



From Crisis to Healing and Reconnection: A Narrative Inquiry into the Intergenerational Transmission of Teenage Pregnancy in St. Maarten, Caribbean

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ABSTRACT

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This narrative inquiry explored and examined the lived experiences of eight paired mothers and daughters (16) who have experienced teen pregnancy on the Island of Sint Maarten, Caribbean. Through structured interviews, the study aimed to look at the various patterns that are contributors to the phenomena of Intergenerational transmission of teenage pregnancy: the family dynamics of the participants, their communication patterns and the coping methods both resorted to when navigating the challenges of early motherhood. The narrative inquiry revealed five resonant threads that were common in the various stories shared by the participants: (1) Confronting the Emotional landscape of Teenage Pregnancy, (2) Anger and Disappointment Transformed to Emphatic Words, Attitudes and behaviors, (3) Shifting Family Dynamics, (4) Two Way Communication Across the Generations and (5) Establishing and Sustaining a supportive Network of Support Across the Generations. The study highlights the importance of quality family communication and relational adaptability coupled with ample education for both mothers and daughters. Hence, with the right attitude in the face of the pregnancy, the relationship of the mother and daughter improved significantly, depicting healing and reconnection, positive attitudes and behaviors, and better coping methods and strategies. This paper highlights a new perspective about the experiences associated with the transmission of intergenerational pregnancy by depicting while teenage pregnancy plunges the mother-daughter relationship into a state of crisis and disconnection, through proper adaptive strategies, the mother-daughter relationship experiences healing and reconnection.

KEYWORDS:

Narrative Inquiry
Intergenerational,
Transmission,
Teenage Pregnancy,
Reconnection and
Healing

1. INTRODUCTION

Globally, it is estimated that around 13% of adolescent girls will give birth before the age of 18 years (UNICEF, 2024). Latin America and the Caribbean have the second-largest teenage pregnancy rates in the entire world, with 52 out of 1000 girls giving birth between the ages of 15-19 in the year 2022 alone (World Bank, 2025). A report by the United Nations Population Fund (2025) estimates that every 20 seconds, a young girl in the Caribbean gets impregnated. In the year 2021 alone, it was estimated that 1,636,000 girls between the ages of 15-19 years old got pregnant (Pan American Health Organization, 2024).

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Teenage pregnancy not only carries both health and economic impacts, but also long-term developmental effects. Children who are born to teen mothers are more prone to adverse outcomes such as preterm birth, low birth weight, and increased neonatal mortality, often arising out of improper maternal care due to young mothers' inexperience in caring for a baby (World Health Organization [WHO] 2014). Also, teenage mothers are more likely to suffer complications related to pregnancy, which often lead to death (Chakole et al., 2022).

Mothers, however, have a significant influence on their teenagers' attitude and knowledge about sexual and reproductive practices (Lieu et al, 2018). In a study of 1430 participants to assess childbearing during the adolescent years, it was discovered that daughters of teenage mothers were 66% more likely to become teenage mothers themselves (Meade, Kershaw, & Ickovics, 2008). According to Wall-Wieler, Roos, & Nickel (2016), factors such as value

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transmission and norms, Modeling of Behaviors, Low Parental Monitoring, Socio-economic Disadvantage, Educational and Opportunity Gaps, and Family and Relationship Dynamics play a big role in the intergenerational transmission of teenage pregnancy.

Poor communication (Bekele et al. (2022)), and intergenerational patterns in the family dynamics (Servan-Mori et al. (2022)) have also been proven to contribute to teenage pregnancy.

On the island of Sint Maarten, which is an Island in the Caribbean, 7 out of every 1000 girls gave birth in the year 2023 (UNICEF, 2024). This makes teenage pregnancy a serious concern on the Island, which necessitates constant and progressive efforts in tackling this phenomenon.

Several factors have been attributed to the high rate of teenage pregnancy on Sint Maarten, which ranges from early sexual initiation, educational and school dropout, socio-economic disadvantages, and inadequate access to contraception (United Nations Children’s Fund, 2013).

