perceive motherhood.

Adolescent Mother Interview Form

1. When you first learned you were pregnant or suspected you were pregnant, did you need anything or anyone (partner, friend, family, etc.)? Please explain.
2. When accessing information about pregnancy, who/where did you get support from (doctor, midwife, nurse, family, friends, social media, etc.)?
3. When you went to the doctor for check-ups during your pregnancy, what/who (spouse, friend, family, etc.) did you need?
4. Did you require the support of a specialist (gynaecologist, midwife, nurse, dietitian, etc.) for any reason during your pregnancy? Please explain.
5. Did you need institutions that provide free/paid education on topics such as sports, nutrition, and exercise during pregnancy? Please explain.
6. Did you need someone (spouse, friend, family member, etc.) or anything else during the birth?
7. Did you need anything (food, waiting area, private room, companion, etc.) at the place where you gave birth and stayed until you were discharged (hospital, clinic, etc.)? Please explain.
8. Was there anything you needed when you first had contact with your baby after birth?
9. What do you need in your private life after becoming a mother?
10. As a mother, what do you need your partner to help you with after your baby is born?

11. As a mother, what do you need your family to help you with after your baby is born?
12. As a mother, what do you need help with from your friends or social circle (neighbors, relatives, etc.) after your baby is born?
13. Are there any areas of your baby's care that you find difficult (changing diapers, bathing, etc.)? What are they?
14. Have you needed help with issues related to your baby's nutrition, such as breast milk, breastfeeding, or supplementary foods? Please explain.
15. Who/what do you need to fulfil your responsibilities regarding your home?
16. What does being a mother mean to you?
17. How does it feel to be a mother from your perspective (happiness, regret, sadness, etc.)?
18. How ready did you feel for motherhood when your baby was born? Why?
19. Do you consider yourself competent as a mother? Why?
20. In your opinion, what qualities should a good mother have?
21. Do you think motherhood had a more positive or negative impact on your marriage? Please explain.

2.4. Data Collection

Data were collected through face-to-face interviews after obtaining ethics committee approval dated 08.02.2022 and numbered 2022/3076. After the participants were given detailed information about the study and their consent for voluntary participation was obtained, interviews lasting 20-30 minutes were conducted with each participant, and the data of the study were collected between 20.02.2022 and 28.05.2022.

Since qualitative research is conducted through observation or interviews, large samples are generally not needed. As the interviews will start to be repeated after a certain stage, the researchers realize that the data reaches saturation with the repetition of the answers (Baltacı, 2019). In this study, interviews were completed after the researchers realized that the responses had become repetitive.

2.5. Data Analysis

The data obtained from the research were analyzed through descriptive analysis and content analysis. The findings summarized by descriptive analysis are examined in detail by content analysis, and concepts are defined. The relationships

between these concepts are then interpreted. The data obtained in the first stage of the research were analyzed descriptively. It is possible to organize, read, and interpret the data obtained as a result of descriptive analysis. After the findings were categorized by the researcher, they were re-examined and verified by another researcher. Subsequently, the researchers negotiated with each other and reached a consensus on the disputed parts. Content analysis was used to analyze the data obtained from the open-ended questions. In content analysis, related concepts are coded, categories are created, and themes are determined. Discovered concepts are presented in a way that the reader can understand (Baltacı, 2019). Frequency and direct quotations were used to analyze the descriptive data. While creating codes and themes for analysis, the reliability of the data was ensured by ensuring that the participants showed 100% consensus.

2.6. Ethical Consideration

This study is the master's thesis of the corresponding author and ethical approval was obtained from the İnönü University Health Sciences Non-Interventional Clinical Research Ethics Committee prior to conducting the study (Date: 08.02.2022, Number: 2022/3076). Informed consent forms were provided to the participants and the data were stored by the researcher.

3. Findings

The findings obtained from the study are presented in four sections: introductory characteristics of adolescent mothers, prenatal period problems/needs, postnatal period problems/needs, and perceptions about motherhood.

3.1. Findings Related to Descriptive Characteristics of Adolescent Mothers

Participants' personal and demographic information is provided in Table 1 below.

Table 1. Distribution of Descriptive Characteristics of Adolescent Mothers Included in the Study (n=30, f=Number of Repeated Responses)

Demographic Characteristics	f	%
Age Group		
17 years and younger	1	3.3
18-19 years	14	46.6
20-21 years	15	50
Education Level		
Primary school	9	30
Secondary school	12	40
High school	7	23.3
Associate degree	2	6.6
Mother's Employment Status		
Employed	2	6.6

Unemployed	28	93.3
Income Level		
Income is less than expenses	13	43.3
Income equals expenses	11	36.6
Income is more than expenses	6	20
Spouse's Education Level		
Primary school	3	10
Secondary school	15	50
High school	9	30
Associate degree	3	10
Number of Children		
1 child	22	73.3
2 children	8	26.6
Presence of Another Dependent in the Family		
Yes	12	40
No	18	60
Received Care and Counseling During Prenatal Period		
Yes	28	93.3
No	2	6.6
Received Care and Counseling During Postnatal Period		
Yes	25	16.6
No	5	83.3
Type of Delivery		
Vaginal delivery	18	60
Caesarean section	12	40

According to the data in Table 1, the average age of the adolescent mothers who participated in the study was 19.8 years. It was determined that 40% of the participants were secondary school graduates, 93.3% were not working, 43.3% had an income less than their expenses, 73.3% had only one child, 96.6% lived with their husbands, 60% had vaginal delivery, and 50% of their husbands were secondary school graduates. In addition, it was determined that 60% had no other dependents in their families, 93.3% received care and counselling in the prenatal period, and 83.3% did not receive care and counselling in the postnatal period.

3.2. Findings Related to Prenatal Period Problems/Needs of Adolescent Mothers

Similar statements from the responses given by the adolescent mothers participating in the study to the questions asked to determine some of their needs in the early stages of pregnancy were converted into subcodes, and the findings for each subcode are shown in Table 2 below.

