Development of a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities of Sekhukhune district, Limpopo Province, South Africa

by

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DEDICATION

I dedicate this study to my mother, my husband, my children, and my supervisor, Prof Risenga P.R for their unwavering support, encouragement, and belief in me.

DECLARATION

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TITLE: DEVELOPMENT OF A SUPPORT PROGRAM TO REDUCE STIGMATISATION AND MARGINALISATION AMONG TEENAGE MOTHERS IN RURAL COMMUNITIES OF SEKHUKHUNE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA

I proclaim that this thesis is my own work and that all sources used or cited have been recognised and acknowledged using a comprehensive list of references.

This thesis has also been subjected to reliable software testing to check its originality.

I further confirm that this thesis has never been submitted at any institution of higher learning elsewhere before, including submission to UNISA for any other purposes.

Signature:  **Date: 07 March 2026**

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ABSTRACT

Marginalisation and stigma among young mothers continue to be a challenge in South Africa, and they are generally overlooked. Young mothers face marginalisation at home from their parents and spouses, at school from their peers, and in the wider community. Such everyday exposure to judgement and branding causes severe stigma and emotional pain, impairing their capacity to achieve life aspirations that may be out of reach due to poor educational performance. The study's aim was to develop a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities of Sekhukhune district, Limpopo Province, South Africa. The research was carried out in the Sekhukhune area of Limpopo Province. The study's target population was teenage mothers aged 17 to 19 in the rural villages of Sekhukhune. A total of 44 teenage mothers took part in the study. The study adopted participatory action research design. This study employed both purposive and snowball sampling. Data gathering methods included semi-structured face-to-face interviews, focus groups, and arts-based methods that were audiotaped and transcribed verbatim. Data was analysed using qualitative thematic analysis. According to the study's findings, teenage mothers experienced emotional distress as a result of mockery and rejection, which led to psychological suffering, suicidal thoughts and attempts, and disengagement from health and educational resources. They were also treated as outcasts, rejected, isolated, discriminated against, and ignored by teachers and classmates. Findings of the study assisted the researcher to develop a support program suitable to assist stakeholders in working together to reduce stigma and discrimination among teenage mothers.

KEY CONCEPTS: *emotional distress, marginalisation, participatory action research, rejection, rural communities, social support, stigma, suicidal thoughts, support program, teenage mothers*

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LIST OF ABBREVIATIONS

ABM	Arts-Based Methods
ANC	Antenatal Care
ABR	Arts-Based Research
AGYW	Adolescent Girls and Young Women
APHRC	African Population and Health Research Center
CHSERC	College of Human Sciences Ethics Research Committee
COVID-19	Coronavirus Disease 2019
DBE	Department of Basic Education
DoH	Department of Health
DNA	Deoxyribonucleic acid
DSD	Department of Social Development
ECD	Early Childhood Development
FG	Focus Group
HPCSA	Health Professions Council of South Africa
HSRC	Human Sciences Research Council
IDP	Independent Development Plan
IRB	Institutional Review Board
IUD	Intrauterine Device
IYDS	Integrated Youth Development Strategy
LARC	Long-acting Reversible Contraception
LM	Local Municipality
MHC	Mobile Health Clinic
MISTRA	Mapungubwe Institute for Strategic Reflection
NGO	Non-Governmental Organizations
NYDA	National Youth Development Agency
OECD	Organisation for Economic Cooperation and Development
PAR	Participatory Action Research
PCA	Principal Component Analysis
PHC	Primary Health Care
RHAP	Rural Health Advocacy Project
SA	South Africa

SAAYC	Southern African Association of Youth Clubs
SANC	South African Nursing Council
SASA	South African School Act
SASSA	South African Social Security Agency
SRH	Sexual and Reproductive Health
SSA	Sub-Saharan Africa
SSS	Social Support Scale
STASSA	Statistics South Africa
UK	United Kingdom
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Emergency Fund
UNISA	University of South Africa
WHO	World Health Organisation

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION

This study investigated the lived experiences of teenage mothers who confront marginalisation and stigmatisation within the remote Sekhukhune district. The chapter begins by situating the researcher's background and contextualising the multifaceted challenges associated with teenage motherhood, including the pervasive stigma, prejudice, and social exclusion that shape these young women's realities. In addition, the chapter outlines the significance of the study, articulates the central research problem, and clarifies the key concepts that underpin the inquiry. Finally, attention is given to the research paradigm, encompassing the theoretical framework and philosophical assumptions that provide the foundation for the study's design and interpretation.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

1.2.1 The source of the research problem

According to Alyamani, Elewa and Newira (2021) & WHO (2023), the concern of adolescent pregnancy is extensive and alarming and has an undesirable impact on people's health as well as their families, communities, and the economy. It is documented that 13% of young females universally around the globe become mothers before turning 18 years (UNICEF 2024). Pregnancy or early childbirth and delivery during the adolescent phase can deleteriously affect a girl's health, schooling, and livelihood as well as thwart her normal growth into adulthood, according to UNICEF (2024). Most pregnant teenagers and mothers are also compelled or pressured into withdrawing from school activities, which can affect their future education and work prospects (Morgan, Agyemang, Dogbey, Arimiyaw & Owusu 2022).

Adolescent confinement and parenting could have negative social repercussions for young women, such as poorer family and community status, judgment, being rejected, violence from friends, relatives, and partners, and early and forced marriage (Barron, Subedar, Letsoko, Makua & Pillay 2022). Despite numerous global research regarding stigma and ways to mitigate and eradicate this issue, it appears that stigma persists and continues to have a detrimental effect on the mental health of these young mothers (Moganedi & Mudau 2024). The findings of a study conducted in the United Kingdom found that teenage mothers reported experiencing prejudice, hatred, and stigmatisation from the public on daily basis (Owens 2022). Moreover, the study revealed that young mothers discussed how their perception of their own lack of competence as parents caused them to avoid going out or even using health services due to what they saw as negative 'looks' from others.

Similar to other marginalised communities, teenage mothers face negative preconceptions that exacerbate anxiety, humiliation, isolation, and inequalities in health, according to a study in California by SmithBattle (2020). Furthermore, young mothers frequently report stigma by facing more scrutiny and that people view them as weak parents who are "tarnishing" their lives. The study by Morgan, Anima, Wadei and Katey (2025) in Ghana aimed at addressing stigma and discrimination towards school re-entry of teenage mothers, found that awareness and sensitisation programmes played a crucial role in promoting school re-entry among these mothers. Furthermore, teenage mothers reported that such programmes created a more inclusive and supportive environment, where teenage mothers felt accepted and understood.

The findings of a study conducted in South-Western Nigeria by Oluyese, Waterhouse and Hoggart (2024) investigated stigma management strategies employed by young mothers. The findings indicate that these mothers employed various strategies, including avoidance, concealment, and cohabitation, to cope with stigma effectively (Oluyese et al. 2024). These strategies were identified as mechanisms to reduce negative stereotypes and discrimination (Oluyese et al. 2024). However, the strategies also resulted in unintended consequences that exacerbated the challenging situations faced by many young women, leading to adverse outcomes such as gender-based violence, repeat pregnancies, and poor mental health.

According to Bohren, Vazquez-Corona, Odiase, Wilson, Sudhinaraset, Diamond-Smith et al (2022), stigma and prejudice represent manifestations of privilege, power, and disadvantage within both healthcare environments and the broader societal context. Bohren et al (2022) define stigma as the "labelling, prejudice, separation, status loss, and discrimination" that occurs when authority is exerted. According to Campbell (2023), stigma refers to a negative attribute, mark, or attitude that is connected to a certain group of people. Conversely, discrimination refers to the unfair and unjust treatment of a person or group based on their actual or perceived position or qualities, age, gender, colour, sexual orientation, socioeconomic status, or medical issues (Bohren et al. 2022).

According to Wittenberg (2023), most teenage mothers originate from marginalised, traumatised, and racially side-lined communities that are already stigmatised. Wittenberg (2023) reported that teenagers who are pregnant or parenting have discussed their experiences with stigma with their relatives. According to Bohren et al (2022), discrimination is a basic aspect of stigma that manifests itself both structurally—when societal conditions limit opportunities or well-being—and personally—when people are treated unfairly or unequally because they belong to a social group. Teenage mothers face significant stigma and marginalisation in South Africa, a problem that is frequently disregarded (Moganedi & Mudau 2024). This suggested that support programs need to be developed for the teenage mothers facing stigma and marginalisation in South Africa to eradicate this predicament.

1.2.2 Background of the research problem

Teenage mothers reported feeling universally and generally assessed by the public, both directly and indirectly, according to Owens (2022) in the United Kingdom. Teenage mothers talked about the prejudice, hatred, and stigmatisation they encountered daily (Owens 2022). Furthermore, these young mothers discussed how their perception of their own lack of competence as mothers caused them to avoid going out or even using health services due to what they saw to be negative "gaze" from others. Korving (2020) identified several shared characteristics between stigma and judgment, such as the influence of the socioeconomic context on the kind of stigma and the repercussions of feeling abandoned, alone, and afraid to disclose oneself. Pueyo's (2022) study in Massachusetts revealed that young mothers experienced conflicting emotions about becoming mothers.

The study aimed to collect standard data on the prevalence of teenage pregnancies and evaluate the difficulties faced by these newlywed mothers. Although some mothers experienced joy, most were concerned, astonished, and afraid (Pueyo 2022). According to Kumar and Huang (2021), teenage mothers in Sub-Saharan Africa (SSA) often encounter more stigma and obstacles while interacting with healthcare providers and family members, adding to their stress levels and unfavourable experiences as parents. Teenage mothers, particularly those from underprivileged groups within the community can experience long-term social inequalities (Hamley 2025). The psychological, health, and educational issues that teenage mothers in SSA face are exacerbated by discriminatory policies, gender inequality, stigma, and poverty (Govender, Naidoo & Taylor 2020).

Multiple hardships, tension, and anxiety during early stages of parenthood can reduce a young mother's capacity for self-efficacy. In the case of teenage mothers, the lack of authority and opportunity to make decisions within the family might have an equally detrimental effect on children's wellbeing as failed marriages (Kumar & Huang 2021). Teenage mothers have reported experiencing dehumanising gazes, hurtful remarks, and low expectations due to widespread preconceptions (Moganedi & Mudau 2024). According to Moganedi (2023), the stigma and marginalisation that teenage mothers face persist into adulthood. According to SmithBattle (2020), teenage mothers are keen to show others how they differ from traditional mothers in order to shield their identities from being viewed as "spoilt."

According to Hamley (2025), teenage mothers usually experience a climate of social scrutiny and being told that their lives were over and ruined, and that they will never achieve positive outcomes because of motherhood. The findings of a study by Dutta, Naskar, Das and Banerjee (2022) found that teenage mothers encountered social constraints due to several faulty community practices, poor economic conditions, familial disharmony, social criticism and anxiety. This aligns with a study conducted by Babedi (2021), aimed at exploring the challenges experienced by teenage mothers from disadvantaged communities in their pursuit to reintegrate back into school and complete their education after childbirth. According to Babedi (2021), teenage mothers were confronted with feelings of rejection, helplessness and anxiety.

Tinago, Frongillo, Waren, and Chitiyo et al (2021) revealed that teenage mothers in Harare, Zimbabwe, experienced social segregation and embarrassment, as well as other challenges such as gossip, a hardship of work and academic prospects, and disparity in programming and services. According to most mothers, their experiences as teenage mothers resulted in emotions of social disconnection, poor health, and experiences with stigma and social isolation (Tinago et al. 2021), which aligns well with the research by Musyimi et al (2020). According to a Nigerian study, becoming a young mother deprives teenage girls of agency and exposes them to stigma, making it more difficult for them to receive treatment in the early phases of parenthood than for adult mothers (Kola, Bennet, Bhat, Ayinde, Oladeji, Abiyona, Abdumalik et al. 2020). In a Ghanaian study by Abotsi (2020), which examined how teenage mothers dealt with the difficulties of being young mothers, revealed that these mothers faced shame from older members of the community. Moreover, some of the teenage mothers expressed uneasiness about being out in public for fear of gossip.

According to SmithBattle (2020), teenage mothers face social stigmatisation because of their involvement in developed racial or socioeconomic groups and their deviation from conventional parenting age standards. Teenage mothers who experience poverty, intimate partner abuse, domestic rejection, social isolation, stigmatisation from the community, and prolonged medical ailments are prone to engage in suicidal actions, as reported in recent qualitative research conducted in Kenya by Eboreime (2022). Teenage mothers have been observed to face severe adversity, disruptions in their schooling, humiliation, emotional distress, disconnectedness, guilt, and cruel treatment from relatives, schools, hospitals, and members of the study, as reported by Ajayi et al (2023). Moreover, peer stigma, teacher abuse and mockery, and prejudice by health professionals all contributed to the poor health of teenage mothers (Ntshiyantshayi, Leepile, Isaac & Sepeng 2022; Phoobane 2022; Ajayi et al. 2023).

Consequently, this hindered individuals from efficiently handling their academic obligations and parental responsibilities, leading to postponements in seeking medical attention and appalling outcomes (Ajayi et al. 2023). According to a study conducted in Lesotho by Phoobane (2022), teenage mothers experienced stigma, judgment, and disapproving look from community members. Additionally, it was reported by teenage mothers that parents forbade their children from socialising with them.

According to Phoobane (2022), there were also reports from teenage mothers that they were teased, laughed at, and made fun of by other students. The study by Korving (2020) was aimed at exploring early pregnancy stigma and new mothers' experiences of undesired outcomes in a regional South African context. The impact of societal judgment on teenage mothers' emotional coping and identity, as well as the origins and repercussions of such stigma, were the main topics revealed in a study by Korving (2020). A study conducted by Ajayi et al (2023) revealed feelings of internalised judgment and self-directed stigma connected to an unintended pregnancy, as well as perceived judgment and stigma from others. According to research by Owens (2022), teenage mothers faced discrimination in the community for their awkward glares and general perception of hopelessness. The outcomes of the study undertaken in Northwest, South Africa by Ntshiyintshayi et al (2022), found that teenage mothers faced several social obstacles, including rejection from community members and social withdrawal.

It was reported in a study conducted in KwaZulu-Natal, South Africa that teenage mothers frequently experience societal stigma and discrimination from communities and families, forcing them to leave their family home and increasing their vulnerability to abuse and violence as well as potential increases in poverty and economic difficulties (Korving 2020). Teenage parents are faced with heightened obligations that they may not be emotionally, socially, culturally, or financially equipped for at this developmental stage (Campbell 2023).

1.3 THE RESEARCH PROBLEM

Teenage mothers are frequently marginalised, and the study literature does not adequately describe their experiences using mental health services, claims Campbell (2023). SmithBattle (2020) concluded that not enough studies have been done on teenage mothers, even though early childbirth has been extensively studied and that this group is stigmatised. Teenage mothers have been observed to face severe adversity, disruptions in their schooling, humiliation, emotional distress, disconnectedness, guilt, and harsh treatment from relatives, schools, hospitals, and members of the study, as reported by Ajayi, Athero, Muga and Karibu (2023). Unfortunately, it is frequently believed that teenage mothers have social, emotional, mental, psychological, and physical issues (Wittenberg 2023).