The study focuses on the Intergenerational transmission of teenage pregnancy, on the island of Sint Maarten, Caribbean, since understanding the various Dynamics involved in the transmission of intergenerational teenage pregnancy on Sint Maarten plays a significant role in understanding how the appropriate coping mechanisms/strategies, family dynamics, and communication patterns impact the experiences of Teenage pregnancy for both the mothers and their daughters. While initiatives such as “The Baby Think It Over Program in Sint Maarten have aimed to address Safe Sex, Healthy Choices, Pregnancy, and the financial consequences of having a baby (St.Martin News Network, 2024), there is an urgent need to investigate the influence of the family context and it’s intergenerational patterns in the perpetuation of intergenerational teenage pregnancy between the mother and the daughter. Hence, in Sint Maarten, there is a research gap around intergenerational teenage pregnancy, which needs further inquiry to gain a comprehensive understanding of its complex nature.

The purpose of this study is to explore and examine the experiences of both mothers and their daughters surrounding the transmission of intergenerational teenage pregnancy in Sint Maarten, the Caribbean. Five research objectives guided the course of the study: What are the lived experiences and perceptions of mothers who have had daughters who also became teenage parents? How do these experiences shape their attitudes toward early motherhood? What are the family dynamics and communication patterns within families? How do the family dynamics and communication patterns in the family impact the relationship, behavior, and coping of mothers and daughters who both experienced a teenage pregnancy? And what forms of social support, both within the family and outside, do mothers and daughters rely on when navigating the challenges associated with teen pregnancy?

2.0 METHODOLOGY

Research Design. The study employed the qualitative research method, together with the narrative inquiry, to examine the experiences involved in the transmission of intergenerational teenage pregnancy between the mother and their daughter in Sint Maarten, Caribbean. The qualitative research approach is best suited to this research as it enables the researcher to uncover and understand the depth of the phenomenon and the underlying meanings and patterns that are intrinsic to individual experiences (Trymata & Trymata, 2023). The narrative inquiry facilitates the exploration of the stories shared by the participants, which in turn becomes a valuable lens through which their personal experiences are examined (Lima, 2023). Hence, through an integral analysis of the stories, one understands: the various elements involved in the transmission of intergenerational teenage pregnancy, how both mothers and their daughters make meaning of their pregnancy, navigate the challenges and difficulties, and the various coping measures that they resort to during their struggles with teenage pregnancy.

Participants. To gather participants for the research, purposive sampling was used. Purposive sampling involves both selecting and identifying persons who share experiences of a specific phenomenon, which in turn enables the researcher to gain deeper insights (Tajik et al., 2024). The inclusion criteria for the research were as followed: (1) Mother and their daughter who had experienced a teenage pregnancy, (2) Teenage daughters who were between the ages of 16-19 years old or three years since they experienced their pregnancy, and also (3) all the participants in the research had to be residents of St. Maarten, Caribbean. A total of eight pairs (16) of both mothers and their daughters were selected to provide the narratives that were analyzed and categorized according to themes.

The table below highlights the profile of the participants, and pseudonyms have been assigned to protect their true identities.

Table 1. Profile of Participants

Name	Current Age	Age at Pregnancy	Main Cause of Pregnancy
Tricia (Mother)	50	17	Search for love and affection
Neomi (Daughter)	19	19	Emotional neglect
Rebecca (Mother)	45	17	lack of parental guidance
Donnette (Daughter)	17	17	poor Communication
Linda (Mother)	40	19	Search for love and security

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Name	Current Age	Age at Pregnancy	Main Cause of Pregnancy
Christine (Daughter)	18	17	Absence of parental support
Justina (Mother)	45	16	Desire for affection
Kisha (Daughter)	18	16	search for attention
Tabitha (Mother)	45	16	Lack of Guidance
Regina (daughter)	19	16	Lack of affection
Suzanne (Mother)	45	19	Desire for love
Carolina (Daughter)	16	16	desire for love
Ana (Mother)	45	19	early marriage
Becky (Daughter)	18	18	lack of proper communication
Iris (Mother)	50	17	Lack of Guidance
Wanda (Daughter)	18	16	Searchig for love