Table 2. Distributions of Adolescent Mothers' Needs When They First Suspect or Learn About Pregnancy, the Sources They Receive Support from, and Their Needs During Routine Check-ups (f=Number of Repeated Responses)

Themes	f
Initial Needs	
I needed my husband to be with me / to share this situation with him	22
I needed my mother to be with me / to share this situation with her	6
I did not need anyone or anything	3
Sources of Support	
I received support from my family (mother, sister, etc.) / husband's family (mother-in-law, sister-in-law, etc.)	22
I received support from healthcare professionals (doctor, midwife, nurse)	9
I used books/social media/internet sources	7
I received information from pregnancy-related mobile applications	6
I received support from other mothers	4
I received support from my friends	3
I received support from my husband	2
Needs During Routine Check-Ups	
I needed my husband to be with me	24
I needed my family (mother, sister, etc.) to be with me	5
I did not need anyone or anything	2

According to the data in Table 2;

When the needs of adolescent mothers when they first suspected pregnancy or learned about it were examined, the most repeated subcode was "I needed my husband to be with me / I needed to share this situation with my husband" (f=22). When we look at the sources of support while accessing information about the pregnancy process, the most repeated sub-code is 'I received support from my family (mother, sister, etc.) / my husband's family (mother-in-law, sister-in-law etc.)' (f=22), When their needs during routine medical check-ups were analysed, it was found that the most repeated sub-code was 'I needed my spouse to be with me' (f=24). However, some of the prominent statements of the participants are given directly below:

Participant A21: I cried at first. I was scared, and I still felt like a child. I was very anxious, wondering whether I could handle the responsibility of being a mother. I wanted my husband by my side.

A12: I only got it from my family. From our elders, my sister, my mother...

A18: I mean, I wanted to go to all my control processes with my wife. We went through all the processes together until the birth, and we continued together. He was always there for me. I didn't need anyone else except him.

When the findings regarding the expert support during pregnancy, educational needs, and needs during birth of the adolescent

mothers participating in the study are examined, respectively, (f=Number of repeated responses)

First of all, the responses given to the question "Did you need any expert support (gynecologist, midwife, nurse, dietician, etc.) during your pregnancy?", which was directed to the adolescent mothers participating in the study, were examined, and subcodes were created from the similar statements of the participants. Accordingly, it was determined that some of the participants used expressions belonging to the subcodes "dietician" (f=6), "midwife/nurse etc., health workers" (f=5), and "psychological support specialists" (f=4); participants with codes A3, A4, A17 stated that they did not need any specialist support during the pregnancy process. However, it was determined that most of the participants used expressions belonging to the sub-code 'I needed a gynaecologist' (f=23). Some of the prominent responses of the participants are directly quoted below:

Participant **A14**: Of course, I think a gynecologist is better. I wanted to get support, information, and I wanted to know what was what.

A15: I needed doctors during the pregnancy. The same goes for gynecologists and midwives.

Next, in order to determine whether adolescent mothers needed institutions that provided training on various subjects during pregnancy, the answers given to the question "Did you need institutions that provided free/paid training on subjects such as sports, nutrition, and exercise during pregnancy? Please explain." were examined, and subcodes were created from similar statements of the participants.

When the answers given by the participants are looked at; 'I needed an institution providing free education on nutrition' (f=15), 'I needed an institution providing free education on subjects such as sports-exercise' (f=13), It was observed that they used expressions belonging to the subcodes "I did not feel the need for any institution that provides paid or free education" (f=9) and "I felt the need for an institution that provides free education about the pregnancy process and birth" (f=7). In addition, it was determined that all participants, except participant coded A8, wanted the training to be provided by various institutions to be free of charge.

Participant **A8**: 'I wish there was, but there was not at that time. Now it is open here. I would like it to give information about diet and pregnancy. I would like it to be the best, but I would like it to be paid. Then they would have given better training and expressed

that he wanted the training to be paid. According to all the data obtained, it was determined that the sub-code most repeated by the participants was "I needed an institution that provides free training on nutrition" (f=15). Some of the prominent statements from the participants are as follows:

Participant **A12**: I would like to, but I couldn't do anything because we didn't have the means. I would like a free institution for sports and nutrition.

A13: I would like that, it would be better if it were free. Nutrition, sports, exercise, all of them...

Finally, in order to determine what/whom the adolescent mothers needed during childbirth, all responses to the question 'Did you need anyone (spouse, friend, family, etc.) or anything while giving birth?' were analysed, and similar expressions were transformed into subcodes.

According to the data obtained from the participants' responses, it was determined that adolescent mothers used expressions belonging to the subcodes "I needed my husband to be with me" (f=19), "I needed my family (mother, older sister, etc.) to be with me" (f=12), "I needed the attention of the health personnel (midwife, nurse, etc.) / the approach of the health personnel to be better" (f=2); while participants with codes A4, A14, A20 stated that they did not need anyone or anything. In addition, it was observed that the participant coded A15, who participated in the research, made a different discourse from all other participants by saying, 'I wanted everyone to get away from me, I wanted everyone to stay away, I did not want them to stand next to me at that moment.'. However, it was determined that the most repeated subcode by the participants was "I needed my wife to be with me" (f=19). Some of the prominent statements of the participants are as follows:

Participant **A18**: I mean, I needed my husband a lot during labour, but he was very scared, to be honest. Since it was a caesarean section, she was very hesitant about whether to go into labour or not. I did not want to be affected by her situation, but I would have liked her to be with me.

A23: I would have liked my mother and my husband to be with me, but of course, I would have liked my husband to be with me the most.

3.3. Findings Related to Postnatal Problems/Needs of Adolescent Mothers

Similar expressions from the responses of the adolescent mothers participating in the study regarding the place where they stayed during the birth process and their needs at the moment of first contact with the baby were transformed into sub-codes, and the findings obtained are shown in Table 3 below.