Contrary to popular belief, negative preconceptions about young mothers may increase their likelihood of falling pregnant again (Wittenberg 2023). The teenage mothers often experience stigmatisation, discrimination and social isolation in their everyday life which forces them to avoid public places and interacting with others. This is supported by the study conducted in Rwanda aimed at exploring and describing the consequences of adolescent childbearing which revealed that perceived stigma and discrimination were reported by most teenage mothers (Twagirayezu, Rugema, Nkurunziza, Nyirazigama, Bagweneza, Nikuze & Ndayisenga 2024). Moreover, it was found that teenage mothers also reported diminished social contexts and fear of being seen outside their home places. Teenage mothers experienced being marginalised and excluded by their ethnic group and family members who were supposed to support them, according to a study conducted by Moganedi (2023) in Limpopo, South Africa.

According to the knowledge of the researcher, the surge of teenage mothers facing judgement, isolation, discrimination and marginalisation in the community of Sekhukhune is alarming. So, it is very crucial for them to get support to develop resilience and self-efficacy. According to Moganedi and Mudau (2024), teenage mothers have difficulties related to social exclusion, rejection, and isolation from the broader community. Teenage mothers who experience social exclusion and rejection from their peers at school tend to perform poorly in their studies due to their lack of participation in group discussions (Phoobane 2022). Consequently, teenage mothers feel alienated from the learning process and miss the opportunity to gain knowledge from their peers. The findings of the study conducted by Ruzibiza (2021) in Rwanda to describe teenage mothers' experience of stigma in terms of solitude and isolation, revealed that teenage mothers faced intense stigma, which left them feeling alone, lonely, and stigmatised. Furthermore, teens are talked about when it comes to things pertaining to their sexuality, but their voices are frequently ignored.

Young women who experience loneliness, stigma associated with teenage motherhood, and prejudice due to their adolescent pregnancy and parenting may experience emotional distress (Campbell 2023). According to Kumar and Huang (2021), teenage mothers in Sub-Saharan Africa (SSA) often encounter more stigma and obstacles while interacting with healthcare providers and family members, adding to their stress levels and unfavourable experiences as parents.

The findings of a study conducted in rural areas of Limpopo, South Africa found that teenage mothers experienced numerous mental health challenges, such as depression (Muthelo, Mbombi, Mphekgwana, Mabila, Dhau et al. 2024). These challenges caused by social problems such as stigmatisation, lack of support from families and friends, including parenting demands that contribute to poor academic performance (Muthelo et al. 2024). This aligns with a study by Moganedi and Mudau (2024) conducted in the rural areas of Limpopo, South Africa aimed at exploring the impact of stigma on the mental well-being of teenage mothers. The study findings revealed that teenage mothers experienced humiliation and were subjected to degrading remarks by schoolmates (Moganedi & Mudau 2024). The researcher identified that despite several outcomes that stigma and marginalisation still exist among teenage mothers, they still face such a challenge that needs to be addressed. Considering this, the researcher identified a gap that highlights the urgent need for extensive research on the ways to minimise stigma and marginalisation of teenage mothers in the rural communities of Sekhukhune district, Limpopo, South Africa. There are currently no studies aiming at lowering or eliminating the stigma and marginalisation of teenage mothers in remote areas of Limpopo.

1.4 PURPOSE OF THE STUDY

1.4.1 Research purpose

The purpose of the study was to develop a support program to reduce the stigmatisation and marginalisation among teenage mothers in rural communities of Sekhukhune district, Limpopo province, South Africa.

1.4.2 Research objectives

The objectives of the study were divided into two (2) distinct phases:

Phase 1:

- Establish the experiences of teenage mothers who face stigma and marginalisation in rural communities of Sekhukhune district.

- Assess the interaction between the stigmatised mothers and peers, teachers and the healthcare providers.
- Identify the extent to which teenage mothers faced stigmatisation, marginalisation and discrimination in the community, school and healthcare facilities.
- Identify the coping mechanisms used by teenage mothers who encounter stigma and marginalisation.
- Ascertain how much knowledge teenage mothers have regarding their rights and responsibilities as young parents in schools and in the community.

Phase 2:

- Identify the support needs of teenage mothers who experience stigma in rural communities of Sekhukhune district.
- Develop a support program for stigmatised teenage mothers in selected PHC facilities, schools and families in rural communities of Sekhukhune district.

1.4.3 Research questions

This study was directed by the subsequent questions:

- What are the teenage mothers' experiences of stigma and marginalisation in rural communities of Sekhukhune district?
- What is the extent to which teenage mothers faced stigmatisation, marginalisation and discrimination in the community, school and healthcare facilities?
- What type of interaction is exhibited between the teenage mothers and their classmates, teachers, and healthcare providers?
- What coping mechanisms are used by teenage mothers who encounter stigmatisation and marginalisation in rural communities of Sekhukhune district?
- How much knowledge do teenage mothers have regarding their rights and responsibilities as young parents in schools and in the community?
- What are the support needs of teenage mothers who face stigma and marginalisation in rural communities of Sekhukhune district?

1.5 SIGNIFICANCE OF THE STUDY

The study's significance demonstrates how crucial the problem is to nursing, as well as to people's individual, family, and community health (Gray & Grove 2021; Polit & Beck 2021).

1.5.1 Research in nursing

By examining and characterising the effects of stigma and marginalisation among teenage mothers, the study sought to close the scientific gap. Future nurses and public health researchers may use the study's conclusions and suggestions as a guide to undertake follow-up research to provide ongoing support for teenage mothers who are stigmatised and marginalised in the community, on school grounds, and in medical facilities.

1.5.2 Nursing practice

When teenage mothers seek medical attention and advice in the clinical facilities during their planned visits and appointments, the study's findings may help medical personnel to provide them with compassionate, all-encompassing care and support. Additionally, the study was expected to promote a trusting relationship between nurses and patients, and in the end, healthcare personnel should treat teenage mothers with respect when providing treatment. Healthcare practitioners will have access to the developed support program, which will enable them to provide ongoing, stigma-free assistance to teenage mothers.

1.5.3 Nursing education

The study's conclusions may suggest that managers and facilitators in the field of nursing education incorporate knowledge about adolescent pregnancy and motherhood into their curricula to inform student nurses about the assistance that teenage mothers require. The research findings have the potential to enhance the corpus of knowledge in nursing education about the provision of assistance to teenage mothers who are subjected to stigma, discrimination, marginalisation, and exclusion.

1.5.4 Formulating policies

Policy makers, healthcare authorities, community leaders, and the department of education will get the study's findings. To nurture and promote social justice, inclusion, and equity, these stakeholders hope to use the findings in the formulation of policies that will support teenage mothers who are facing stigma, social exclusion, discrimination, and marginalisation. Teenage mothers may also benefit from completing their education and avoiding emotional stress. The results of this study should augment to the body of knowledge concerning the interventions that should be used to provide these teenage mothers with positive social and contextual change as well as inclusion in their life.

1.6 DEFINITIONS OF KEY TERMS

Concepts can be precise or ambiguous, abstract or concrete; they are representations of things that occur (Burkholder, Crawford & Hitchcock 2020). Key terms employed in the study are attempted to be defined and clarified by the researcher. The present work has operationalised the subsequent concepts:

1.6.1 A teenager

Anybody between the ages of 13 and 19 is considered a teenager (Oxford dictionary 2024). According to Rodriguez (2023), a teenager is a person who is in their teens (13–19), a stage of adolescence when they are transitioning from childhood to maturity. In this study a teenager is a person below the age of twenty (20) years.

1.6.2 Teenage mother

Women who become pregnant between the ages of 10 and 19 and raise their children are known as teenage mothers (WHO 2023). A teenage mother is "a teenage girl, usually between the ages of 13- 19 who becomes a parent to their children," according to UNICEF (2024). In this study, a teenage mother is a person who is between the ages of 13 and 18 who is also a student and a mother.

1.6.3 Stigma

Stigma is a powerful sense of social disapproval that most people in a society have toward something, particularly when it is unjust (Collins's dictionary 2020). According to Sumbane and Makua (2023), stigma is defined as an "attribute that is deeply discrediting" in Goffman's 1963 stigma theory. Social devaluation based on unfavourable stereotypes is known as stigma (Feingold & Drossman 2021). Stigma in this study refers to a person who is rejected, socially isolated and treated with prejudice in his/her own community.

1.6.4 Reduce

According to Oxford dictionary (2024), reduce refers to making something less or smaller in size or quantity. It means to make or become smaller in extent, degree or intensity (Collins's dictionary 2020). The term reduce means to systematically decrease the size, scope, length, or complexity of something without losing the core meaning (Mohammed et al. 2021). In this study to reduce means to curb or minimise the recurrence of something.

1.6.5 Program

It is a plan of things that will be done or included in the development of something (Oxford dictionary 2024). According to Cambridge dictionary (2022), a program denotes to a set of related measures or activities with a particular long-term plan (Cambridge dictionary 2024). Ramjan et al (2022) define a program as an organised and purposeful set of actions, resources, or regulations formulated with the express purpose of accomplishing predetermined, distant objectives is a program. A program in this study means a tool designed to assist a person with creating logical activities or procedures to bring about change in people's lives.

1.6.6 Marginalisation

Marginalisation is a type of awful and enduring disadvantage that has its roots in fundamental social prejudices (UNESCO 2021). According to Drew (2023), it describes the process that drives people or groups to the periphery of society, limiting their access to prospects, dominance, and resources.

Marginalisation happens when individuals are consistently denied the chance to fully realise their human potential and are kept out of important cultural, economic, and other community activities (Carter, Sumpter & Thruston 2023). In this study marginalisation refers to the process of pushing teenage mothers away from social groups and discriminating against them as a result of being young mothers leading to them feeling unwanted and unimportant.

1.6.7 Rural community

According to Chiya and Mudau (2023) & Woods (2023), a rural community is one that has little or no infrastructure development. An open stretch of ground with few houses or other structures, few people living far from one another, is referred to as a rural region (Putri, Russell, O'Sullivan, Meliana & Kippen 2022). Rural community in this study refers to a geographical area away from the city with limited resources where people reside sharing common values, morals and cultural customs.

1.7 THEORETICAL FOUNDATIONS OF THE STUDY

1.7.1 RESEARCH PARADIGM

Brink and van Rensburg (2022) describe a paradigm as a "lens" or organised principles through which a researcher approaches and interprets reality. As defined by Gray and Grove (2021) & Polit and Beck (2021), it is a way or worldview of interpreting natural facts that combine philosophical presumptions and steers one's approach of investigation. The researcher will adopt transformative paradigm for this study which is discussed below with its philosophical assumptions namely: axiology, ontology, epistemology and methodology:

1.7.1.1 The paradigm of transformation

The paradigm of transformation was employed in this investigation. The paradigm was selected due to its focus on the experiences of stigmatised and marginalised teenage mothers (Omodan & Addam 2022). According to James, DeJonckheere and Guetterman (2024), this paradigm offers a structure for promoting social justice and addressing the complexities faced by oppressed and socially excluded communities.

The transformative assumptions facilitate the intentional inclusion of individuals from vulnerable and marginalised communities, ensuring cultural responsiveness and addressing power inequities (Mertens 2021; Omodan & Addam 2022). According to a transformational philosophy, political revolution initiatives and research inquiries must be integrated to address social oppression and all its proclamations (Mertens 2020a; Keyl 2022). Additionally, this paradigm presupposes that the researcher will work complaisantly to avoid further marginalising the teenage mothers because of the study (Matjila & van der Merwe 2022; Omodan 2020). As stated by Transformative paradigm, human rights and social justice approach to research refers to those which are historically forced to the margins of the research process and are actively included in the entire process (Leavy 2023).

Matjila and van der Merwe (2022) indicated that involving participants in the study process may help with the formulation of research questions, data generation, analysis, or the study's ultimate conclusions. Leavy (2023) emphasised that by forming research partnerships with those marginalised groups; for whom the research matters on practical levels, research is understood to be participatory and action oriented. Moreover, this is a power-reflexive approach to research. This philosophy posits that research should be empowering, emancipatory, and transformative in whatever ways are possible (see figure 1.1).

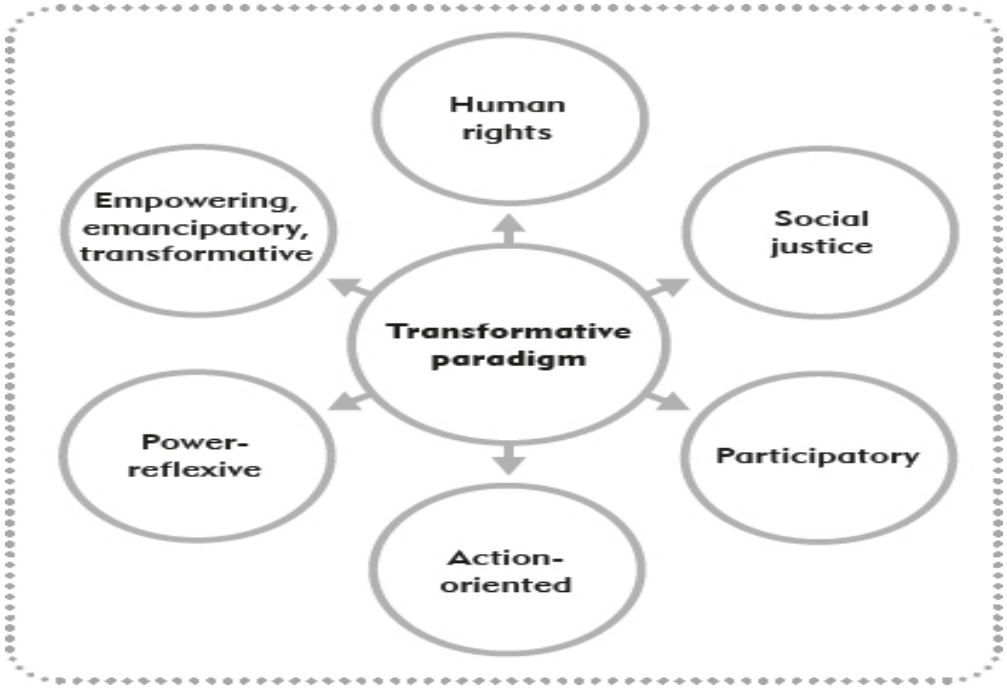


Figure 1.1 The transformative paradigm (Leavy 2023)

1.7.1.1.1 Axiological assumption

According to Guraya, Harkin, Yusoff and Guraya (2023), axiology is characterised as the philosophical framework for evaluating value and determining the appropriate decisions to be made. The process entails a thorough analysis of values and the underlying principles that inform a researcher's evaluative decisions (Guraya et al. 2023). Research planning should take ethical considerations into account, and axiology is a school of philosophy or paradigm that addresses these difficulties (Omodan 2020; Pasque & Alexander 2022). The researcher's axiology is predicated on responses to queries such as "What is right?" and "What makes a person valuable", (Creswell 2022). According to Omodan (2020) & Mertens (2021) axiology promotes moral values, cultural respect, social justice and human rights, and equally addresses inequalities and mutualisms. Consequently, the rights and well-being of teenage mothers in this study will be considered. It was anticipated that there will be greater collaboration in the study process which is one of the doctrines of paradigm of the transformation. The transformative axiological perspective includes the need to recognise the strengths of the society and integrate their skills, knowledge and experiences into the planning and implementation of the research (Mertens 2021). This suggested that teenage mothers' skills, knowledge and experiences in this study were amalgamated into the research planning and executed.