Data Collection. The data gathering process was initiated by identifying persons who were qualified to participate in the research. They were identified via referrals from family members and other acquaintances. When the participants were identified, they were informed of the intent and purpose of the research, and their participation in the research was confirmed. They were contacted via WhatsApp, direct phone call, and via the messenger App. All the interviews were conducted in a place and space where the participants felt comfortable, and ethical protocols and considerations were exercised during the interview process to ensure confidentiality and maintain and observe Privacy. Young girls who were at the age of sixteen during the interview were given assent forms, and parental consent was requested. Both consent and assent forms provided the participants in the research with the right to abort the interview at any point where they felt uncomfortable and informed them that they were not under any obligation to participate in the research, and, as a result, their participation was voluntary. At the time of the interview, a verbal request was made to have the interview recorded, and the participants were reassured that their stories shared will be protected and the recording will be completely discarded after two years of the research. After the research, there was a moment of debriefing as some of the participants desired to enquire more about the research

objectives and the relevance of their stories to the research. A psychologist was available to anyone who needed any psychological intervention due to reliving their traumatic experiences.

Data analysis. The data analysis was guided by the narrative inquiry (Clandinin & Connelly, 2000), which focuses on stories. The audio-recordings of the interviews were listened to and transcribed verbatim to get the true understanding of the stories shared by the participants. The written texts were organized into chronological order to preserve and maintain the natural flow of the stories. To clarify the events and their relationship to other factors in the stories, the participants' stories were reconstructed into coherent accounts, and pseudonyms were assigned to the various participants in the stories to protect their identities. In order to ensure that meaning was understood, the narratives were analyzed across three dimensions of the narrative inquiry: temporality, Sociality, and Place. The stories were organized into themes, which enabled the researcher to establish recurring patterns, similarities, and differences in the stories. This also facilitated the researcher in identifying the narrative threads across the accounts of the participants. These threads were interpreted based on the participants' stories and the researcher's analysis of the data. To ensure the research was authentic and genuine, relational accountability, and respect for the participant's lived experiences were demonstrated and always appreciated. Constant dialogue and interaction with the participants ensured that the stories they shared remained consistent with what the transcription of their stories reflected. Also, throughout the analysis, reflective journaling was practiced, which facilitated emotional engagement with the stories, ethical responsibility on the part of the researcher, and acknowledging positionality. This ensured that personal biases were both disclosed and recognized, which shaped how the study was largely designed, how the data were collected, and how the findings were interpreted.

Methodological Integrity. In order for the researcher to guarantee the integrity of the research, two main things were critical: coherence and justification which were sustained through the principles outlined by (Clandinin & Connelly, 2000). For coherence to be observed, the research questions, narrative inquiry design, data generation, and the process of data analysis were aligned with the concepts of temporality, sociality, and place. Integrity, on the other hand, was maintained and assured by constructing narrative accounts for both mothers and their daughters, ensuring that the original voice and stories of the participants were sustained. The justification of the research was sustained through both personal and pragmatic means, which ensured that the inquiry remained theoretically informed and faithful to the participants lived experiences with teenage pregnancy.

3. RESULTS AND DISCUSSION

The lived experiences of both mothers and their daughters who have experienced a teenage pregnancy in St. Maarten, Caribbean, reveal a multilayered and evolving reality. Five resonant threads were highlighted in the stories shared by the participants, which show that intergenerational teenage pregnancy on St. Maarten is not merely a cyclical social outcome, but a deeply relational, emotional, and transformative family process. Taken together, they show how families transition from crisis to reconnection and healing.

3.1 Resonant Thread 1: Confronting the Emotional Landscape of Teenage Pregnancy. This resonant thread highlights that the pregnancy experience for both mothers and their daughters was an emotional crisis. For the mothers, this crisis was marked by shock, disappointment, fear, and their own unresolved emotional trauma. Tricia expressed, *When I got pregnant, I was not ready for that as yet. I was disappointed and shocked.* The crisis was also provoked due to an understanding of a loss of youth. Rebecca expressed, *it hit me like a ton of bricks when I realized that I will never be able to do the things that a regular girl at my age would do.* For Linda, it was the hardship associated with her pregnancy. She expressed; *I was not happy at all. I was going through a lot when I was pregnant. I had no one to rely on.* For the daughters, the crisis was experienced due to unpreparedness. Regina expressed, *honestly, I felt very bad because I wasn't prepared.* For Carolina, it was the thought of letting her parents down. She expressed, *I felt disappointed, and like I had let my mother down.* Both mothers and their daughters confronted their pregnancies and interpreted their pregnancies from two different perspectives. While the daughters perceived their pregnancies as an emotional shock, mothers, on the other hand, experienced their pregnancy as a crisis, which was provoked by past trauma and regret. However, when mothers confronted their unresolved emotional traumas, it became the catalyst for renewed connection between them and their daughter. Tricia expressed, *I understood what my daughter needed was empathy and compassion, and not criticism, I put myself in their shoes and understand the challenges and difficulties they go through.* Dealing with their own unresolved traumatic experiences enabled the mothers to more effectively parent their daughters.