Table 3. Distributions of Adolescent Mothers' Needs Regarding the Place They Stay During the Birth Process and Their Needs During the First Contact with the Baby (f=Number of Repeated Responses)

Themes	f
Needs Related to the Place of Stay During Delivery	
I needed the rooms to be single/private / better equipped	13
The care was good / It was clean / It was sufficient / I did not need anything	9
I needed the food to be better	8
I needed healthcare staff (midwife/nurse) to be more attentive to me and my baby	6
I needed more attention to cleanliness and hygiene	2
Needs During First Contact with the Baby	
I needed someone to assist me when holding my baby for the first time/establishing first contact	10
I needed my family (mother, sister) or spouse to be there, show affection, and help me	8
I needed to see my baby immediately / hold and smell them	4
I did not need anyone or anything	4
I needed encouragement because I was scared	2

According to Table 3;

It was determined that adolescent mothers mostly used the expressions belonging to the subcode "I needed single rooms/better equipped" (f=23) regarding the place where they stayed from birth until discharge, and the expressions belonging to the subcode "I needed someone to help me when I held my baby in my arms/when I would have my first contact with my baby" (f=10) when they first made contact with their babies. The views of some participants regarding this situation are given directly below:

Participant **A8**: I wish the rooms were single. For example, there is a lot of noise. Then you give birth, and you have a lot of pain. It's not good to be crowded, that's all I needed.

A12: Help from someone... Because I wasn't knowledgeable. So I had to get help from someone.

In addition, it was determined that participants coded A2, A8, A17, and A18 used different expressions regarding their needs during their first contact with their babies than all other

participants, and the responses of these participants are given directly below:

Participant **A2**: For example, I hadn't seen my baby at that time; they had immediately sent my baby to another hospital (intensive care process). I hadn't seen him, and I was very sad. I needed him to be with me. I would have liked to go with my baby.

A8: ...When the nurses took him away, I thought the child was dead, then when I learned that my son was like this (disabled), I had a nervous breakdown, and they gave me an injection. I didn't know he was disabled. The doctors didn't tell me. I was a little upset, I had a nervous breakdown, but they gave me an injection, and I got better. I had to calm down.

A17: ...When the baby first came to me, I didn't need anything. That was all I needed; I was saying, the baby will stay here, my mom will pick me up, and we will go home. That was all I thought. How can I explain it? I was in a lot of pain. I couldn't understand whether it was from that pain or my first pregnancy.

A18: During the first contact, they put him directly on my lap, but he was wearing clothes. When my baby was first born, I wanted more skin-to-skin contact, but it didn't happen. I wanted skin-to-skin contact, so I needed that.

Similar statements in the responses of adolescent mothers regarding their private life needs and their needs for their spouses and families were converted into subcodes, and the findings are shown in Table 4 below.

Table 4. Distribution of Adolescent Mothers' Needs for Private Life After the Birth of Their Babies and the Support They Expect from Their Husbands and Families (f=Number of Repeated Responses)

Themes	f
Private Life Needs	
To meet with friends/Go out/Travel/Participate in social activities	24
To sleep more	10
To have personal time/Rest/Do something alone/Read a book	6
To dress the way I want	4
I did not need anything	3
The Need for Spouse	
To help with the baby's care and health	24
To care for the baby while I do chores or sleep	10
To help with household chores / Show me affection and attention	6
To meet the baby's material needs (formula, diapers, etc.)	5
The Need for Family	
To help with the baby's care (bathing, diapering, etc.)	13
To get advice or information about baby care To entrust the baby when going out/sleeping/doing chores	10
To help when the baby is sick	5
For emotional support/attention/approval	5
For financial help	2

According to Table 4;

When looking at the issues that adolescent mothers need in their private lives after their babies are born, the most repeated subcode is “Getting together with friends / Going out / Traveling / Participating in social activities” (f=24). When looking at the issues that adolescent mothers need spousal support, the most repeated subcode is “My husband helping me with issues related to the baby’s care and health” (f=24). When looking at the issues that adolescent mothers need family support, the most repeated subcode is “My family helping me with my baby’s care (bathing, changing diapers, etc.)” (f=13). The views of some participants regarding this situation are given directly below:

Participant A11: I miss going out. I used to go out. I used to have fun with my friends. Now I can't do those things.

A16: I need my husband. No matter what, I consult her, I ask what I don't know. For example, when the child got sick, I would tell my wife because I was scared at first. About care. About baby food, I tell her during breastfeeding.

A6: I need my husband. No matter what, I consult him, and I ask what I don't know. For example, when the child got sick, I would tell my husband because I was scared at first. About baby care. About baby food, I tell him during breastfeeding. It was also observed that the participant coded A19 used a different expression than the other participants and said, "I needed my baby's grandparents to make my child feel that they loved him. Since I had never experienced anything like this before, I wanted him to know this love..."

Similar expressions in the responses of adolescent mothers regarding their need for support from friends/social environment, areas where they have difficulty in baby care, and their needs regarding baby nutrition were converted into subcodes, and the findings obtained are given in Table 5.

Table 5. Distribution of Adolescent Mothers' Needs for Friends/Social Environment after the Birth of the Baby, Areas of Difficulties in the Care of the Baby, and Needs Related to the Feeding of the Baby (f=Number of repeated responses)

Themes	f
Need for Friends/Social Circle	
To get information/counseling about something	7
I didn't need anything about it	7
Leaving my baby with a trusted person when I have something to do	5
Getting help when I am sick / Getting help on what to do when my baby is sick	5
Help with baby care	3

Difficulties in Baby Care	
Bathing the baby	19
Changing the baby's diaper	13
Putting the baby to sleep / Waking up at night when the baby cries	7
Feeding the baby	5
Cutting the baby's nails	3
Baby's health problems/Illness	3
Needs Related to Baby Nutrition	
I needed help with breastfeeding	16
I needed help with supplementary food	16
I needed help with breastfeeding	6
I didn't need help with anything	4

According to Table 5;

When the issues that the participants needed from their friends/social circles were examined, it was determined that the expressions belonging to the subcode of ‘Getting moral support/Spending time together’ (f=9) were used the most. When we look at the areas where the participants have difficulty in taking care of the baby, it was determined that the most frequently used expressions were those belonging to the subcode ‘Bathing my baby’ (f=19). In addition, it was determined that adolescent mothers repeated the statements belonging to the sub-codes ‘I needed help with breastfeeding’ and ‘I needed help with supplementary food’ equally (f=16) in relation to the issues that they needed the most help with in infant feeding. The views of some participants regarding this situation are given directly below:

Participant A15: I needed my friends. Because you have the psychology of childbirth, being at home with the child all the time... You know, because my life changed suddenly, I needed friends a lot. I tried to spend time with them.