1.7.1.1.2 Ontological assumption

The ontological postulation, or the nature of reality, connected to a transformational position, is informed by the axiological assumption (Mertens 2021; Pasque & Alexander 2022). The study of the nature of existence is known as ontology (Gray & Grove 2021; Fouché, Hermanus & Willem 2021; Creswell 2022). Ontology is broadly defined as a viewpoint on reality and existence (Tenny, Brannan & Brannan 2022; Pasque & Alexander 2022). It addresses questions such as "What does it mean to exist?" and "authentic or fake?" and the essence of reality (Creswell 2022). The ontology of the qualitative researcher, according to Gray and Grove (2021), encompasses the idea that existence and human reality are holistic and interwoven with a non-dividable world. The transformational paradigm, which is based on social, political, cultural, and power elements, asserts that social reality is always changing and reformed by historical events (Mertens 2021; James, DeJonckheere & Guetterman 2024).

The society views the reality of teenage motherhood as a consequence of promiscuity, immaturity and failure to conform to societal norms. Teenage mothers are regarded by the researcher as the vulnerable population deprived of the right to social justice and are often subjected to social exclusion. The researcher interacted directly with participants through a variety of data collection techniques such as individual interviews, focus groups and PAR methods. This assisted the researcher to construct teenage mothers' reality of their social interactions and backgrounds.

1.7.1.1.3 Epistemological assumption

Epistemology is a way of understanding and explaining how a person knows what he/she knows (Guraya et al. 2023). Understanding knowledge through questions like "What is knowledge?" is the subject of epistemology or "How does knowledge become shaped?" or "How can one determine what is known? (Tenny et al. 2022; Creswell 2022; Pasque & Alexander 2022; Lim 2023). Focus group interactions on this study enabled teenage mothers to create a platform in which each of them benefited through direct communication. This encouraged self-disclosure among teenage mothers and allowed the possibility to expand a more comprehensive understanding of how various people feel or think about the shared phenomenon of stigma and marginalisation. There are two methods in which knowledge can be formed; according to Burkholder et al (2020), the first is by perception, and the other is through intuition. According to Mertens (2020) & Omodan (2020), the epistemological premise of the transformational paradigm is around the definition of knowledge through cultural lenses and the power dynamics associated with deciding what constitutes valid information.

According to Mertens (2021), to establish trust in various cultural contexts, researchers must factor time and resources into their study design. In this study, the researcher enhanced prolonged engagement by spending 1-2 hours with participants and avoid facial expressions that depicts a judgemental attitude during such interactions. The researcher also created an atmosphere of trust to enable participants to engage fully in all the steps of the research process. Furthermore, the researcher ensured that participants' inputs and opinions are acknowledged.

1.7.1.1.4 Methodological assumption

Methodology relates to the process, tenets and procedures by which a researcher approaches challenges and seeks resolutions (Guraya et al. 2023). According to Guraya et al (2023), methodology is about research design and methods, describe the approaches, and procedures. This includes data gathering, participant sampling procedures, instruments used, and data analysis conducted to answer the research question ensuring significant contribution to knowledge. According to this presumption, a qualitative researcher conceptualises the research process and how the researcher ought to acquire knowledge in a particular way (Creswell & Poth 2023). The methodological conjuncture incorporates the approach-related insinuations of the axiological, ontological, and epistemological assumptions (Mertens 2021). The transformative paradigm helps researchers not only reframe our understanding of worldviews but also recognise that any following methodological choices must also be reframed (Mertens 2020a). The researcher adopted PAR design for this study as it proved to work well with culturally competent, transformative approaches (Mertens 2021).

According to the transformational paradigm's tenets, the goal of research is to debunk myths, misconceptions, and inaccurate information, empowering people to act and change their own society on an indigenous level (Mertens 2021). Participants in this study were involved throughout the research process for the primary purpose of imparting contextual transformation, empowerment and capacity building. The nature of PAR is that it involves participants in the planning, execution, and dissemination of study findings, it will empower them, which is why the researcher focused on it (Omodan 2020; Mertens 2021). Teenage mothers in this study who are also co-researchers took part in the problem definition, data collection and analysis, recommendation process, and application of the research findings using this methodology.

1.7.2 THEORETICAL FRAMEWORK

A theoretical framework incorporates observations and facts into an organised scheme and is based on propositional claims that arise from an established theory (Brink & van Rensburg 2022). A study can be constructed on top of a theoretical framework, which also acts as a guide to assist with the study plan (LoBiondo-Wood & Haber 2022).

In a qualitative study, theory can serve as an explanation or a lens through which the several junctures of the research process are viewed (Creswell 2022). The study integrated three complementary theories: Stigma Theory (Goffman 1963), the Transformative Paradigm (Mertens 2009), and Social Support Theory (House 1981) to guide the design, implementation, and evaluation of a support program for teenage mothers in rural communities of Sekhukhune District, Limpopo Province, South Africa.

The theories have been described and integrated below.

Stigma Theory (Goffman, 1963)

Erving Goffman's Stigma: Notes on the Management of Spoiled Identity (1963) is a foundational text in sociology and psychology. Goffman defines stigma as an attribute that is **deeply discrediting**, reducing a person "from a whole and usual one to a tainted, discounted one. "Spoiled identity occurs when society labels individuals as "deviant," thereby damaging their social identity and altering how they are perceived by others. This process is closely tied to different types of stigmas, which can manifest in various ways: physical stigma refers to visible differences or disabilities, character stigma involves perceived moral failings such as teenage pregnancy, and tribal stigma arises from group membership, including race, religion, or ethnicity. These stigmas often lead to serious social consequences, as individuals may experience exclusion, discrimination, and reduced opportunities in education, employment, and social participation. In response, people develop coping strategies to navigate these challenges, such as concealing their stigma, resisting imposed labels, or reconstructing positive identities that affirm their worth and challenge societal prejudices.

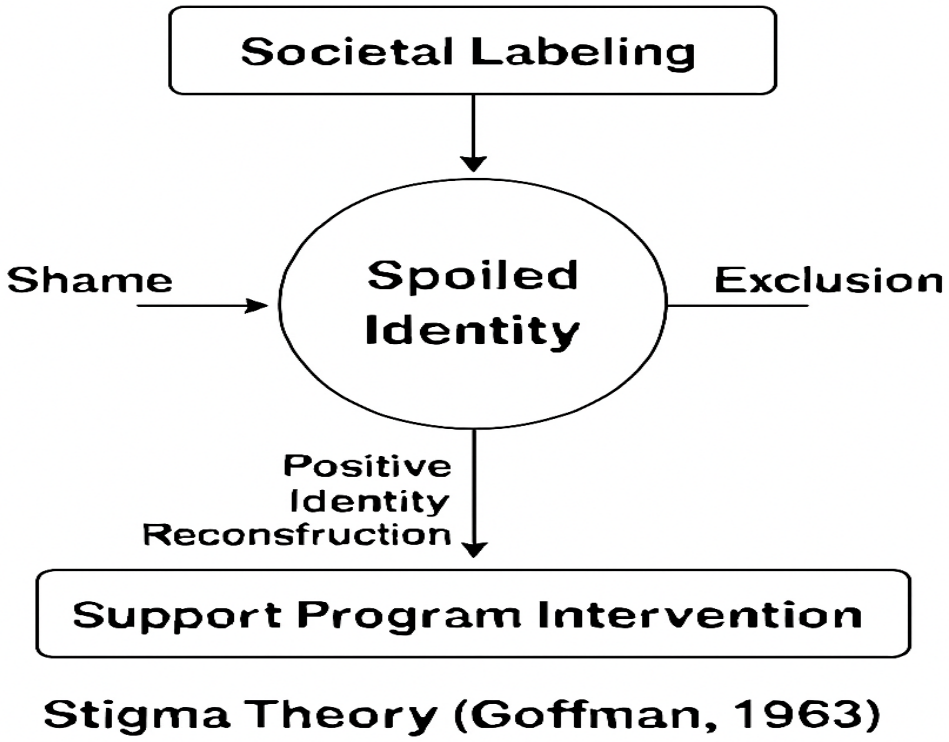


Figure 1.2 Goffman's stigma theory

Teenage mothers are often stigmatised as irresponsible or deviant. This leads to marginalisation in education, healthcare, and community life. Using Goffman's theory, a support program can identify these mechanisms and design interventions that challenge stereotypes, promote acceptance, and empower teenage mothers to reconstruct their identities positively. The support program uses this insight to challenge dominant narratives and promote positive identity reconstruction among participants. This theory is relevant because teenage mothers experience a lot of stigmas. The second theory used was transformative paradigm as outlined in the paradigm section and lastly the social support theory described below.

Social Support Theory (House, 1981)

House's Social Support Theory (1981) identifies emotional, informational, and instrumental support as key domains that buffer stress and promote wellbeing, especially for vulnerable populations like teenage mothers. Developed by James S. House in 1981, Social Support Theory offers a foundational framework for understanding how interpersonal relationships and structured interventions can mitigate the effects of stress and enhance health outcomes.

House categorises support into three distinct but interrelated domains: **emotional support**, which involves expressions of empathy, love, trust, and care; **informational support**, which includes guidance, advice, and knowledge-sharing to help individuals navigate challenges; and **instrumental support**, which refers to tangible aid such as financial assistance, transportation, or help with daily tasks. These forms of support are not only protective against psychological distress but also contribute to a sense of belonging, agency, and resilience. In the context of teenage motherhood, House's theory is particularly relevant. Young mothers often face social isolation, stigma, and limited access to resources. By applying this framework, support programs can be designed to include **peer support groups** that offer emotional solidarity, **mentorship initiatives** that provide informational guidance, and **resource navigation services** that deliver instrumental aid. These components work synergistically to build trust, foster inclusion, and improve psychosocial outcomes. House's model underscores that support must be **intentional, multidimensional, and responsive to the lived realities of the target population**, making it a powerful tool for designing justice-oriented, community-based interventions.

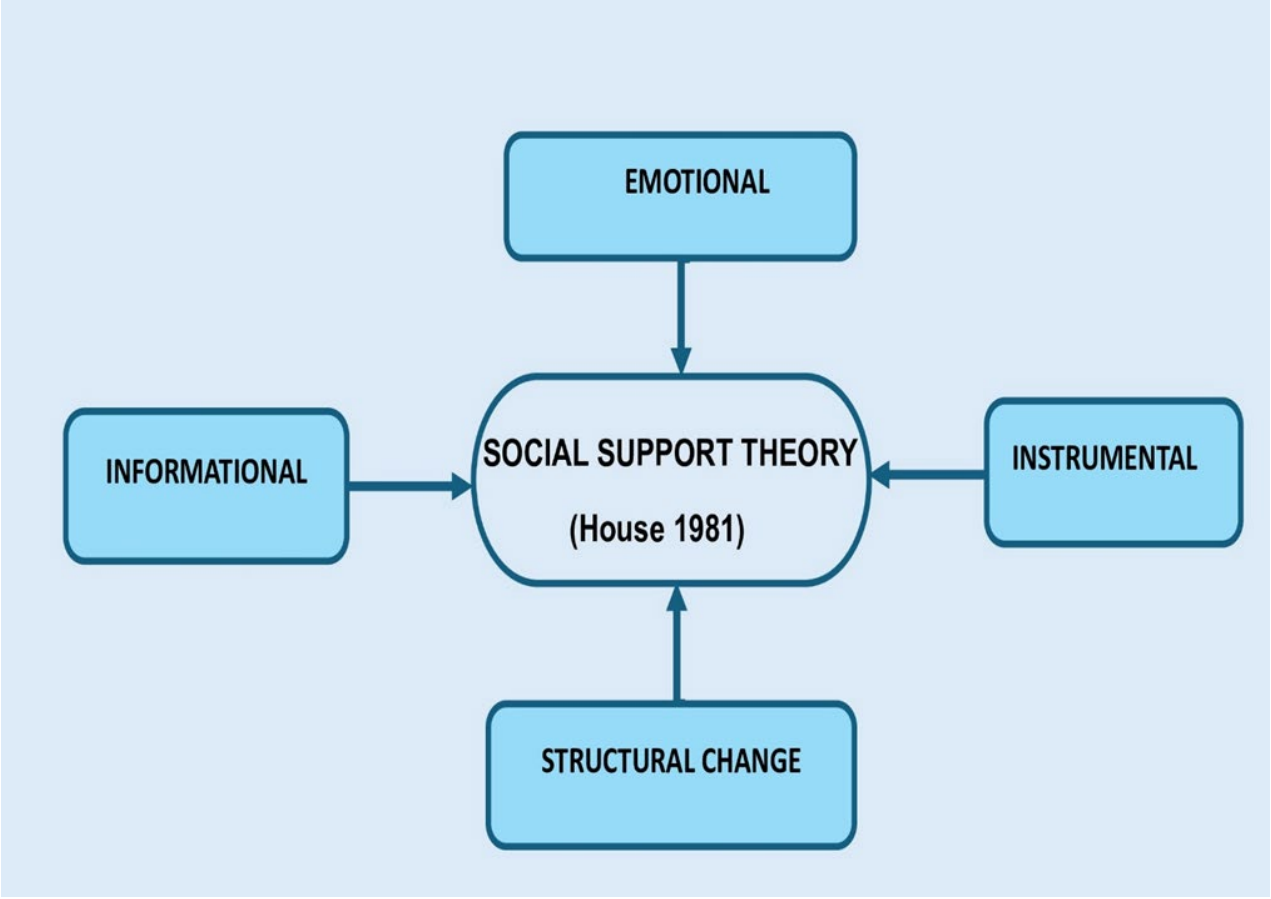


Figure 1.3 Social support theory

The three theories converge to inform a holistic support program. Stigma Theory diagnoses the problem; the Transformative Paradigm guides the ethical and participatory orientation; and Social Support Theory structures the practical interventions. Together, they ensure that the program is not only responsive to the lived realities of teenage mothers but also capable of shifting community attitudes and institutional practices. This framework positions the support program as a vehicle for both individual empowerment and systemic transformation. By grounding the intervention in robust theoretical foundations—Goffman (1963), Mertens (2009) & House (1981)—the study ensures methodological rigor, ethical integrity, and practical relevance. It reflects a commitment to inclusive, context-sensitive, and justice-driven programming that honours the voices and potential of teenage mothers in rural South Africa.