3.2 Resonant Thread 2: Anger and Disappointment Transformed to Empathetic Words and Attitudes. The narratives reveal, the daughter's pregnancy rendered the mother in a state of anger, shock, and disappointment due to the mother's own past painful traumatic experience with a teenage pregnancy. But the anger and disappointment eventually shifted from judgmental to empathy, resulting in positive attitudes and support. For some mothers, their anger arose out of their own unresolved emotional pain. Rebecca expressed, *I was mad and upset because I did not want her to*

go through what I went through. The anger was interpreted by some daughters as a failure to meet their mother's expectations. Carlina expressed, *I felt disappointed and like I had let my mother down.* The mother's response towards her daughter took a turn when mothers saw their own experiences mirrored in the lives of their daughters. For Linda, it was recognizing that she did want her daughter to go through what she went through. She expressed, *I did not want my daughter to go through what I went through, because my experience was terrible.* As mothers became emotionally connected with their daughters' experiences, and looking at their own experiences, their attitude took a gradual shift. For Justina, it was the realization that grace is critical to exercise than to blame. She stated, *when someone makes a mistake, our responsibility is not to blame or judge them, but rather, to show them love.* When mothers revisited their own emotionally painful history, this enabled them to respond and address their daughters differently, resulting in the transformation of attitudes and responses. For the mothers, their daughters' pregnancy rekindled their own emotional scars; they were determined to support them on their journey since they never received support themselves, and the definition of teenage for these mothers took on a new meaning of reconciliation and repair. The pregnancy became the catalyst for building emotional closeness between the mother and her daughter. Hence, for mothers, their anger phase was not final, but rather, it functioned as a springboard to foster protection, guidance, and emotional healing.

3.3 Resonant Thread 3: Shifting Family Dynamics. The participants' narratives highlight that before the pregnancy, the mother-daughter relationship was characterized as distant and silent. Donette reflected on the communication she had with her mother on the matter of sex and pregnancy stated, *She never had a one-on-one conversation, like a mother-daughter conversation.* Tabitha, reflecting on mothers' reluctance to discuss the topic of sex and reproduction, stated, *Parents during that time were not open to talking to their children... about sex, contraception, and pregnancy.* Therefore, because mothers themselves were brought up in homes where the matter of sex and reproduction was not discussed, they took the same stance with their daughters, which exposed them to becoming vulnerable to experiencing a teenage pregnancy. Hence, due to the absence of close relationships, daughters resorted to seeking guidance elsewhere, since preventative interactions were minimal. The pregnancy, however, became a catalyst for renewed communication and dialogue between the mother and the daughter. Tricia stated, *My daughter and I are much closer now.* Carolina, reflecting on her relationship with her mother, stated, *My mother has become very supportive.* After the pregnancy, communication between the mother and her daughter has resulted in improved reconnection. This reconnection is demonstrated in the amount of time that is

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spent talking to each other. The thread of shifting family dynamics shows that, while mothers used avoidance communication with their daughters, when the pregnancy emerged, they were compelled to engage their daughters in the conversation, which proves that, when communication is engaged between the mother and the daughter, the communication barrier is minimized, which results in a restored relationship.

3.4 Resonant Thread 4; Two-Way Communication Across the Generations. This thread deals with the communication between mothers and their daughters, and how it impacted the coping mechanisms they employed as they navigated teenage pregnancy. Two-way communication functioned as a very important tool, which brought healing and recovery. For mothers themselves, it served as a means of finding personal healing from their turbulent and challenging past experiences, which enabled them to become more sympathetic towards their daughters. For the daughters, on the other hand, it enabled them to become more vocal with their mothers, which in turn contributed to the breaking of the cycle of secrecy, internal struggle, and silent suffering. For both the mothers and their daughters, two-way communication served to create emotional closeness. Christine expressed that, *although my mother was pregnant at first, after a while she calmed down, and now we have gotten very close*. It also functioned as a protective factor, which reduced poor mental and relational health, which was associated with fear, loneliness, and shock. Noemi stated, *the whole family came together, embraced me, saying, Hey, we are part of this together. We are one family*. Via two-way communication, daughters were better able to cope with their pregnancy, since conflict resolution shifted from avoidance and aggression to deeper depths of empathy and dialogue. Hence, two-way communication became the way the relationship between the daughter and mother was recuperated and sustained. It fostered a sense of reassurance that the young mothers needed as they navigated their journey of early motherhood.