A12: I was afraid of bathing my baby, I didn't know much about feeding my baby, but I learnt in time.

A17: ... I needed help with breastfeeding; my husband's mother was supporting me, my mother was supporting me. I did not want anyone to help me with supplementary food. In addition, participant A1 coded participant about baby care said ‘Dressing their clothes. They are very naughty. They love it when I take the clothes off, but they don't like to dress them at all, so I have a lot of difficulty. Someone holds their hand, and then I dress them. For example, I need everyone in that regard. To dress children. And also to put them to sleep, she said that she had difficulty dressing her baby. Participant coded A11 stated that there was no area he had difficulty with by answering ‘No, I did not have any difficulties in any subject. I did everything myself...’ Therefore, it was determined that participants coded A1 and A11 had difficulties in different areas than all other participants.

In this section, the participants were finally asked the question ‘Whom/what do you need while fulfilling your responsibilities at home?’ and sub-codes were formed from the similar statements of the participants. (f=Number of repeated responses)

When the obtained data were examined, it was determined that the participants used the expressions belonging to the subcodes; “I want my husband to help me with housework/to look after the child while I do housework” (f=19), “I want someone from my family (mother, sister etc.) or someone from my spouse’s family (mother-in-law, sister-in-law etc.) to help me with housework/to look after the child while I do housework” (f=10), “I want my husband or someone from my family to be with me when I go shopping” (f=2) and “I need a helper with housework” (f=2). However, it was observed that the participant with code A12 stated that he did not need anyone's help with household responsibilities by saying, "I don't need anyone. I do it myself." When all the answers given by the participants were examined, it was determined that the most repeated subcode was "I need my wife to help me with housework / I need her to take care of the child while I do housework" (f=19). Some of the participants' opinions on this situation are given directly below:

Participant A6: I want my husband to help me with housework while I take care of the baby, or I want him to do housework while I take care of the baby.

A11: Well, I need my husband, I want him to stay with the child while I am doing housework, and not to be interested in anything else, for example, I need him not to burn himself (the baby).

3.4. Findings Regarding Adolescent Mothers’ Perceptions of Motherhood

Firstly, in order to address how the adolescent mothers participating in the study perceived motherhood, the question “What does being a mother mean to you?” was asked, and subcodes were created from the obtained data. (f=Number of repeated responses)

When the participants' responses were examined, it was determined that they used expressions related to motherhood under the following subcodes: “a very beautiful feeling / a very beautiful thing” (f=18), “something difficult / requiring responsibility” (f=7), “sacrifice” (f=6), “a different experience / cannot be explained, it has to be experienced” (f=4), “being the happiest / luckiest woman in the world” (f=4), “unconditional love” (f=4), “there is no description” (f=4), “something everyone should experience” (f=4), “the only indispensable thing / the

center of my life” (f=3), “something like growing a new life” (f=3), “a complex feeling” (f=2), “learning to be patient / maturing” (f=2) and “being able to understand my own mother” (f=2). Additionally, participant A1 responded differently from all other participants by using the expression "to be like a newborn," participant A4 "I don't know much yet / I am learning slowly," participant A11 "something to be proud of," participant A14 "not to feel lonely," participant A17 "to be overly protective / to protect the child from harm," and participant A22 "trying to give your child something you cannot have." Accordingly, it was determined that the most repeated subcode in all the responses given by the participants was the subcode "a very nice feeling / a very nice thing" (f=18). Some of the opinions of the adolescent mothers participating in the study regarding this situation are as follows:

Participant A9: I think it's something that can't be described. Being a mother is a beautiful thing. Just think about it, you love more than yourself... Aside from your mother, father, brother, sister, and even your husband, I think a child is different. It's something that can't be described to me.

A10: Being a mother is a beautiful thing. Before my son, I was very angry and aggressive. I could not tolerate some things, so I learned patience very well. My family is not here; now the center of my life is my son. Because no one is with me except my son. My son is something completely different. It's like I don't exist, only he is here, and I don't know how to say it anymore.

Next, the responses of the adolescent mothers participating in the study to the question “How Does It Feel to Be a Mother for You?” were examined, and subcodes were created from the obtained data. (f=Number of repeated responses)

Accordingly, it was determined that the adolescent mothers participating in the study used expressions belonging to the subcodes “happiness/joy” (f=19), “a very beautiful feeling” (f=13), “a mixed feeling / a very different feeling, indescribable” (f=7), “anxiety/stress/regret” (f=7) and “peace” (f=3) when explaining what it feels like to be a mother. In addition, the participant coded A3 used the concept of “love” to describe the feeling of motherhood, the participant coded A16 used the concept of “fear”, and the participant coded A19 used the concept of “trust”, giving different answers than all other mothers. In this regard, it was determined that the participants mostly used positive expressions when describing the feeling of motherhood, and some of the prominent expressions of the participants are given directly below:

Participant **A23**: I think being a mother is a wonderful feeling. It's also a very happy thing... It means happiness, yes.

A25: Of course, happiness, but sometimes I worry about raising the child.