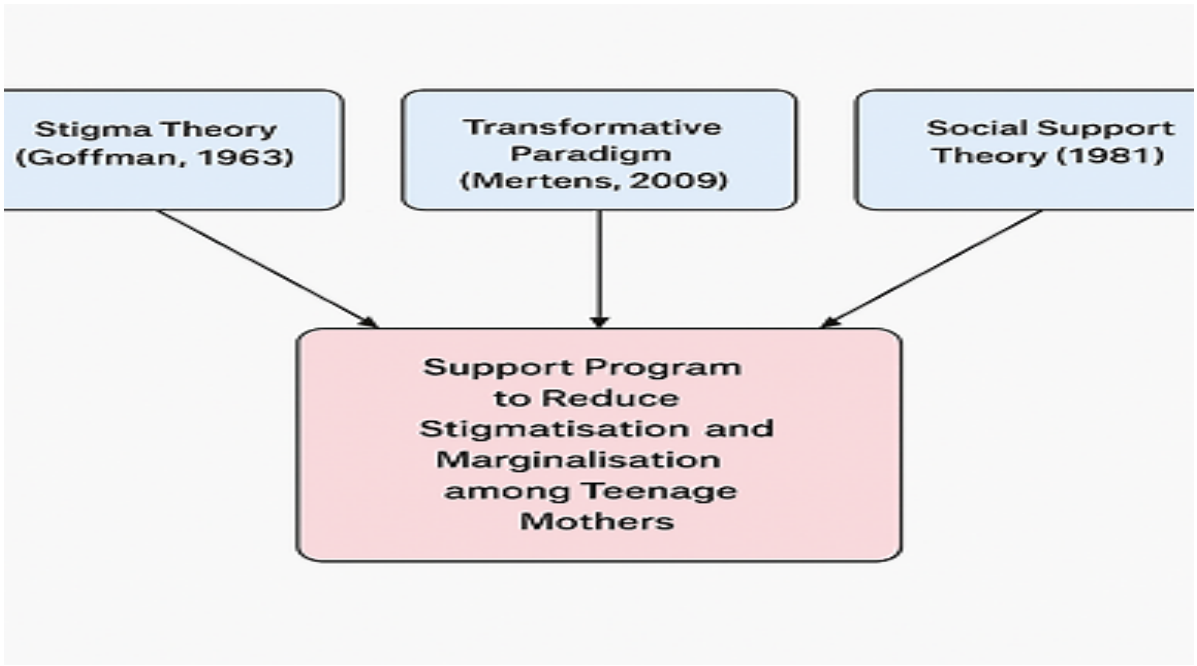


Figure 1.4 Theories to inform a holistic support program

Dickoff, James, and Wiedenbach's practice-oriented theory (1968) provided the conceptual backbone for designing a responsive and justice-oriented support program for teenage mothers facing discrimination and stigma. Their "survey list" comprising of six core elements: **agent, recipient, context, procedure, dynamics, and product**—was used to systematically interrogate and structure the program's development. This framework ensured that the intervention was not only theoretically grounded but also practically aligned with the lived realities of the target population. It allowed for a holistic mapping of roles, environments, processes, and intended outcomes, thereby enhancing coherence and implementation fidelity.

1. Who exactly is the agent? The agent refers to the individual or group actively performing the practice (Dickoff et al. 1968). An agent comes first on the survey list. The study's agent will be the professional nurses and the midwives. The researcher does the needs assessment and designs the support program for empowering teenage mothers who receive instructions from school and nursing care from the clinical facilities. The person responsible for developing the support program to broaden the knowledge and perspectives of teenage mothers is referred to as the agent.

2. The recipient is who? The recipient is a person or group receiving practice or intervention (Dickoff et al. 1968). Participants in this study are the beneficiaries of the activity who will gain from the study's support program.

3. What is the context? The environment or situation in which the practice takes place including relevant factors like social context and policies (Dickoff et al. 1968). Additionally, the context is defined as the setting in which the support program will be implemented as well as the knowledge, abilities, and experiences of teenage mothers. The setting for the support program is primary health care facilities and hospitals.

4. What is the procedure? The procedure includes the specific steps or methods used to carry out the practice, including the techniques or processes included (Dickoff et al. 1968). The protocol will outline the procedures and methodology to be used in the creation of the support program.

5. What dynamics are there? The agent refers to the individual or group actively performing the practice (Dickoff et al. 1968). An agent comes first on the survey list. The study's agent will be the trained facilitators, nurses, social workers and school liaisons. The researcher does the needs assessment and designs the support program for empowering teenage mothers who receive instruction from school and nursing care from the clinical facilities. The person responsible for developing the support program to broaden the knowledge and perspectives of teenage mothers is referred to as the agent.

6. What is the output or result? It is the outcome or goal of the practice, what is intended to be achieved by the actions of the agent (Dickoff et al. 1968). The output refers to the result of an activity; in this case, it is the complete financial, social, and emotional support of significant others in promoting the mental well-being of teenage mothers.

It is expected that the program will benefit teenage mothers to adopt a positive mind-set, resilience and self-efficacy to accept themselves and achieve their life aspirations. By applying this theory, the program was designed to be **practice-oriented and participatory**, with teenage mothers actively involved in shaping its content and delivery. The **agent-recipient relationship** was framed to promote mutual respect and empowerment, while the **contextual analysis** addressed barriers in education, health, and community settings. The **procedural design** incorporated activities that were both therapeutic and skill-building, and the **dynamics** emphasised relational trust and resilience. Finally, the **product** was conceptualised not merely as service delivery, but as transformation of identity, opportunity, and social perception. This methodological approach ensured that the support program was not only theoretically sound but also ethically responsive and socially impactful.

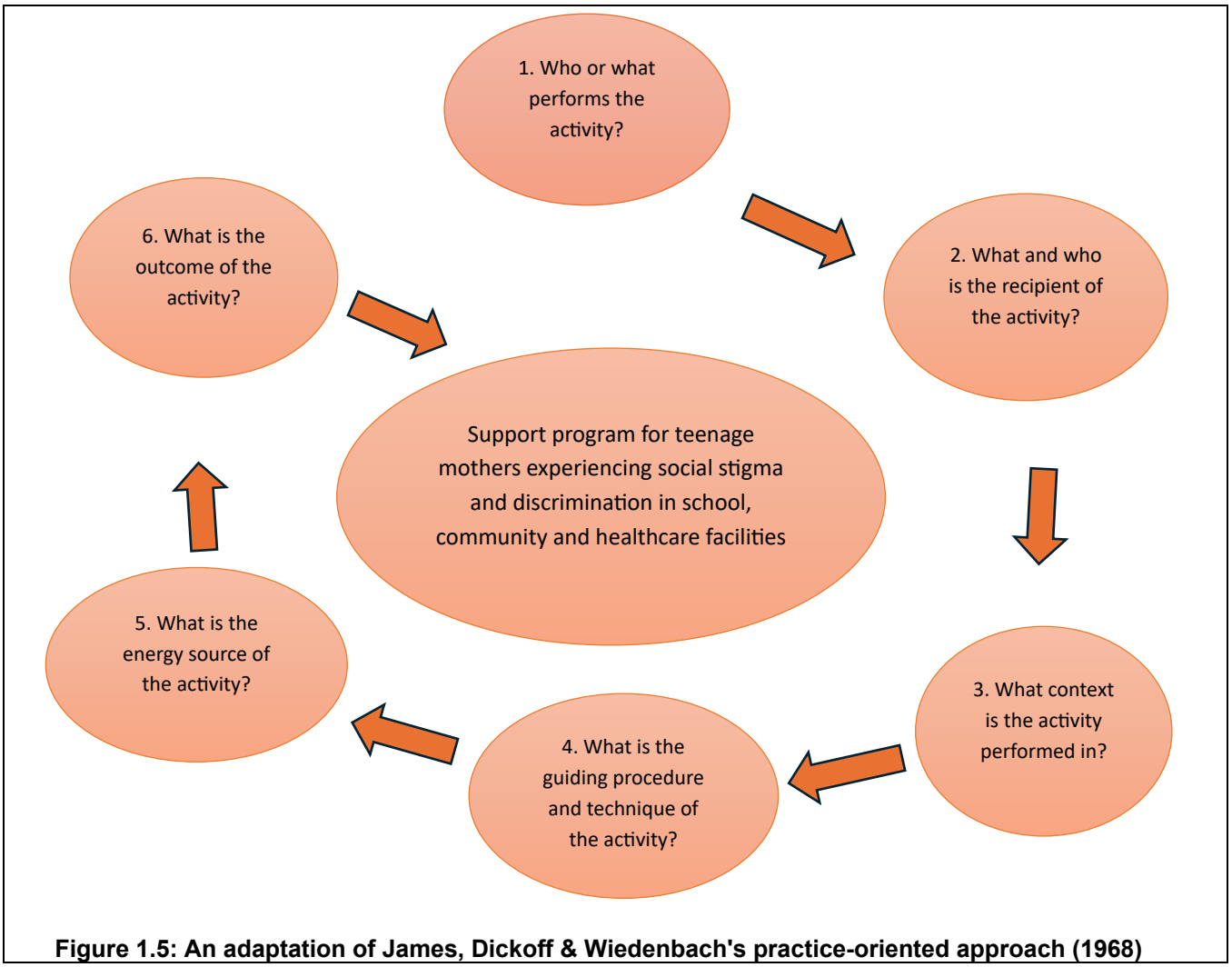


Figure 1.5: An adaptation of James, Dickoff & Wiedenbach's practice-oriented approach (1968)

1.8 OVERVIEW OF RESEARCH METHODOLOGY AND DESIGN

The research design used in the study was qualitative participatory action research. In this study, the research design covered three phases to conduct the research which were as follows: Phase 1—The qualitative study; Phase 2—The conceptual framework and Phase 3—The support program development. In chapter 3, all topics pertaining to methodology such as the population, research setting, sampling and its procedures, data collection techniques, and data analysis were covered in detail. Study participants were teenage mothers between the ages of 17 and 19. The most suitable participants in this study who met the inclusion criteria were recruited using non-probability purposive sampling in addition to snowballing, to help achieve objectives. The present study employed Braun and Clarke's theme analysis procedures to undertake the analysis of qualitative data. Utilising the ATLAS.ti program, participant data was validated. The researcher created a support program after analysing the data.

1.9 THE SCOPE OF THE STUDY

As qualitative studies aim to gather subjective data through in-person interviews with a small sample, the study may have limitations in that the opinions of teenage mothers may not apply to the entire population of Sekhukhune district, and the willing participants may find it difficult to speak candidly during interviews due to feelings of embarrassment and shame. If applied in this context, using mixed methodologies, or two different study threads, could produce greater findings.

1.10 STRUCTURE OF THE THESIS

The study report on development of a support program to reduce stigmatisation and marginalisation among teenage mothers in the rural communities of Sekhukhune district, Limpopo, South Africa presents the following chapters:

Chapter 1: Orientation of the study

This chapter provides the reader with orientation and overview of the study’s background. The aim of the study, problem statement, objectives and research questions are also discussed in this chapter. The significance of the research, the theoretical framework and paradigm grounding the study were also explained.

Moreover, key terms, and the methodology adopted, and the study design were briefly discussed. Finally, the chapter concludes by unfolding the outline of the structure of the thesis.

Chapter 2: Literature review

This chapter provides the reader with the theoretic knowledge relative to the study. Literature review stipulates comprehensive synopsis of previous studies regarding the stigmatisation and marginalisation of teenage mothers, and social support they received from significant others.

Chapter 3: Research design and method

This chapter describes the research design and methodology adopted by the inquirer to conduct the research. The research methods namely population, sampling, collection of data, data analysis, ethical considerations and rigour were discussed in detail.

Chapter 4 and 5: Analysis, presentation and description of the research findings

In this chapter, the researcher provides the reader with information pertaining to data analysis, data presentation and description of the research findings including literature control. Qualitative thematic presentation of data is presented with direct quotations from teenage mothers which were also highlighted. The qualitative thematic presentation of data obtained from teenage mothers is interpreted and discussed in view of pertinent literature with the detailed foundations of a specific theme being discussed.

Chapter 6: Concept analysis

This chapter explains the conceptual analysis that is developed based on Walker and Avant's (2014) process.

Chapter 7: Support program development

This chapter deliberates the development of a support program to reduce stigmatisation and marginalisation among teenage mothers. The program was validated by experts.

Chapter 8: Conclusion and recommendations

This chapter includes an overall summary of the study. Contributions and recommendations resulting from the study findings and limitations are also accentuated in this chapter.

1.11 CHAPTER SUMMARY

This chapter provided the reader with an overview of the study's background and introduction, problem statement, objectives, and questions, as well as the theoretical framework and research paradigm that underpin the study. It also clarified key concepts and explained how the research report will be organised and presented. The study intends to develop a support program for teenage mothers who experienced stigmatisation and marginalisation in the community, school and healthcare services. The study's literature review is presented in the upcoming chapter.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The goal of this research is to develop a support program that would reduce the stigmatisation and marginalisation of young mothers in rural communities of Sekhukhune district of the province of Limpopo. The process of synthesising relevant or highly significant sources to provide the detailed knowledge required to assess the current state of the body of knowledge within a particular area is known as a review of the literature (Gray & Grove 2021; Brink & van Rensburg 2022). A literature review is an overview of a certain subject that is frequently provided to contextualise a research problem (Polit & Beck 2021).

According to Gray and Grove (2021), a review of the literature is done to find the most recent and significant material regarding a specific phenomenon as well as to identify any knowledge gaps that may exist. A literature review is crucial for gaining knowledge in a particular field, defining the study's parameters, and demonstrating its applicability (Brink & van Rensburg 2022). This chapter examines the research on teenage pregnancy, the stigmatisation and marginalisation that teenage mother's experience, and the social and educational support that they receive from their parents, partners, teachers, and healthcare professionals. The following categories contain the literature that the researcher has presented for this study:

- Prevalence of teenage pregnancy
- The implications of teenage motherhood
- Teenage mothers encounter of stigmatisation, discrimination, and marginalisation
- Academic and social support for teenage mothers

2.2 PREVALENCE OF TEENAGE PREGNANCY

Pregnancy between the ages of 13 and 19 is referred to as teenage pregnancy (Eyeberu, Gatachew, Sertsu, Sisay, Baye, Debella & Alemu 2022). This worldwide health concern carries numerous consequences, including major health, social, and economic issues for people, families, and communities (Eyeberu et al. 2022; Okoli, Hajizadeh, Rahman, Velayutham & Khanam 2022). Unplanned teen pregnancies are a social issue, impacting not only the young mothers and their children but also the community at large in the sense that it is associated with a range of social and economic drawbacks such as limited future opportunities and poor education (Kotoh, Sena, Opoku-Mensah, Baku & Glozah 2022; Raya-Diez, Serrano-Martinez, Pedro & Montañes-Muro 2024).

Teenagers' childhood is cut short, and their right to a secure passage into adulthood before they are emotionally, socially, and developmentally mature is compromised (Kotoh et al. 2022). WHO (2023) reports that adolescents who are less educated or have lower socioeconomic position are more likely to become pregnant as teenagers. Moreover, these and other vulnerable groups are not making as much success in lowering adolescent first births, which is contributing to the rise in inequality. According to World Bank (2022) & WHO (2023), an estimated 21 million girls between the ages of 15 and 19 become pregnant each year, and about 12 million of them give birth, in poor countries. It was reported by WHO (2023) that girls who experience child sexual abuse and child marriage are more likely to become pregnant, frequently unintentionally.