3.5 Resonant Thread 5: Support Systems Across the Generations. Support systems were extremely significant in the way in which both mothers and daughters navigated through the challenges of early motherhood. For the participants, before the pregnancy, their upbringing played a significant role in their pregnancy. For some of them, it was economic hardship and neglect. Christine stated, *My mother was always out partying, and never had the time for us, and when she was at home, it was as if she was never home*. For other young mothers, it was not having the proper communication and dialogue surrounding sex and reproduction. Donnette stated, *My mother never had a one-on-one mother-daughter conversation with me concerning sex and reproduction*. While these factors were critical in provoking the pregnancy in both mothers and their daughters,

during the pregnancy, however, faith in God functioned as a protective factor, which enabled mothers and their daughters to carry the burden associated with teenage pregnancy. Linda stated, *When I was at my lowest and thoughts of suicide came to my mind, because of the prayer I did on that, God became real to me*. For others, it was parental support. Donette stated, *my mother would ensure that I keep all my clinic appointments and would sometimes accompany me as well*. For both mothers and their daughters, parental support and

5. LIMITATIONS OF THE STUDY

There are several key limitations to the study. First, while the study focused on the factors that perpetuated pregnancy between the mother and the daughter, from a family studies perspective, the accounts of the fathers were not taken into consideration. Sole attention was placed on only the mother-daughter relationship. An investigation into the influence of the father-daughter relationship will give this research greater depth and latitude from the family studies perspective. Second, the sample size involved 16 participants, eight mothers with their eight daughters. Hence, with such a limited number of participants, the diversity of experiences is limited. Finally, while this study reflects the phenomena of the transmission of teenage pregnancy on Sint Maarten, it may not be the true reflection of the same dilemma in the other Caribbean countries, due to differences in family structures, cultural attitudes towards motherhood, and socio-economic conditions.

6. PRACTICAL VALUE OF PAPER

This study provides some pragmatic insights for family practitioners, educators, policymakers, and the government of Sint Maarten. The findings highlight how parental empathy, open communication, and sustained emotional support can go a long way in breaking the cycle of intergenerational teenage pregnancy.

For family practitioners, it shows how intergenerational transmission, family communication, and relational adaptability shaped the experiences of teenage pregnancy for both mothers and their daughters. Teenage pregnancy became the motivator for renewed differentiation of self and emotional reconnection, which resulted from empathy.

For the Government of Sint Maarten, the study shows that breaking the cycle of teenage pregnancy warrants that there should be open communication concerning sex and reproduction at the family level. At the community level, there should be fostered greater partnerships among the churches, schools, and health institutions to provide psychological and educational support.

For educators and policymakers, there should be a focus on the emotional and communication skills. Policy makers can, hence, use that information to design prevention and support programs, where both mothers and their

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daughters can be addressed, rather than focusing on the individual person.

7. DIRECTIONS FOR FURTHER RESEARCH

Given the findings of the research, a number of areas can be tapped into for further research. One of them would be to explore a multigenerational approach rather than focusing on the individuals: the mother and her daughter. In that study, the family history and the emotional heritage should be given special attention, which will go a long way in understanding the phenomenon of intergenerational teenage pregnancy. Also, rather than exploring the contributions of family members and peers, a study can investigate the contributions of support groups in the lives of both mothers and daughters who are navigating teenage pregnancy. This will provide greater depth and understanding of the support systems and their range of effectiveness as a support system during early motherhood.

8. DECLARATION OF NON-COMPLIANCE

The authors of this research declare no conflict of interest with respect to the research, authorship, and publication of this research.

9. ETHICAL APPROVAL

This study was reviewed and approved by the Research and Ethics Committee of Miriam College. All the procedures involving human participants were conducted in accordance with ethical standards, and both consent and assent forms were obtained from all the participants in the research before data collection.

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