In the study, adolescent mothers were also asked the question 'How ready did you feel for motherhood when your baby was born? Why?' and sub-codes were created from the data obtained by analysing all the answers they gave. (f=Number of repeated answers)

Firstly, two codes were created from the participants' answers: "I was feeling ready" and "I was not feeling ready." Then, the reasons why the participants felt ready were examined, and the subcodes were determined as follows: 'Getting married willingly', 'Planned pregnancy', 'Preparing oneself for the role of motherhood during pregnancy'. When the reasons why the participants did not feel ready were analysed, sub-codes were formed as follows: 'Young age of the mother', 'Being a mother for the first time', 'Unplanned pregnancy', 'Uninformed mother', 'Marriage without the consent of the family', 'Concerns about being able to take care of the child to be born'.

As a result of all the findings obtained, it was determined that some of the participants used expressions belonging to the code "I was feeling ready" (f=7). In addition, it was observed that the statements of adolescent mothers were concentrated in the code "I was not feeling ready" (f=23). Some of the prominent expressions of the participants are given directly below:

Participant **A13**: I was not feeling ready. Because I was young, I was ignorant. I never felt ready.

A14: No, I wasn't ready at that moment. I wasn't ready at all. I was young. I wasn't ready at all.

In another question of the research, adolescent mothers were asked, "Do you find yourself sufficient as a mother? Why?" and subcodes were created by considering all the expressions they used in response to this question. (f=Number of repeated answers).

Accordingly, three codes were formed from the data obtained as 'I find it sufficient', 'I find it partially sufficient', and 'I do not find it sufficient'. Then, the reasons why each participant saw herself as sufficient in terms of motherhood were examined and the subcodes were determined as follows: 'Seeing herself as sufficient in terms of child care and needs', 'Thinking that she made all kinds of sacrifices for the child', 'Thinking that she gave the child the love he needed at a sufficient level', 'Seeing herself as a

responsible mother'. Based on the reasons why the participants found themselves partially adequate in terms of motherhood, sub-codes were created as "Mothers blaming themselves for attitudes such as yelling at their children and behaving harshly from time to time, although they consider themselves adequate in some areas" and "Finding their knowledge about child care and needs incomplete due to being a mother at a young age / thinking that they cannot meet some needs adequately". Regarding the reasons why the participants do not see themselves as competent in motherhood, the following subcodes were determined: 'Mothers think they do not have enough information about the care and needs of their children', 'Mothers think they cannot meet the care and needs of their children', and 'Perfectionism'. As a result of all the data obtained, it was determined that the participants used expressions belonging to the sub-code 'I find it sufficient' (f=10) and 'I do not find it sufficient' (f=8); however, the most repeated code by all participants was the code 'I find it partially sufficient' (f=12). Some of the prominent statements of the participants are listed below:

Participant **A21**: Yes for some things, no for others. I wonder if it would have been better if I had given birth after a certain age. I have these questions in my mind. I work, but I try to be adequate.

A23: I think I'm not good enough. Because, as I said, I have shortcomings, there are things I don't know, there are things I need support in. I mean, I can do some things very well, but there are things I don't know because of my age.

In addition to the findings of the study, the question "What characteristics do you think a good mother should have?" was asked to adolescent mothers, and the answers of adolescent mothers regarding their ideas about the characteristics a good mother should have were examined, and subcodes were created from the participants' similar statements regarding their perceptions of "good motherhood". (f=Number of repeated responses)

Accordingly, from the statements of the participants; "She should meet the emotional needs of the child (show compassion, care)" (f=18), "She should meet all the child's care and health needs" (f=11), "She should be responsible / take care of her child" (f=8), "She should be able to raise her child well / be a good example" (f=7), "She should be a knowledgeable/conscious mother" (f=6), It was determined that they used expressions belonging to the subcodes "should communicate strongly with their children / should spend quality time with their children" (f=6), "should be

selfless" (f=6), "should stay away from physical and emotional violence / should be able to stay calm" (f=5), "should be compassionate towards their children / should behave well" (f=5), "should be patient" (f=4), "should be at an appropriate age for motherhood" (f=3). Some of the statements made directly by the participants are as follows:

Participant A3: Approaching with love, I don't know, loving very much, valuing very much... Valuing more than I can value anyone else. In my eyes, it means behaving well, loving, that is, making your child happy in every possible way.

A9: For example, if they are walking with their child and they say nothing will happen when their child falls, then there is no such mother. She needs to look after her child, kiss her, take care of her child, comfort her when she cries, hold her when she is tired, take care of her child, show interest in her child, and love her.

Finally, in order to address the perceptions of how motherhood affects married life, the participants were asked the question, "Do you think motherhood had a more positive or negative effect on your marriage? Please explain." and subcodes were created from the obtained data. (f=Number of repeated responses)

Accordingly, two codes were created from the participants' responses: "It had a positive effect" and "It had both a positive and a negative effect." Then, the reasons why the participants think that motherhood has a positive effect on marriage were discussed; Subcodes were created as follows: "The idea that the child strengthens family ties", "The child is seen as a problem-solving factor", "The idea that the spouses become responsible with the birth of the child", "The idea that the family grows and expands", "The idea that there are more subjects to talk about or share", "The idea that family members are happier with the child", "The mother is prevented from being alone and bored at home", "The idea that motherhood matures the woman". Considering the reasons why the participants think that motherhood has both positive and negative effects on marriage, the sub-code "In addition to the beautiful aspects of motherhood, the woman tries to keep up with housework, her husband, and the baby at the same time" was created.

As a result of all the data obtained, it was determined that no participant stated that motherhood had a negative effect on marriage, and that some participants used expressions belonging to the code "It had both positive and negative effects" (f=8). However, it was determined that the responses of adolescent mothers were concentrated in the code "It had a positive effect"

(f=22). Some of the prominent expressions of the participants are given below:

Participant A1: Yes, it was positive. For example, now that I have become a mothers, we are more attached to each other. Even if we fight because we have children, we are always attached to each other for our children. When we were engaged, we always thought about breaking up, but after we became mothers, we always attached to each other more. Nothing negative happened.

A8: I think it affected us very positively. Because my wife changed more after having children, in other words, she is more attached to her home. Now, when she goes somewhere, she says, "I wonder how I will go there if I can't see my child, how will I survive?" We are better now.