Early pregnancy and childbirth in adolescence can have an inimical effect on a girl's educational possibilities, financial security, and health in addition to impeding her otherwise healthy transition into adulthood (Diabelkovà, Rimàrovà, Dorko, Urdzik, Houžvičkovà & Argàlašovà 2023). Additionally, many teenage girls who become pregnant are unable to complete their educational training or struggle to secure proper employment as a result of their pregnancy. This is because their bodies might not be physically prepared. Adolescent girls, especially those in their early teens, are usually vulnerable to the health effects of pregnancy and childbirth (UNICEF 2024). In sub-Saharan Africa (SSA), more than one in four young women give birth (UNICEF 2024).

Africa has the greatest rates of teenage pregnancy; data indicates that the incidence of teen pregnancies is high throughout the SSA, with 16.3% in Eastern, 27.9% in Western, and 28.9% in Southern Africa (Simwanza, Kalungwe, Nyashanu, Karonga & Ekpenyong 2022). In 2022, 10% of adolescent girls and young women (AGYW) in South Asia gave birth before turning 18; however, when considering the regions of SSA, this figure was more than double (UNICEF 2024). Approximately 25% of AGYW in Western Central Africa and Eastern and Southern Africa gave birth before the age of 18 during the same period (UNICEF 2024). More than half of the estimated 49 million sexually active women in East and Southern Africa lack access to family planning services (UNPFA 2021). As a result, the region's teenage pregnancy rates at 92 births per 1,000 girls are twice as high as the global average (UNPFA 2021).

Adolescent birth rates are highest in SSA nations and lowest in Europe and North America, according to UNICEF (2024). The overall rate of teenage pregnancy in SSA was 24.88%, according to a study by Asmamaw, Tarefe and Negash (2023) that assessed the prevalence and contributing factors of pregnancy in high-fertility countries. This rate is higher than the rates found in studies done in Ethiopia (23.59%), Cameroon (8.7%), Kenya (23.3%), Nigeria (22.9%), and South Africa (19.2%). According to Congo, Otieno, Wakhungu, Harrington, Kimanthi, Biwott et al (2020), pregnancy among adolescent girls in Kenya is a complicated social and public health issue that is "multidimensional." Data indicates that 1 in 5 females between the ages of 15 and 19 are either pregnant or have just become mothers; these girls account for 14% of all births in Kenya (Congo et al. 2020). According to Ahinkorah et al (2021), Rwanda had the lowest prevalence of first pregnancies at 7.2%, whereas Congo had the greatest prevalence of first pregnancies among all teenagers at 44.3%.

The World Bank (2022) reports that while the rate of adolescent pregnancies in Niger has remained high, other countries, like Ghana, have made great progress in reducing child marriage rates and keeping girls in school, which may be contributing factors to the decline in early pregnancies. Less than seven years of education are predicted to be completed by girls between the ages of 4 and 17, in Niger, Mali, and Chad, where adolescent fertility rates are the highest in the world (Word Bank 2022). It is difficult to determine whether young women' school dropouts are a cause of their pregnancies or the outcome of them (World Bank 2022).

Based on data from the World Health Organization, South Africa has one of the highest rates of teenage pregnancy worldwide, with almost one in four girls becoming pregnant before reaching 20 (News24 2023). The most recent statistics on teenage pregnancies from Statistics South Africa (StatsSA) indicate that 90,037 females between the ages of 10 and 19 gave birth in all nine provinces between March 2021 and April 2022, which is disturbing local proof of the issue (News24 2023). The study also showed that 660 of the nearly 34,000 teenage pregnancies in 2020 were among females younger than 13 (StatsSA 2022). In South Africa, 4% of girls between the ages of 14 and 19 reported being pregnant at one point or another in the previous 12 months as of 2022 (Cowling 2023). As people aged, the likelihood of being pregnant rose (Cowling 2023). While 0.3% of 14-year-old girls reported becoming pregnant, over 10% of 19-year-old girls were pregnant (Cowling 2023).

Pregnancy in the 14-19 age range has also increased by 1.1% since 2021. In 2019, there were 106,383 recorded live births among teenagers aged 10 to 19 (StatsSA 2022; NYDA 2022). KwaZulu-Natal recorded a greater percentage than other provinces at 24.7% of registered live births that happened among adolescents, followed by the Eastern Cape and Limpopo, both at 14.4%, Gauteng, at 13.7%, and Mpumalanga, at 10.0% (StatsSA 2022; NYDA 2022). Less than 10% of registered live births were reported in the remaining provinces, with the Northern Cape reporting the lowest rate at 3.2%, the Western Cape reporting 8.3%, the Free State reporting 4.8%, and the Northwest reporting 6.3% (StatsSA 2022; NYDA 2022).

2.3 THE IMPLICATIONS OF TEENAGE MOTHERHOOD

Motherhood is a significant facet of existence for several women (APHRC 2024). However, for teenage girls, parenthood presents numerous problems that significantly influence the trajectory of their future lives. Comprehensive physical, psychological, social, and cognitive preparation is essential for the transition to motherhood; nonetheless, most teenagers assume the role of caregiving for infants with minimal preparation (Kotoh et al. 2022; Kerobo 2022; Radar 2023). Teenage females may face emotional upheaval throughout the transition to parenthood as they battle with the clashing identities that come with being a teenager, a mother, and an adult (Vaca 2020; Govender, Naidoo & Taylor 2020; Moganedi & Mudau 2024).

Significant obstacles might arise from being a teenage mother, including managing money, taking care of children, maintaining one's health, and juggling the pressures of competing roles and evolving identities (Korving 2020; Anakpo & Kollamparambil 2021). Teenagers who become mothers without the necessary resources, knowledge, or abilities to handle early parenthood often have already compromised developmental levels (Rejuso, Vargas, Magliquian, Batilantes & Gumboc 2023). Pueyo (2022) concluded that challenges faced by teenage mothers included juggling time with their child and schoolwork, meeting their basic needs with limited finances, desiring personal time to spend with friends, and managing time at home. Only mothers who possess the means, social support, and financial stability to devote themselves solely to mothering may successfully practice intensive mothering (Hoffmann, Lam & Baxter 2021).

Hoffmann, Olson, Perales and Baxter (2020) assert that young women who have not established, long-term relationships are less likely to be in this situation and may as a result, experience feelings of guilt or inadequacy if they do not meet conventional norms of acceptable mothering behaviours. Kerobo (2022) claims that worry is a part of being a mother because it arises from not knowing how to raise a child. Teenage mothers lack confidence, have low self-esteem, and don't know how to properly care for their babies (Kerobo 2022). In addition, the difficult duty of parenting was accompanied by regret and annoyance over an unintended and unwanted pregnancy. Teenage mothers frequently experience psychological discomfort (SmithBattle & Freed 2016). Teenage mothers' early hardships and the difficulties of parenting in the face of ongoing stress, compounding disadvantage, and a lack of social support are blamed for the high rates of unhappiness (SmithBattle & Freed 2016).

According to Rahim, Egglestone, Usmani, Tsagareli, Maherali and Lassi (2024), teenage parenting is linked to several unfavourable health outcomes for teenage mothers, including mental health issues like depression, anxiety, risk-taking behaviours like substance abuse, autonomy struggles and identity formation. Children born to teenage mothers are more likely to grow up in single-parent households and face poverty, which can have an adverse effect on their social and educational development, according to Radar (2023). Most teenage mothers indeed originate from underprivileged backgrounds-racialised, marginalised, traumatised, and already stigmatised populations (Wittenberg 2023).

Since they must manage numerous problems when giving birth to their children, teenage mothers miss a substantial amount of their key phase, often known as the maturity years (Olajubu, Omoloye, Olajubu & Olowokere 2021; Udoh 2024). Financial strain, role limitations, and social isolation are among the many stressors that new and teenage parents frequently face (Govender et al. 2020; Moganedi & Mudau 2024; Mizero, Dusingize, Shimwa, Awimana, Waka & Wong 2024). According to an Udoh (2024) study, having children while still in adolescence is associated with lower educational achievement, a higher rate of poverty, psychological distress, and unstable relationships. The study was conducted in four countries: the United Kingdom, United States, Australia and Canada, by Udoh (2024) with the objective to explore the challenges faced by teenage mothers. Furthermore, the obligations placed on teenagers should they become parents impede their ability to develop autonomy and individuality.

In a study conducted by Rejuso et al (2023), participants encountered transitory adaptations that changed their lives, including social, educational, and physical transitions, notwithstanding the benefits of parenting. The most frequent challenges were juggling the conflicting demands of school and taking care of a new-born in a new normal environment (Rejuso et al. 2023). A British study (O'Flaherty, Kalucza & Bon 2023) discovered that there may be a causal relationship between teenage motherhood and mental health in later life through a few interrelated mechanisms, such as the growth of stress, stigmatisation, and sensitive period effects. Teenage motherhood can lead to a difficult parenting environment with insufficient resources to satisfy the needs of having children since it occurs at a point of life when important financial and social supports have not yet been formed (O'Flaherty et al. 2023).

"Unintended" pregnancies are frequently accompanied by social stigma, which further impairs the mother's capacity for coping, and "early" (teenage) pregnancies are frequently associated with low emotional development. Nevertheless, for people of all ages, becoming a mother can be challenging. As they get older, "teenage mothers are stigmatised and perceived as 'deviant' or 'dependent,' and they face unique challenges related to the ways in which they are negatively constructed" (Korving 2020). Being a young mother and a learner are extremely taxing and stressful roles that put a lot of strain on one's body and mind (Rejuso et al. 2023; Moganedi & Mudau 2024). The need to balance two roles and deal with time, money, and academic responsibilities only gets worse for mothers who are also learning (Kubeka 2016; Moganedi & Mudau 2024).

According to a study by Kerobo (2022) in Wisconsin, the difficulties faced by the teenage mothers were absenteeism, lack of time to complete assignments, and adjusting to the psychological stress of pregnancy in school. Notwithstanding the benefits of parenthood, teenage mothers had difficulties such as adjusting to new duties after the baby was born and juggling the demands of work, school, and childcare (Maluleke, Senekal, Munnik & Somhlaba 2023; Pueyo 2022). Tirgari, Rayyani, Cheraghi and Mangeli (2019) conducted a study in Iran with the goal of examining the experiences of teenage mothers with stress and stressors. The study found that these mothers dealt with tensions including dread and worry, loneliness and isolation, regret, shame, despair, and doubt. Identity conflicts, a lack of social support, ineffective roles, health issues, and obligations were the root causes of these tensions (Tirgari et al. 2019).

According to a study by Diabelkovà, Rimàrovà et al (2023) done in Košice, Slovakia, teenage mothers frequently exhibit psychological immaturity due to a lack of knowledge about the benefits of family planning, which leads them to frequently take risks and become pregnant while still living with their parents and attending school. According to Ainembabazi's (2021) research conducted in Uganda, teenage mothers encounter several obstacles that fall into three categories: physical, psychological, and socioeconomic. These included regretting dropping out of school, shame, guilt, and the anxiety of disclosing one's pregnancy (Ainembabazi 2021). Teenagers must cope with the unforeseen responsibilities of adulthood, parental and relative rejection and disappointment, disruption of their education, and interpersonal issues with partners, family, and peers (Kotoh et al. 2022). Regardless of age or background, Bah (2016) concluded that the adjustment to parenting can be difficult for some parents, if not all parents.

Ainembabazi (2021) observes that these young women internalise profound emotional trauma, marked by entrenched guilt, ongoing shame, and intense anxiety around pregnancy disclosure. Moreover, they often experience post-traumatic stress and sadness as they mourn the abrupt loss of their youth and independence. These internal conflicts are significantly intensified by external socioeconomic and interpersonal problems. Kotoh et al (2022) note that these teenage mothers are prematurely burdened with the harsh obligations of adulthood, lacking the requisite emotional and financial maturity. Teenage mothers often encounter significant rejection, stigmatisation, and disillusionment from parents, relatives, and peers instead of getting support.

This familial abandonment frequently coincides with interpersonal violence or partner abandonment, resulting in complete isolation. In this study the researcher aims at looking beyond teenage mothers' experiences of stigma, rejection, isolation, but also the mothers' coping with such challenges and identifying their support needs. The abrupt interruption of their schooling perpetuates enduring poverty. These studies acknowledge that young mothers drop out of school, but they do not critically analyse whether local school re-entry programs are enforced, or whether school environments are hostile, punitive, and discriminating against learners who are pregnant and mothers. In addition to the various normative changes that come with adolescence, like identity formation and the renegotiation of ties with one's family of origin, teenage mothers may experience additional stress due to their often disadvantaged and destitute backgrounds (Bah 2016).

Moreover, there are other situations that could cause stress for a teenage mother: she might isolate herself from her friends; she might argue with her parents about how to care for the baby; she might experience tension between her family and the child's father; and she might experience loneliness and depression. Teenage mothers are less likely to reach their full potential, seize better job possibilities, and typically earn less money overall due to their decreased likelihood of finishing school (World Bank 2022; Radar 2023). Teenage mothers frequently lack the capacity to participate in profitable economic endeavours, which restricts their ability to provide for their children and, consequently, affects their academic achievement (Anakpo & Kollamparambil 2021).

Girls raised by teenage mothers tend to exhibit a higher likelihood of becoming pregnant during their teenage years, thereby perpetuating the cycle of poverty across generations (Radar 2023). Furthermore, teenage motherhood has detrimental effects that last well into adulthood, including decreased work opportunities and financial stability (Udoh 2024). Despite the apparent personal benefits of motherhood, teenage mothers reported that larger groups of people led their transitional adjustments, leaving them feeling ashamed, embarrassed, and humiliated (Maluleke et al. 2023; Pueyo 2022; Rejuso et al. 2023). Dzotsi, Asante and Osafo (2020) did a study in Ghana to investigate the problems that come with being a teenage mother. The study discovered that teenage mothers faced challenging interpersonal connections, difficulties surviving, disruptions to their schooling, and a difficult transition to adulthood.

New young parents frequently face a variety of stresses, such as role constraints, social isolation, and financial pressure, as reported by Conn et al (2018). In addition, young parents must focus on their education and careers, which can be difficult given the additional duties of being a new parent (Conn et al. 2018; Human Rights Watch 2022). According to a Swaziland study by Ntinda et al (2016), many mothers had feelings of happiness, regret, and worry after becoming a mother, but other mothers also reported a personal sense of satisfaction. These findings are congruent with a study by Conn et al (2018). Some teenage girls have negative experiences that lead to grief, stress, and suicidal thoughts, such as being scolded, fogged by parents, stigmatised, and rejected by peers and neighbours (Kotoh et al. 2022). According to Bah (2016), the experience of becoming a mother during adolescence can lead to feelings of loneliness and isolation, particularly following the birth of the child. This is because having a baby limits her freedom to engage in many leisure activities, makes her less compatible with her peers, and requires her to temporarily remove herself from the school environment before returning to it (Bah 2016).