4. Discussion

When a woman learns that she is pregnant and begins to incorporate this reality into her life, she actually takes the first step toward embracing the role of motherhood (Küçükberber, 2017). In the study, it was found that adolescent mothers needed their husbands to be with them from the first moment they suspected or learned that they were pregnant, and to share their pregnancy with their husbands. It can be said that the reasons for this result were that the participants felt close to their spouses and wanted to include their spouses in all processes from the moment they learned about the pregnancy.

Expectant mothers are constantly seeking information on issues such as investigating the reasons for their physical appearance and mental state that begin to change during pregnancy, finding solutions to the health problems they experience, and giving birth safely. In this process of seeking information, they benefit from sources such as the internet, magazines and newspapers, as well as from their social circles and relatives, as well as from applying to various health professionals (Batman, 2018). In this context, Öçal and Saruhan (2023) found in their study that pregnant adolescents often preferred their family elders and sources such as books/newspapers/television/magazines as sources of information. In our study, although it was determined that some adolescent mothers benefited from information sources such as television and other communication tools or health workers, it was observed that most of the participants preferred to seek information from non-professional family elders, such as mothers, sisters, and mothers-in-law. It can be said that this result is largely due to the low education and socioeconomic levels of the participants. Considering this situation, the reasons why teenage mothers turn

to more traditional sources of information are better understood. Therefore, it is thought that adolescent mothers, who are in a disadvantaged group, should be supported to obtain adequate information from the right sources.

The literature emphasizes that regularly attending prenatal check-ups is crucial for detecting and managing pregnancy-related complications (DeVito, 2010; Uzun, 2017). In a review, Deliktaş et al. (2015) stated that adolescent mothers who do not feel adequately supported by their partners during pregnancy experience higher levels of stress throughout parenthood, negatively affecting maternal adjustment. In our study, it was determined that adolescent mothers needed their husbands to be with them the most when they went to the doctor for routine check-ups during pregnancy. A possible reason for this may be that adolescent mothers feel the need to share the fear, stress, anxiety, and excitement they experience due to the changes that occur both in themselves and their babies during pregnancy with the person closest to them.

It has been stated that adolescent mothers need more professional and social support during both pregnancy and motherhood in terms of fears, problems, and risks that may be experienced specifically during the period compared to adult mothers. (Anderson, 2010). In our study, it was determined that adolescent mothers needed expert support in more than one subject during pregnancy. However, it was observed that the specialist that the participants needed the most was a gynaecologist and obstetrician. It is thought that the participants' answer to this question was due to the fact that gynecologists are professionals who can answer the mother's questions and needs regarding the pregnancy process and follow the development of the baby in the womb.

In the study, it was also determined that adolescent mothers mostly need institutions that provide training on nutrition, sports-exercise and they want the services they will receive from these institutions to be free of charge. The adolescent mothers interviewed also stated that they did not know how to eat during pregnancy, that they did almost no sports or exercise during pregnancy, and that they gained a lot of weight during pregnancy. It is understood from the responses of the participants that the institutions providing services on the issues that pregnant adolescents need are inadequate or that pregnant adolescents are not aware of the existence of institutions providing these services. In addition, the fact that almost all of the participants wanted the services to be free indicates that the participants were not able to

receive support from institutions that provide training on the subjects they needed due to their low income levels.

Women in labor often seek support to cope with fear and pain during delivery (Coşar and Demirci, 2012). When the support needs of the adolescent mothers who participated in our research at the time of birth were examined, it was determined that the participants needed their spouses the most. In the study, it was also determined that none of the participants' spouses were present with the mother at the birth. In this context, Duru (2014), in her master's thesis study conducted with 170 primiparous mothers and their spouses, found that 67.6% of the mothers participating in the study wanted the support of their spouses during labour. Similarly, Tokat (2019) found that spousal support during labor helped women better tolerate pain, shortened labor, and improved birth satisfaction. These results align with our findings.

Considering the needs of the adolescent mothers participating in our study regarding the place where they give birth and stay until they are discharged, it was determined that they generally need single rooms or better-equipped rooms. The reasons for this may include the importance given to privacy by women giving birth, their desire to be alone with their husbands and babies, and their desire for a space of their own. However, although the needs expressed by the participants were similar, it was observed that the places where some participants gave birth were different from others. This situation shows that there are similar deficiencies in other regions of our country.

After the birth of the baby, the first parenting roles begin with the first contact with the baby. In the study, most of the participants stated that they needed someone to help them hold their baby at the first contact with the baby. The findings of our study also revealed that most of the adolescent mothers were afraid of harming the baby due to the fact that it was their first parenting experience, and they did not know how to make contact with the baby.

In the study, it was determined that adolescent mothers mostly needed to get together with their friends, go out, travel, and participate in social activities regarding their private lives after becoming mothers. Participants' responses show that mothers are held responsible for the care and needs of their babies due to the duties traditionally assigned to them, that the role of marriage and motherhood greatly restricts women's freedom, and that mothers have limited time for themselves.

Although the perception that the responsibilities related to taking care of the baby and meeting the needs of the baby belong to the mother is dominant in society, it was determined that almost all of the adolescent mothers who participated in our study needed their spouses in matters related to the care and health of the baby. In this context, Bilgin and Alpar (2018), in a study conducted with 182 mothers, including adolescent mothers, found that 78.6% of the participants' spouses helped the mothers in putting the baby to sleep/soothing the baby, 48.9% in housework, 31.9% in bathing the baby, 13.7% in breastfeeding/feeding the baby, and 44.0% supported their spouses spiritually. It was also stated that the issues that husbands help their wives with are different from the issues that other family members help them with. It is seen that the research results support our research findings.

In a study by Kavlak and Şirin (2009), 65.5% of mothers received baby support care, 55.5% from their own mothers or mothers-in-law, and 35.2% from their spouses. Similarly, Hıra (2019) reported that 64.4% of adolescent mothers received support in baby care, 79.3% from their own mothers or mothers-in-law, 6.9% from their spouses, and 13.6% from other family members. In our research, result parallel to the results of the studies conducted was obtained, and it was determined that adolescent mothers need their families, especially in terms of baby care. This situation can be associated with many factors, such as the participants becoming mothers at a young age, not having sufficient knowledge and equipment about motherhood, and not being able to act completely independently from the family because they are in a transition period.