Most teenage mothers wanted to sustain their friendships with their friends, but they were no longer able to do so after becoming mothers (Mangeli 2017). Udoh (2024) claims that adolescent pregnancy and motherhood in the South African region have detrimental effects that are deeply ingrained in society attitudes, healthcare difficulties, and the impact of financial concerns. Moganedi and Mudau's (2024) study, which looked at the effect of stigma on the mental health of teenage mothers in Limpopo, South Africa, found that in addition to their newfound obligations, young parents also had to focus on their schooling and careers. Another study conducted in Mpumalanga, South Africa found that teenage mothers were confronted with financial restrictions, emotional and social problems, and educational hardships including lack of parental and family support (Ndwandwe 2023).

2.4. TEENAGE MOTHERS ENCOUNTER STIGMATISATION, DISCRIMINATION, AND MARGINALISATION.

A study conducted in Australia by Hoffmann et al (2021) found that numerous studies show that young mothers face significant stigma and prejudice, and that teenage parenthood is neither generally praised nor regarded as a socially viable trajectory. According to Hoffmann et al (2021), mothers who are marginalised, including young mothers, face discrimination from healthcare providers, exclusion from support groups, and stigma and negativity from harmful discourses.

Labelling, discrimination, and segregation, all occurring within a power context, are defining features of stigma, a significant social process that leads to discrimination and loss of status (Nyblade, Stockton, Giger, Bond et al. 2019). Stigmatisation causes social marginalisation, isolation, and a low uptake of necessary services, according to studies conducted in high-income, low-income, and middle-income nations (Oluseye, Waterhouse & Hoggart 2023). Studies have shown that teenage mothers are stigmatised both in real and perceived ways by the larger community. High levels of stigma are experienced by young mothers and pregnant girls from the community, school officials, and their peers (Human Rights Watch 2022). Students drop out of school and are discouraged from re-enrolling due to a lack of gender-sensitive training and discriminatory attitudes in the school environment (Anakpo & Kollamparambil 2021; Human Rights Watch 2022). Conn, Figueriedo, Sherer, Meray and Iverson (2018) conducted a study in the United States of America and found compelling evidence that, in contrast to their adult counterparts, teenage parents face stigma and judgment from social networks that are essential to their psychological well-being.

According to Dlamini (2016), the minority of teenage mothers' experiences of stigma, humiliation, and punishment in schools is due to the perception that teenage mothers will encourage their friends to become pregnant in a "negative" way. Conn et al (2018) also showed that, although stigma may stem from preconceived negative views about early pregnancy, it can be made more complex when it targets low-income minority youth and is accompanied by assumptions about adolescents' capacity to take on responsibilities as well as racial and class stereotypes. Conn et al (2018) reported on the experiences of young parents with shame, stigma, and moral judgment. If there is a stigma associated with teenage mothers, it is likely to have a negative effect on the mothers' stress levels, quality of life, and self-esteem (Bowen 2019). Moreover, if there is a stigma, it might influence the teenage mothers' decision to seek assistance (Bowen 2019).

Dlamini (2016) & Conn et al (2018) highlight that teenage mothers are frequently perceived as "deviant" and face assumptions that they lack capacity for responsibility. On the other hand, Bowen (2019)'s study translates these discriminatory experiences into concrete psychological and physiological metrics, connecting stigma to heightened stress, diminished self-esteem, and overall compromised quality of life. The above studies focus primarily on the negative effects of stigma.

There is a lack of focus on the coping mechanisms, resilience, and community-level or familial protective factors that may buffer the negative impacts on a teenage mother's self-esteem and stress levels. Teenage mothers encounter exacerbated stigma, predominantly fueled by retributive educational systems, ethical evaluations, and societal ostracism. However, existing literature reveals substantial deficiencies and critical analytical voids by exclusively portraying early motherhood as a singular experience of psychological distress, neglecting the underlying systemic and intersectional factors. Comprehending these deficiencies enables the researcher in this study to transcend mere recognition of the emotional turmoil and diminished self-worth of teenage mothers. It facilitates the rectification of systemic deficiencies in educational and social support programs.

The results of Goldhaber's study from 2022 in New York showed that, in the absence of day care centres in schools, young parents are prevented from completing their high school education and basic needs due to the shame associated with them in society. According to a study conducted by Edberg (2019) in Cochabamba, Bolivia, PMAs (pregnant and mothering adolescents) encountered affective reactions of disappointment because of perceived and actualised public stigma from their families. Moreover, parents' behavioural reactions to their teenage daughters included physical punishment. According to Edberg's (2019) study, there were more instances of punishing behavioural reactions from both health personnel and the public. Menda, Zimba, Mulikita, Nawa, Mwandia, Shamazubaula, Musonda and Sichinga's study from 2023 in Zambia, which examined the real-life experiences of teenage mothers, found that cultural norms and traditional beliefs have an impact on the experiences of discrimination, rejection, low self-esteem, and financial difficulties.

Additionally, teenage mothers reported feeling stigmatised by society as well as rejection from friends and family; other researchers in affluent and developing nations have also documented similar findings. According to a study by Olorunsaiye, Degge, Ubayi, Areduce and Yaya (2022), teenage mothers made the decision to move out of their homes before their pregnancy was evident due to their fear of being stigmatised and shamed. Due to the hostility, she encountered because of her pregnancy, one of the young mothers who had been the victim of sexual assault was compelled to leave her uncle's house (Olorunsaiye et al. 2022).

Dlamini (2016) claims that teenage mothers may be stigmatised because of the societal perception that adolescent pregnancy is a phenomenon linked to abnormal young females, thereby connecting it to the girls' own personal irresponsibility. Teenage mothers are additionally marginalised and frequently stigmatised in their communities because of the stigma and bad sentiments associated with teenage parenthood (Dlamini 2016). Teenage mothers are revealed to have experienced stigma and discrimination from several sources: from being disowned by their family members, to being judged by healthcare providers in a study conducted in Rwanda by Mizero et al (2024).

In an attempt to cope with stigma, stigmatised people shun public spaces, retreat from social interactions, decline medical attention, and distance themselves from their stigmatised identities (Buckner 2016; Oluseye, Waterhouse & Hoggart 2024). According to a study by Buckner (2016), the results showed how teenage mothers, a vulnerable and stigmatised population, continue to negotiate their identities to forge positive identities. In a study carried out in Western Nigeria, Oluyese et al (2024) state that Goffman (1963) defined stigma as a "deeply discrediting attribute which reduces a person from a whole individual to a tainted, discounted one. “Discrediting qualities leads to a social identity that is undervalued and isolates those with bad traits from those with positive ones (Oluyese et al. 2024).

Using established sociological frameworks, the above-mentioned paragraph effectively encapsulates the severe repercussions of stigma, including social withdrawal and identity concealment. The expert observes that individuals who are stigmatised distance themselves from their identities; however, it fails to recognise that this is a proactive act of survival. For example, the studies mentioned above demonstrate that teenage mothers do not merely passively accept a discounted identity; rather, they actively reconstruct or reframe it to regain a sense of value. The expert groups are collectively avoiding public spaces, avoiding social interactions, and declining medical attention. It fails to differentiate between self-stigma and public stigma, which refers to the devaluation of an individual by society. The prevalence of healthcare professional stigma or label avoidance is frequently the cause of declining medical attention, rather than a general social retreat. Stigmatised individuals do not merely internalise shame; they actively employ counter-narratives. For example, teenage mothers may reformulate early motherhood as a source of maturity, responsibility, or motivation to succeed, rather than as a failure.

The few research on the experiences of teenage mothers reveal that young women are labelled with judgmental language, that unmarried pregnant teens and young mothers experience ridicule, expulsion from school, and a lack of support, and that healthcare professionals have unfavourable attitudes toward unmarried pregnant adolescents (Oluyese et al. 2024). According to Bohren, Vazquez-Corona, Odiase, Wilson, Sudhinaraset, Diamond-Smith, Berryman, Tunçalp and Afulani (2022), stigma and discrimination are comparable concepts with unique differences. Adangabe, Emmanuella and Tigtig (2021) assert that prejudice towards teenage mothers often leads to cruel societal stigma and that the stigma associated with being a teenage mother is real and existent. Furthermore, to prevent their adolescent sexuality from polluting others, teenage mothers are frequently compelled into distinct classrooms and seating arrangements which is unethical.

Teenage mothers navigating their dual roles as caregivers and students encounter discrimination and stigma (Adangabe et al. 2021). Moreover, these young mothers are often traumatised by society, especially the school, and it is likely that peers, parents, teachers, and society will find them ridiculous due to the difficult obligations of parenthood and the social humiliation. The stigma that still surrounds teenage pregnancy and parenthood in rural places is probably reflected in the discomfort pregnant and parenting teens have when using the healthcare services that are accessible (Baney, Greene & Sherwood-Laughlin 2022). This stigma can make it difficult for people in remote areas to receive healthcare, and it can show up in the negative interactions that pregnant and parenting teens have, especially in hospital settings (Baney et al. 2022).

Teenage pregnancy is still stigmatised, and many teenage mothers are unable to access support since these resources are frequently unwelcoming to them and discourage them from using those, claims Dlamini (2016). According to Kola, Bennet and Bhat (2020), stigma is a primary factor in health disparities. Clinic staff have attitude that perpetuates stigma and impede help-seeking behaviour, create discontent with the health system, and ultimately harm mother and new-born health outcomes. Young age and self-stigma have been linked to young people seeking mental health treatment, and prenatal adolescents and young mothers experiencing depression have reported additional experiences of social stigma from partners, family, and other social environments, which has prevented them from using healthcare services (Kola et al. 2020).

The text does indeed emphasise that young age and self-stigma are barriers to mental health treatment. But it neglects the interaction between physiological elements (e.g. early physical development or dietary demands) and social settings. Social stigma often driven by cultural norms surrounding out-of-wedlock pregnancies frequently leads to financial abandonment and the loss of instrumental support (e.g., being forced to drop out of school). The unfavorable health and psychological results are ultimately caused by the lack of socioeconomic and educational factors, not by stigma alone. The narrative depicts teenage mothers solely as passive victims of stigma. It excludes the coping strategies and resilience that numerous young women cultivate to maneuver through adverse surroundings, engage with partners, and tend to their infants.

The stigma that young women faced was characterised as sometimes subtle and showed up as negative attitudes and behaviours. For example, it may manifest as explicit expressions of negative stereotypes, such as informing a client that she is too young to conceive, or as abrupt replies to inquiries during a physical examination (Kola et al. 2020). Healthcare professionals' primary goal of providing high-quality patient-centred health services was undermined by untrained clinic workers who labelled, undervalued, stereotyped, and humiliated young mothers (Kola et al. 2020). According to a study by Adangabe et al (2021), teenage mothers at some mission schools have dropped out, transferred to public schools, received subpar home education, and taken part in special programs. As a result, a disproportionate number of teenage mothers feel that their only options are shame and disgrace. Moreover, their peers' contemptuous views of them as benefit fraudsters and their weak familial ties make this worse (Adangabe et al. 2021).

Adangabe et al (2021) reported that there are very few effective teacher interventions and teenage girls must deal with a hostile school environment where their peers are alienated, ridiculed, and stigmatised. Furthermore, teenage mothers said that their classmates started cruelly making fun of them as soon as word got out about their pregnancy. Owing to their obligations as mothers, teenage mothers expressed feeling left out of peer social activities (Oluseye et al. 2024). Conn, Figueriedo, Sherer, Meray and Iverson (2018) found that teenage mothers dealt with potentially harmful experiences in healthy, adaptive ways by focusing on their roles as parents and role models for their children. Conn et al (2018) found that the results also demonstrate the positive meaning-making and resilience of teenage parents in the face of discrimination and systemic barriers.

According to Conn et al (2018), a significant number of teenage mothers emphasised the advantages of motherhood within a distinct developmental context. Phoobane (2022) claims that because teachers and other students marginalised and treated the teenage mothers differently, many dropped out of school. When other students avoided collaborating with the school-going mothers during group talks, they made them feel marginalised, and this had a negative impact on their academic performance because they benefited little from the group discussions (Phoobane 2022). According to a study conducted by Karibu, Munthali, Sawadogo, Ajayi, Asego, Ilboudo, Khisa, Kimemia et al (2023) in Malawi and Burkina Faso, having children at a young age sets teenage mothers up for social isolation, which has serious consequences for their children. Beyond the health hazards of having children at a young age, adolescent girls frequently have academic challenges that result in school dropout, which has disastrous socioeconomic ramifications.

The children of these teenage mothers are similarly marginalised, which leaves them vulnerable to early and unwanted pregnancies, disempowerment, and limited opportunities for economic mobility due to their parents' limited ability to care for them (Mcambi 2021; Karibu et al. 2023). Girls who have an education are more equipped to make decisions and are prepared for careers and livelihoods (World Bank 2022). Teenage mothers and pregnant girls are frequently pressured or urged to stay at home with their babies (Masuko 2017). Some girls experience strong familial pressure to leave school and disappear from society because of the shame attached to bearing children outside of marriage (Mcambi 2021; Human Rights Watch 2022).

As a result of expulsion from school or personal circumstances, such as needing to care for their children or experiencing stigma from friends, family, or the community, adolescent pregnancy and childrearing can cause girls to drop out of school (World Bank 2022; Radar 2023; Udoh 2024). Teenage mothers feel alienated from the learning process and lose out on the chance to learn from their classmates in this way (Phoobane 2022). Peers, teachers, and the community then stigmatise and marginalise the teenage mother (Amod, Halana & Smith 2019; Phoobane 2022). The results of a study conducted in South Africa by Mcambi (2021) show that a variety of factors affect teenage mothers and pregnant teenage girls' decision to drop out of school. These include the incapacity of certain girls to deal with the stigma, bullying, and rejection from peers, family, and teachers, which frequently results in their dropping out of school (Mcambi 2021).

A study conducted in rural areas of Limpopo, South Africa by Muthelo, Mbombi, Mphekgwana, Mabila, Dhau, Tlounyamma et al (2024) revealed the various mental challenges encountered by teenage mothers which included stigmatisation, lack of support from families and friends, as well as parenting demands that contribute to poor progress at school. The study aligns well with the findings of the study by Olajubu et al (2021) which highlighted that shame and stigmatisation are frequent sources of stress for teenagers who are parenting; these stresses can lead to loneliness, dropping out of school, and a lack of support from significant others.

2.5 ACADEMIC AND SOCIAL SUPPORT FOR TEENAGE MOTHERS

2.5.1 Support from family and relatives

Muthelo et al (2024) state that family support is essential for parenting teenagers. Moreover, grandmothers play a key role by mentoring, coaching, coordinating family activities, and organising resources. According to Maarman-Afrika (2023), the support of parents informs how the teenage mother will behave as a parent as well as how she rears her child. Teenage mothers who receive social support are more equipped to manage their financial and maternal resources, find career opportunities, and deal with stigma and anxiety from the community (Aienmbabazi 2021). Teenage mothers in an inquiry carried out by Maarman-Afrika (2023) aimed at exploring the educational support of teenage mothers reported to have received emotional support from their families in this time, dealing with stress and frustration. It has been consistently demonstrated that teenage mothers and their babies are protected when they have a good and encouraging relationship with their mother (Anakpo & Kollamparambil 2021; Ncongwane 2018).