The research also revealed that adolescent mothers sometimes feel bored and overwhelmed while trying to cope with their maternal responsibilities or fulfill the requirements of the maternal role, and that they express a need for psychological relief. It has been determined that adolescent mothers participating in the study need support from their friends or social circle (relatives, neighbors, etc.), mainly in areas such as receiving emotional support, spending time together, and sharing. Various studies have shown that adolescent mothers receive moral support, financial assistance, and information from their social circles, as well as assistance with housework, nutrition, breastfeeding, and putting the baby to sleep and calming them down (DeVito, 2010; Grassley, 2010). Therefore, it is thought that providing adolescent mothers with the support they need from friends and social circles will contribute to the mother's psychological relaxation, positive self-perception, and greater self-confidence in matters related to

the care of the baby. At the same time, the results of our study show that typical adolescent social development characteristics, such as the fact that friendships in adolescence almost take precedence over relationships with family and that these individuals often see their friends as the people who understand them best, are effective factors in participant responses.

It has been stated that the inadequate knowledge of adolescent mothers about baby care has a negative impact on their babies (Çelebi and Piyal, 2022). It has also been reported that these mothers experience feelings of anxiety, indecision, uncertainty, and loneliness while trying to cope with the responsibilities of motherhood (Lupton, 2016). In the study, it was determined that the area where adolescent mothers had the most difficulty in infant care was bathing the baby. In addition, it was also found that participants had difficulties in changing diapers, cutting nails, and putting the baby to sleep, and often needed support. As a result of this information, it can be said that adolescent mothers do not have sufficient knowledge about baby care because they became mothers at a young age, and they are worried about harming the baby while meeting the baby's care needs.

According to Özsoy (2014), although every first-time mother needs to be informed and receive help regarding baby care and nutrition, it is more important for adolescent mothers to be supported in issues such as breastfeeding and baby care. Çınar et al. (2019) stated that adolescent mothers generally do not have sufficient knowledge about issues such as breast milk and the benefits of breastfeeding, and that these mothers need support in breastfeeding their babies. In our study, it was found that most of the adolescent mothers needed support in issues related to both breastfeeding and supplementary food. In addition, it was determined with this study that the participants needed support regarding issues such as what to feed or not to feed the baby, how much to feed, and how to approach when the baby refuses to eat. Regarding breastfeeding, it was concluded that the baby needed support regarding issues such as how often, for how long, and how to breastfeed, and how to approach when the baby refuses to breastfeed.

Öçal (2012) examined the status of adolescents receiving support from their spouses in housework and emotional support during pregnancy and found that 90.2% received spousal support and 9.8% did not receive spousal support. Our research findings reveal that adolescent mothers who participated in the study mostly need their husbands to help them with housework or take care of the baby while doing housework. Another finding of the study is that

most adolescent mothers are not supported by their husbands in household responsibilities, despite their need for it. However, it has been observed that participants expressed that they struggled to keep up with many things while trying to manage household chores on one hand and meet the needs of their baby, themselves, and their spouse on the other hand, as they did not receive support from their spouses regarding household responsibilities. The results obtained can be considered as a clue that the spouses of adolescent mothers often do not take on enough domestic responsibilities, apart from meeting the financial needs of the house.

The concept of motherhood has been shaped by many cultural, political, social, and moral concepts (Güler, 2016). In her master's thesis study with 40 adult mothers, Bozkurt (2019) found that the participants used both positive and negative statements about motherhood. In our study, it was determined that a large proportion of adolescent mothers had positive discourses about motherhood (The only indispensable thing, Being the luckiest woman in the world, etc.). The findings show that the perception of motherhood of adult and adolescent mothers is similar.

In their study with adolescent mothers, Çınar et al. (2019) reported that participants used expressions such as "It is a nice feeling, but I think I am not ready" and "It is a sacred and beautiful feeling" regarding their feelings about motherhood, and that the participants mostly had uncertain and complex feelings. Çınaklı and Arslantaş (2021) stated in their study that adolescent mothers expressed their positive feelings about their babies less and obtained similar results to other studies reporting that these mothers had more negative feelings than adult mothers. In our study, it was observed that the majority of the participants tried to express their feelings and thoughts by using more than one emotional term when describing what it feels like to be a mother. When the results obtained are examined, it is seen that the adolescent mothers' definitions of motherhood as "a very beautiful feeling, happiness/joy, peace, a mixed feeling / a very different feeling, indescribable, love and trust" indicate that the participants perceive being a mother positively and embrace motherhood emotionally. However, the fact that some participants define being a mother with feelings such as "fear, anxiety/stress/regret" shows that adolescent mothers associate motherhood with some negative feelings.

The study found that most adolescent mothers did not feel ready for motherhood when their babies were born. However, it was observed that the participants explained this situation by

associating it with reasons such as "becoming a mother at a young age, concerns about taking care of the unborn child, experiencing motherhood for the first time, the pregnancy not being planned, not having enough information, and the fact that their marriages took place without the family's consent." In this context, in a study conducted by Çınar et al. (2019) with adolescent mothers, it was determined that the participants did not feel ready for motherhood, and in a study conducted by Özsoy (2014) with 254 adolescent mothers and 223 adult mothers, it was determined that adolescent mothers did not want to become pregnant and did not feel sufficiently prepared for motherhood. The results of the studies seem to support the findings of our study.