Teenage mothers stated in the Aienmbabazi (2021) research that their parents and other relatives, especially their aunts and sisters, were their main sources of assistance. Participants in a study by Baney et al (2022) conducted in rural American communities reported experiences of how people such as parents, churchgoers, and peers or social service organisations offered them emotional support by demonstrating compassion and understanding during their pregnancies or parenting years. Teenage mothers frequently talked about emotional support in relation to significant pregnancy and parenthood rituals, like baby showers (Baney et al. 2022).

These incidents seemed to be significant indications that friends, family, and social networks wished to support them as they adjusted to being parents, according to Baney et al (2022). It was noted, meanwhile, that not all teenage mothers had the emotional assistance they required both during and after their pregnancies and as they adjusted to parenthood. A study conducted by Ajayi, Athero, Muga and Karibu's (2023), reviewed the literature on teenage pregnancy and parenting in Africa and found that most family responses to teenage pregnancy and parenthood were negative and included feelings of rage, disappointment, rejection, abandonment, and physical and psychological abuse. With one study concentrating on SSA, many of these investigations were carried out in Ghana, South Africa, Swaziland, and Uganda (Ajayi et al. 2023).

When parents and guardians of teenage mothers learned that their daughter was pregnant, they were first unhappy, but they later overcame their initial feelings of anger with forgiveness and acceptance, according to research conducted in Ghana and South Africa (Ajayi et al. 2023). The social environment in Ghana provides limited opportunity for the mental and physical growth of these mothers due to the widespread perception of teenage mothers as mischievous and "bad children" who are unable to conform to social norms, (Bortie & Ewusie 2023). According to a study by van Vugt and Versteegh (2020), interactions between teenage mothers and their own parents were typically tense and occasionally literally placed on hold to protect oneself. The mothers also spoke about having trouble asking for and accepting help, and they had a generally unclear attitude toward it (van Vugt & Versteegh 2020).

At this point in their lives, teenage mothers need a great deal of support from their relatives (Bortie & Ewusie 2023). According to Bortie and Ewusie (2023), teenage mothers require a variety of social support, including financial assistance, counselling, acceptance from family, social inclusion, and emotional support. Ajayi et al (2023) stated that there was a reported lack of support in Nigeria from friends, family, and the community. Teenage pregnancies caused tension in relationships between teenage mothers' fathers in Swaziland and South Africa, but the mothers of these women offered both material and emotional assistance. Due to their own maturity, the lack of support from friends and family, and the lack of desire from their significant others, teenage mothers may find it challenging to complete their education (Adangabe 2020).

Mabila, Muthelo, Mbombi, Mphekgwana, Mashaba and Ntimana (2023) discovered that high parental stress levels and a lack of social support are associated with the poor mental health status of ethnic minority teenage mothers, which negatively impacts the development of their infants. According to a qualitative study conducted in a rural West Bengal, India, by Dutta, Naskar and Banerjee (2022), young mothers faced a lack of family support in the form of opposition to decisions, non-cooperation, and non-recognition. Teenage mothers were driven towards recurrent and/or unintended pregnancies by the impact of some family members and certain family customs (Dutta et al. 2022). Moreover, the perception among young mothers that they lacked authority in making decisions regarding pregnancy or childbirth led to a rise in unplanned multiple pregnancies, inadequate prenatal care, and inadequate new-born care. According to a study by Kola et al (2020) in Ibadan, Nigeria, teenage mothers frequently lacked family resources like parental support, and family members' lack of support for young females during the perinatal period was a way of expressing disapproval for unintended and unwanted pregnancies.

According to Kola et al (2020), compassion, empathy, and trust are the main drivers of emotional support. According to Erfina, Widyawati, McKenna, Reisenhofer and Ismael (2021), despite the families' disappointment over the adolescent's unmarried pregnancy, all the teenage mothers in the study reported receiving psychological support from them. Pueyo (2022) conducted a study in Mindanao, Philippines, which found that teenage mothers faced a range of challenges related to their condition, which might be classified as psychological, physiological, or financial. Unlike before pregnancy, teenage mothers were no longer treated like other family members (Pueyo 2022). Parenting teens experienced higher levels of stress in their life when significant connections lacked emotional support (Baney et al. 2022). The entire well-being of teenage mothers is impacted; therefore, social support is a crucial component that shouldn't be lacking; yet the research suggests otherwise (Bortie & Ewusie 2023).

Teenage mothers face financial struggles, emotional distress, physical abuse, neglect, and stigma as a result of not receiving the necessary support, which ultimately forces them to place their children for adoption or find another way to get rid of them (Bortie & Ewusie 2023). In a study by Baney et al (2022), participants reported facing various forms of disapproval from family members, including being kicked out, disowned, given the silent treatment during early pregnancy and postnatal periods.

This caused emotional distress and had an impact on their prenatal health as well as how the teenagers responded to their parenting responsibilities. Teenage mothers needed the crucial support of their family members as they developed coping mechanisms to deal with their pregnancy and mothering, such as shunning people, relying on God, and praying (Kotoh et al. 2022). Kotoh et al (2022) emphasise prayer and reliance on God as fundamental coping strategies; yet this perspective may also indicate a deficiency in proactive, structural support. Dependence on passive or secret coping mechanisms may obscure underlying clinical depression or anxiety. There exists a danger of idealising spiritual strength rather than offering concrete psychological support. A significant portion of the current data conflates markedly distinct socioeconomic settings. The specific expressions of stigma and the forms of familial rejection vary considerably between conservative, rural African contexts, such as the Sekhukhune district, and developed, urban environments. Literature frequently portrays the family as a uniform, binary support system (either supportive or unsupportive). It often neglects to consider how intricate family dynamics, such as the socioeconomic condition of the adolescent's parents or the lack of a paternal role, influence the nature of support the teenager receives.

According to a study conducted in Ghana by Gbogbo (2020), teenage mothers received some kind of assistance from their family during their transition, despite the shame attached to becoming a mother at a young age. Teenage mothers also often mentioned that their neighbourhood and family members provided them with assistance. According to a study by Oyamolowo, Olajubu and Akintola (2019) in Southwest Nigeria, pregnant and parenting teenagers reported receiving a high amount of social support from their immediate family. According to research done in Tanzania by Issa and Temu (2023), some parents didn't want to give their pregnant daughters financial help when they went back to school. It was also stated that the father of one teenage mother voiced worry, sadness, and discontent because he had not anticipated his first daughter getting pregnant at such a young age. Teenage mothers also emphasised how crucial the assistance was in helping them develop their self-confidence and spurring them to return to school (Gbogbo 2020). According to a study conducted by Ncongwane (2018) in South Africa, the parents of the teenage mother felt compelled to become grandparents once the adolescent became a mother. The social pressure of having to raise the teenage mother's baby without much, if any, assistance from the partner's family was also felt by the teenage mother's family (Ncongwane 2018).

According to the results of another study conducted in a South African setting, the mothers of most of the participants are crucial when it comes to childcare (Josephine 2019). Josephine (2019) posited that other family members also supported teenage mothers in completing education and advancing their careers.

2.5.2 Support from healthcare professionals

Access to healthcare, including mental health support, is essential for the well-being of parenting teenagers (APHRC 2024). According to a study conducted in the United States of America by Baney et al (2022) revealed that teens who are pregnant and raising their children in rural areas require significant social assistance as they negotiate the experiences and decisions associated with becoming parents, especially in circumstances that are stigmatised. Social support may be particularly crucial, according to Baney et al (2022), when teenage mothers are using healthcare services for both themselves and their children. Consequently, knowing where rural teens who are pregnant or parenting look for and use social assistance has a significant impact on public health prevention and intervention initiatives that promote the health of these young people as well as their babies. A study conducted by O'Flaherty et al (2023) in the United Kingdom indicates that teenage mothers often encounter and anticipate discrimination from healthcare professionals.

Additionally, these individuals may refrain from disclosing mental health issues due to a fear of potential disciplinary actions from child protection authorities, which could further diminish the quality of care received (O'Flaherty et al. 2023). According to a study done in Indonesia by Erfina et al (2019), teenage mothers felt more secure about becoming mothers when midwives and social workers had supportive, honest attitudes toward them. A Canadian study by Harrison, Clarkin, Rohde, Worth, and Fleming (2017) found that teenagers who were pregnant or parenting had a number of negative health care encounters that were linked to their disengagement and mistrust of the medical system. Furthermore, it was discovered that unfavourable interactions with medical professionals frequently stemmed from attitudes that were interpreted as judgmental and were demonstrated to exacerbate feelings of dread and uncertainty in general. Positive interactions with other healthcare professionals typically included open communication, mutual respect, support, and attitudes free from prejudice against teenage mothers (Harrison et al. 2017).

Access to available care is significantly hampered, according to teenage mothers, by unsupportive and stigmatising clinic environments for pregnant and parenting teenagers (Kola et al. 2020). Care professionals' strong stigma and hostile preconceptions about teenage pregnancy and postpartum depression acted as barriers to care (Kola et al. 2020). The youths who were pregnant and parenting created a barrier to accessing instrumental assistance that they may have required when they were criticised by the social service providers, making them reluctant to return to the organisations (Baney et al. 2022). The pregnant and parenting teens' impressions of other agencies and organisations that they have not yet dealt with may be influenced by their fear of being stigmatised and judged by these health providers (Baney et al. 2022).

That is, teenagers may refrain from obtaining the essential instrumental support from other agencies if they feel stigmatised by a particular provider or organisation. According to Govender et al (2019), healthcare providers frequently treated teenage mothers insolently. Additionally, it was stated that the stigmatisation of teenage mothers by medical professionals will affect the use of healthcare services. Teenage mothers are not supported by the clinic's medical staff, according to Govender et al (2019). Teenage mothers who seek help and support from the clinic during their visits are made fun of or reprimanded, and they decide not to return (Govender et al. 2019).

2.5.3 Support from educators, classmates, and peers

Maarman-Afrika (2023) posited that teenage mothers re-entering education necessitates considerable educational assistance due to the considerable difficulties they face in managing their responsibilities as both students and parents. Regardless of adolescent learners' intentions to become parents, acquiring an education is essential (Maarman-Afrika 2023). All teenage learners should be given the chance to pursue their education without discrimination or exclusion. According to Hendrick and Maslowsky (2019), there's a chance that teenage mothers who have completed more schooling may be able to provide their babies with developmental environments that lower the likelihood that they will become teenage parents. Subban, Round, Fuqua and Rennie (2022) in Melbourne, Australia, studied educational and support services for marginalised young parents aiming to identify factors influencing their experiences in a tailored education program.

The program's goal was to get teenage mothers back involved in education using a strengths-based approach (Subban et al. 2022). According to Subban et al (2022), these initiatives raised young parents' chances of a life free from social disadvantage by getting them back into school after they had stopped because of pregnancy. According to a study by Frimpong-Manso, Bukuluki, Addy, Obeng and Kato (2022) done in Ghana and Uganda, teenage mothers said that they were stigmatised by peers and co-workers for being pregnant in school and in the community. Furthermore, teenage mothers claimed that becoming pregnant was a curse since it meant they would lose their friends and family and that others would talk negatively about them and think they set a bad example for other teenagers. Teenage mothers resumed academic activities without prior counselling to help them manage stigma, parenting challenges, and schooling, often resulting in feelings of being overwhelmed by circumstances (Maarman-Afrika 2023).

Several teenage mothers left school or transferred, which negatively impacted their confidence and sense of self due to perceived and actual stigma (Frimpong-Manso et al. 2022). This does in fact show that peers and classmates did not welcome teenage mothers and did not provide them with assistance. Gbogbo (2020) claims that teenage girls who become pregnant and mothers are stigmatised since they are not given much assistance, even from their friends, because they are perceived as negative role models by their peers. Most of their dependable friends were pregnant or a teenage mother, facing similar circumstances (Gbogbo 2020). Issa and Temu (2023) state that teenage mothers respected and appreciated the support and encouragement they received from their parents, teachers, and a few community members when they were teaching and learning. However, they expressed their dissatisfaction with the unfair treatment they experienced from other pupils and certain community members because of psychologically distressing cultural attitudes that are still present in most communities.

According to research done in Rwanda by Gatsinzi (2022), some of their classmates showed empathy for teenage mothers and encouraged them to continue their education while they were pregnant or to return after giving birth. Teenage mothers were encouraged to finish their education by their educators and school administrators as well (Gatsinzi 2022). In a Tanzanian study, the coordinator of the centre and the teachers reported to Issa and Temu (2023) that most teenage mothers who do not regularly attend school acknowledged that they are experiencing financial difficulties, such as not having enough money for bus fare or food purchases while in school.

This demonstrates that the absence of transportation to school presented challenges even for the teachers who were willing to help teenage mothers catch up on their academic work (Issa & Temu 2023). Teenage mothers in WA West, Ghana participated in a study by Adangabe (2020), which revealed that many schoolteachers lack training and are therefore unable to provide counselling to mothers. The research discovered that teenage mothers encounter insufficient educational settings that fail to address their unique requirements (Issa & Temu 2023). Moreover, teenage mothers mentioned the absence of childcare centres, areas for nursing, and lengthy travel times between home and school. According to a Swaziland study by Ntinda, Thwala and Dlamini (2016), teachers' discrimination against young mothers in terms of educational support was perceived by the mothers.

Numerous teenage mothers in South Africa went back to school after giving birth, but they faced several obstacles upon their return, including prejudice, social stigma, verbal abuse, and lack of support and as a result, many of them dropped out of school or failed in their studies (Ajayi et al. 2023). According to Naidoo, Muthukrishna and Nkabinde (2019), the accounts of the teenage mothers in a South African study revealed that they face a variety of exclusionary pressures in addition to a lack of emotional and academic support in their educational environments. The results also showed that there are no social support networks that keep an eye on and improve the mothers' psychological health and academic achievement (Naidoo et al. 2019). Some examples of these networks would be to help mothers catch up on missed courses or offer emotional support and counselling (Naidoo et al. 2019). According to a study by Erfina et al (2019), teenage mothers felt abandoned and lost their friendships with their classmates because they didn't think their peers understood their situation or the difficulties of taking care of their infants.

Since these teenage mothers didn't feel accepted in their communities or schools, the negative appraisal feedback increased stress, which increased the significance and value of the positive emotional support (Baney et al. 2022). According to research by Issa and Temu (2023), teenage mothers explained their experiences with feelings of shame, remorse, and embarrassment from their culture. Additionally, other students connected their past pregnancies to prostitution; these unfavourable perceptions had an impact on their mental health and decreased their desire to engage in social events and academic pursuits.