Most of the time, after giving birth, mothers are expected to cope with the responsibilities of being mothers, adapt to their new role, and meet the care needs of their babies. Despite this, it has been stated that many women question whether they are adequate to adapt to the role of motherhood and meet the needs of their babies' care, and therefore experience self-confidence problems (Evcili et al., 2018). In addition, it has been reported that adolescent mothers who do not feel ready for motherhood or do not have sufficient knowledge and skills regarding baby care experience a sense of inadequacy (Zengin et al., 2018). In this regard, Çınaklı and Arslantaş (2021) found in a study that one in three adolescent mothers did not feel adequate in motherhood. In our research, it was determined that most adolescent mothers responded to the question, "Do you find yourself sufficient as a mother? Why?" with the answer, "I find you partially sufficient." When we look at the data obtained, it can be said that the participants' perception of themselves as partially sufficient in terms of motherhood was influenced by thoughts such as having insufficient knowledge on issues related to the care and development of the baby, or not being able to meet the needs of the baby sufficiently. It has also been determined that some adolescent mothers experience feelings of guilt due to not seeing themselves as adequate.

In our research, participants were asked about the characteristics of a good mother, and it was observed that participants explained their views on this issue by mostly expressing more than one characteristic at the same time. It can be said that the expressions of adolescent mothers that they associated with the characteristics of good motherhood, such as "being patient, compassionate, responsible, self-sacrificing, being a good example, meeting all the needs of the child," are similar to the socially accepted definitions. However, expressions such as "she should be at an appropriate age for motherhood, she should be a

knowledgeable/conscious mother" used by some adolescent mothers shed light on the participants' perceptions of themselves. It is also possible to say that all the characteristics expressed by the participants give clues about their emotional, cognitive, and social development and contain expressions that reflect the values of the society they live in.

Family members try to learn their roles and responsibilities due to the new baby. For this reason, the mother's pregnancy process can turn into a crisis process for both the mother-to-be and her spouse (Öçal, 2012). However, if the communication between the parents is good, this increases the father's interaction with the baby and helps to establish a bond between them (Ergün Arslanlı and Çelebioğlu, 2022). In our study, it was determined that the majority of the participants thought that having children positively affected their marriages. It is also noteworthy that although there were participants who stated that having children had both advantages and disadvantages for their marriages, none of the participants stated that having children negatively affected their marriages. While the participants explained that motherhood or the birth of a child has a positive effect on married life, they also stated that the baby solves family problems, makes their husbands responsible, increases the topics to talk about or share with their husbands, and prevents them from being alone and bored at home, suggesting that adolescent mothers have some wrong ideas and beliefs about the process of marriage and motherhood. At the same time, it is also possible to say that adolescent mothers' skills in establishing healthy communication with their husbands, spending quality time, doing joint activities, and solving the problems they experience are weak, and, in relation to this, they try to solve many problems concerning their marriage through their children.

4.1. Limitations

One limitation of this study, which was conducted to determine adolescent mothers' perceptions of motherhood, the problems they experienced in the prenatal and postnatal period, and their needs related to these problems, is that it was conducted among mothers living in a specific region. In addition, the findings of the study cannot be generalized to a wider population, considering the existence of social support systems of young mothers and the physical facilities of the region where the study was conducted.

5. Conclusion

As a result of the data obtained from the research, it was determined that adolescent mothers needed support due to their

lack of knowledge and skills in many subjects in the prenatal and postnatal period, that they did not feel ready for motherhood, that they saw themselves as partially adequate as mothers, and that they perceived motherhood largely positively. Accordingly, considering the needs of adolescent mothers and the lack of information in many areas, informative training can be given by professionals on issues such as intimate relationships, sexual intercourse, and contraception, especially to adolescents who continue their education, in various educational institutions such as schools. In addition, training providing information about family planning can be organized for individuals who become mothers during adolescence. As soon as the pregnancies of women who become pregnant during this period are identified, their pregnancies can be recorded and regular training can be provided on issues such as birth, infant development, maternal nutrition, infant care (changing diapers, baby bathing, etc.), and nutrition (breastfeeding, supplementary food, etc.) and free magazines or brochures can be distributed. The spouses of adolescent mothers who need the support of their partners in almost every process, including the prenatal and postnatal periods, can be provided with comprehensive training, brochures, or magazines on topics such as the needs of the mother during pregnancy, the care and health of the baby. Similarly, considering the need for spousal support, institutions that provide easily accessible and free supportive training on various topics such as marriage, pregnancy, and birth, and the role of motherhood and fatherhood, and that enable pregnant adolescents to participate with their spouses, can be opened/disseminated.

Article Information / Makale Bilgileri

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Ethical Consideration: This study is the master's thesis of the corresponding author and ethical approval was obtained from the İnönü University Health Sciences Non-Interventional Clinical Research Ethics Committee prior to conducting the study (Date: 08.02.2022, Number: 2022/3076). Informed consent forms were provided to the participants and the data were stored by the researcher.

It is declared that scientific and ethical principles were complied with during the preparation of this study and all the studies used in this study were cited in the bibliography.

No artificial intelligence-based tools or applications were utilized in the preparation of this manuscript. All content was generated

solely by the author(s) in adherence to scientific research methodologies and academic ethical standards.

Etik Beyan: Bu çalışma, sorumlu yazarın yüksek lisans tezidir ve çalışma yapılmadan önce İnönü Üniversitesi Sağlık Bilimleri Girişimsel Olmayan Klinik Araştırmalar Etik Kurulu'ndan etik onay alınmıştır (Tarih: 08.02.2022, Numara: 2022/3076). Çalışmaya katılanlara bilgilendirilmiş onam formu verilmiş ve veriler araştırmacı tarafından saklanmıştır.

Bu çalışmanın hazırlanma sürecinde bilimsel ve etik ilkelere uyulduğu ve yararlanılan tüm çalışmaların kaynakçada belirtildiği beyan olunur.

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Araştırmanın Tasarımı (CRediT 1)	CV (%50) - MS (%50)
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Makalenin Yazımı (CRediT 12-13)	CV (%60) - MS (%40)
Metnin Geliştirilmesi ve Tashihi (CRediT 14)	CV (%50) - MS (%50)
Research Design (CRediT 1)	CV (%50) - MS (%50)
Data Collection (CRediT 2)	CV (%100)
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