In accordance with national policy guidelines, the position of pregnancy-monitoring teacher was created as an inclusion approach to enable pregnant and parenting females to continue with their studies and so boost their educational possibilities (Mathebula 2019). A study in South Africa by Maarman-Afrika (2023) revealed that teachers provided support by granting extensions on due dates, offering opportunities to complete tasks, and clarifying work that teenage mothers may have missed. Additionally, the school implemented a support program designed to assist teenage mothers; however, only one mother utilized it, as the majority were unaware of its existence.

2.5.4 Support from spouses or the child's father

According to the results of a study conducted in Massachusetts by Pueyo (2022), teenage mothers found it difficult to come to terms with the idea of being young mothers and the depressing fact that they didn't have a father figure for their child or that their relationships had collapsed. According to research by Rea and Cox (2021) in a study carried out in Australia, teenage mothers typically got support from their mothers, siblings, and close friends, but not often from the baby's father. According to a study conducted in a rural area of West Bengal, India, a partner's lack of cooperation can be caused by a variety of factors, including the partner's emotional support, lack of cooperation with household chores, lack of quality time spent together, the partner's neglectful attitude, arguments between the partners, and alcohol addiction (Dutta et al. 2022). According to research conducted in Uganda and Ghana by Fringpong-Manso et al (2022), young mothers in these countries also had to deal with the emotional and financial strain of living in relationships with abusive and careless males.

Support from mothers, siblings, schools, and close friends was reported by teenage mothers; however, support from the child's father and the community at large was infrequent (McGregor & Arditti 2023; Rejuso et al. 2023). Participants in a Gbogbo (2020) survey disclosed that some fathers were unsupportive because their own parents were caring for them as students. It was difficult for some teenage mothers in the study to ask for help because they had broken up with the father of the baby before realising, they were pregnant (Gbogbo 2020). According to a study by Erfina, Widyawati, McKenna, Reisenhofer and Ismael (2021) done in Indonesia, the parents of the teenage mothers, especially the mother of the teenager, were the most significant forms of social support that the women received.

The father of the baby or partner was the second most significant source of support. In a Rwandan study, teenage mothers alleged that, rather than receiving support, the baby's father has verbally and physically abused them (Gatsinzi 2022). According to Kerobo (2022), young wives said that their husbands did not provide them with assistance and instead turned to gambling, domestic violence, divorce, alcoholism, and drug misuse in other situations. According to a study done in Nigeria by Oluseye et al (2024), teenage mothers who cohabitated with their partners said they did not receive assistance from either their partners' families or partners themselves. Research carried out in South Africa discovered that although adolescent fathers faced financial constraints and were emotionally, psychologically, and socioeconomically overburdened by their parental responsibilities, their personal experience of absent fathers had instilled in them a strong sense of responsibility towards their partners and children (Ajayi et al. 2023). Some adolescent fathers had to work to support their children, according to Ajayi et al (2023). Another study conducted in South Africa revealed that the fathers of the babies were mostly absent during childbirth and no support from them was mentioned, this resulted in teenage mothers being forced to be financially dependent on their family (Maarman-Afrika 2023).

2.5.5 Encouragement and support from the public and locals

In research conducted in Longwood, California, Jones (2020) reports that many girls find it difficult to handle the obligations of motherhood, and that lack of support from family and the community is detrimental. When faced with the many obligations of motherhood, many teenagers feel constrained, imprisoned, and unable to fulfil their own desires; for this reason, they require ongoing support from their families and the community (Jones 2020). According to research by Issa and Temu (2023) in Tanzania, teenage mothers said that the financial assistance they got from parents and other community members was insufficient to meet their demands for both their families and their education. According to Baney et al (2022), the participants expressed the opinion that people in the community did not think it was appropriate for a teenager to get pregnant or to be a parent. Their pregnancy and parenthood were stigmatised by schoolteachers, parents, and/or other community members (Baney et al. 2022). Teenage mothers had feelings of alienation, anger, sadness, and loneliness due to the community's lack of support and shame (Govender et al. 2020).

Explicit instances of community people reacting angrily to teenagers in public places with remarks that were derogatory or negatively discussing adolescent pregnancy or parenting with others were among the examples of detrimental appraisals (Baney et al. 2022). According to a study by Erfina et al (2021) carried out in Indonesia, friends' and society's support was thought to be a factor in successful motherhood; however, the professional network's assistance was not always tailored to the occasionally unspoken needs of the teenagers. The community's lack of instrumental support manifested itself in several ways, including prejudice against their age, doubts about the teenagers' capacity to parent, and overall assessments of their choices (Baney et al. 2022). These current and previous teenage parents seem to be told by the judgment of their communities that their experience was unacceptable (Baney et al. 2022).

Teenage mothers in a study by Degge, Olorunsaiye, Achema, Ubanyi and Yada (2022) in North Central Nigeria claimed that stereotypes of these young mothers as "irresponsible" and "promiscuous" were part of the bad experiences these teenage mothers encountered in the community. The study conducted by Erfina et al (2019) found that negative opinions of teenage mothers by the community had resulted in a lack of support for the babies of all the teenage mothers which raised the likelihood of isolation for young women. As a result, this may cause teenagers who are pregnant or parenting to isolate themselves, which may prevent them from getting the support and healthcare they need. If pregnant and parenting teenagers do not receive appraisal help, they may internalise the stigma within their community and find it difficult to seek additional social support services (Baney et al. 2022).

According to a study by Oluseye (2022) carried out in rural South-Western Nigeria, community members talked about purposefully avoiding public places where they had experienced stigma in the past. According to research done in South Africa by Malatji, Nkala-Dlamini and Shumba (2023), there are a lot of non-profit groups working to support and help students in the townships. According to reports, one of these organisations was situated on school property and worked with underachieving students in the school and its environs to provide academic mentorship (Malatji, Nkala-Dlamini & Shumba 2023). While most teenage mothers said that the organisation helped them with their academics, a few said that they were too busy with their other responsibilities as mothers to take advantage of the mentorship program (Malatji et al. 2023).

About 80% of South African mothers received financial assistance in the form of government child grants, according to research by Jochim, Meinck, Toska, Robertsf, Wittesaele Langwenya and Cluver (2023), whereas only 4.7% of teenage mothers received maintenance payments from their baby's father.

2.6 CHAPTER SUMMARY

The literature review related to the study's issue was discussed in this chapter under the headings of teenage pregnancy, motherhood and its consequences, obstacles and experiences, including marginalisation, prejudice, and stigma, and, finally, social support for teenage mothers. The research design and methodology are covered in full in the upcoming chapter.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

This chapter discusses rigour and ethical considerations, as well as study design and techniques, sampling strategies, data collection approach and procedure, including research instruments, and data analysis methods. The study comprised of three (3) phases, the first one is the research approach, design and methods, followed by the second phase which is the conceptual framework and lastly the third phase which is the development of a program.

3.2 RESEARCH APPROACH

This study adopted a qualitative research methodology to generate an in-depth, contextualised understanding of the lived experiences and meaning making of teenage mothers. Qualitative inquiry is particularly suited to questions that seek to explicate how participants interpret, construct, and negotiate social reality in everyday contexts, and to illuminate the complex, situated nature of human experience (Gupta, Deshpande & Gupta 2022; Tenny 2022; Creswell & Creswell 2023). In alignment with these premises, the present study utilised qualitative methods to elicit rich narratives that capture the subjective understandings, affective textures, and social dynamics that shape early motherhood, including perceived challenges, coping practices, and the role of family, community, and service systems in their trajectories (Flick 2020; Fouché et al. 2021). Methodologically, qualitative approaches privilege depth over breadth, foreground participant voice, and accommodate emergent design, enabling iterative refinement of data collection and analysis as analytic insights develop (Creswell & Creswell 2023). This flexibility is important when working with participants whose experiences are heterogeneous and embedded in local contexts (e.g., schooling, clinic access, socio-cultural norms). Moreover, qualitative methods are well suited to investigate real-world issues where the boundaries between phenomenon and context are porous and where explanatory sufficiency requires attention to process, meaning, and relationality (Tenny 2022; Gupta, Deshpande & Gupta 2022).

The present study was guided by the transformative paradigm, which provided both the philosophical foundation and methodological direction for the qualitative inquiry. The transformative paradigm is grounded in principles of social justice, human rights, inclusion, and the active disruption of structural inequities (Mertens 2018). It recognises that knowledge is not neutral and views research as an instrument for challenging oppression and amplifying the voices of marginalised or socially excluded groups. In the context of this study, teenage mothers constitute a population whose experiences are often misunderstood, stigmatised, and underrepresented in mainstream discourse; therefore, applying a transformative lens is methodologically and ethically appropriate. Within the qualitative framework, the transformative paradigm assumes that reality is socially constructed, but it extends beyond interpretivism by emphasising that experiences are also shaped by power relations, social structures, and historical inequities. This paradigm therefore aligns well with qualitative methods that seek to uncover the meaning and complexity of human experience, while also explicitly interrogating the contextual forces such as poverty, gender norms, stigma, and limited access to services that shape those experiences (Mertens 2018; Creswell & Creswell 2023).

Qualitative inquiry is particularly compatible with transformative principles because it centers participant voice, prioritises contextualised accounts, and allows for flexibility and responsiveness to participant needs (Flick 2020; Fouché et al. 2021). In this study, qualitative methods created space for teenage mothers to articulate their lived realities in their own words, moving beyond surface-level descriptions to reveal deeper issues of social exclusion, educational marginalisation, restricted autonomy, and barriers to health and psychosocial support. Consistent with transformative values, the study adopted a collaborative, respectful, and culturally sensitive stance throughout the research process. The researcher acknowledged the power imbalance inherent in research interactions and sought to mitigate this through ethical reflexivity, empathetic engagement, and recognition of participants as knowledge holders rather than research subjects (Mertens 2018). This orientation ensured that data collection was not merely extractive but was grounded in dignity, trust, and understanding. The detailed description of the paradigm has been provided in chapter 1, section 1.7.1 hence it has been only highlighted here.

3.3 RESEARCH DESIGN

Research design is the glue that holds the research project together (Verma et al 2024). According to Creswell and Poth (2023), it describes the entire research process. This study employed participatory action research (PAR) design. Vaughn and Jacquez (2020) & Moganedi (2023) define participatory action research as a qualitative study technique in which researchers and participants collaborate to understand and address societal issues. Miller-Brydon, Kral and Aragón (2020) define PAR as a nascent process in which learning and change are incorporated into the procedures and results of the study, and wherein these changes may occur on several levels. Art-based research (ABR) involves adapting the tenets of the creative arts to research projects (Leavy 2023).

Personal change occurs when individuals acquire new information and abilities that help them advocate for themselves and their communities with greater knowledge and expertise (Miller-Brydon et al. 2020). This design is chosen to promote social justice, change, and serve participants' interests (Kemmis, Mctaggart & Nixon 2014; Leavy 2023). The key elements of PAR include active participation of the community being studied, collaborative knowledge production, empowerment of participants, focus on social change, critical reflection, and a cyclical process of planning, action, observation, and reflection (Denzin, Lincoln & Giardina 2024). Teenage mothers who used PAR in this study were empowered by having a voice, which influenced their capacity to understand and deal with their own problems.

Action research emphasises voice, involvement, and inclusion in social practices that individuals are a part of and have an impact on (Kemmis et al. 2014; Leavy 2023). It involves people directly affected by the situation actively participating in all stages of research to identify and address issues, aiming to bring about social change (Polit & Beck 2021). According to Miller-Brydon et al (2020), PAR provides the chance to establish environments where people feel comfortable sharing their expertise and experimenting with concepts in original, culturally appropriate ways. PAR creates conversation opportunities with the goal of utilising this "free space" to bring about systemic change (Nathan, Hodkins, Wirth et al. 2023; Miller-Brydon, Kral & Aragón 2020). Researchers aim to address social research questions in holistic and engaged ways in which theory and practice are intertwined (Leavy 2023).

According to Leavy (2023), ABR is a generative approach whereby researchers place the inquiry process at the center and value aesthetic understanding, evocation, and provocation. Observation, interviews, storytelling, scrapbooks, socio-drama, drawing and painting, and other endeavours aimed at teenage mothers to find innovative ways to explore their own life stories and identify their own strengths are techniques which were employed by the researcher in this study to collect data (Botma et al. 2022; Leavy 2020; 2023). PAR specifically aims to bring together groups of people who can pool their resources, ideas, views, and talents collaboratively to develop solutions (Fouché et al. 2021). Teenage mothers in this study were not viewed as "subjects" but rather as fellow researchers who collaborate with researchers to ensure that their opinions and perspectives are heard (Moganedi 2023).

People usually begin by telling stories to understand one other's experiences and to raise questions about their own lives and situations. This is how people become researchers of their own lives or work, as opposed to becoming objects of research in PAR (Leavy 2023). Miller-Brydon et al (2020) & Denzin et al (2024) define PAR as an attitude or posture based on shared values, rather than a methodology. The three foundations of PAR in this study are as follows: "consideration for teenage mothers' knowledge and experience that were brought to the process of inquiry, a belief in the ability of democratic procedures to achieve beneficial social transformation, and an obligation to action" (Denzin et al. 2023). The transformational worldview, which maintains that the goal of the research inquiry is intertwined with and driven by the researcher's mission to "confront social oppression at whatever level it occurs," is the conceptual foundation upon which PAR was founded (Keyl 2022).

Working with communities or groups that are susceptible to tyranny or control by a dominant group or culture is the norm for action researchers (Polit & Beck 2021). In participatory research, participants assume the role of co-researchers who understand and assess the issues at hand—a complex fusion of science and practice (Fouché et al. 2021). It is through participatory action research, where researchers and study participants collaboratively define the problem, select research methodologies, analyse data, and ascertain the application of results (Polit & Beck 2021). According to Cornish, Breton, Moreno-Tabaraz, Delgado, Rua, Akins and Hodgets (2023), PAR initiatives typically focus on advancements in participants' capacities, abilities, and performances as well as advancements in knowledge and action.

The main objectives of PAR are to change power dynamics to eliminate oppressive systems, lessen injustices, or address social justice issues (Fouché et al. 2021; Fine & Torre 2021). The term "arts-based research" (ABR) refers to a set of methods used by researchers from different fields at any stage of their work, from gathering data to analysing it and finally representing it (Campboli 2022). The ideas of the creative arts are adapted by arts-based research tools to address research inquiries in thorough and intricate manners that integrate theory and practice (Leavy 2020; 2023). Participatory action research involves the engagement and leadership of people confronting issues, who subsequently conduct systematic investigations to generate new knowledge aimed at fostering emancipatory social change (Cornish, Breton et al. 2023).

3.4 THEORY GENERATION

Theory involves statements that systematically explain phenomena by showing how variables are related, with the goal of both explaining and predicting (Fouché et al. 2021; Brink & van Rensburg 2022; Van der Waldt 2024). Kivunja (2018) & Van der Waldt (2024) suggest that creating theories often involves using both inductive and deductive reasoning. In addition, theories offer abstract explanations or descriptions of how concepts are related (Van der Waldt 2024). The development of the theory in this study follows three phases, as shown in Figure 3.1 below.

Phase 1—Qualitative study, Phase 2—Conceptual framework and Phase 3—Program development.

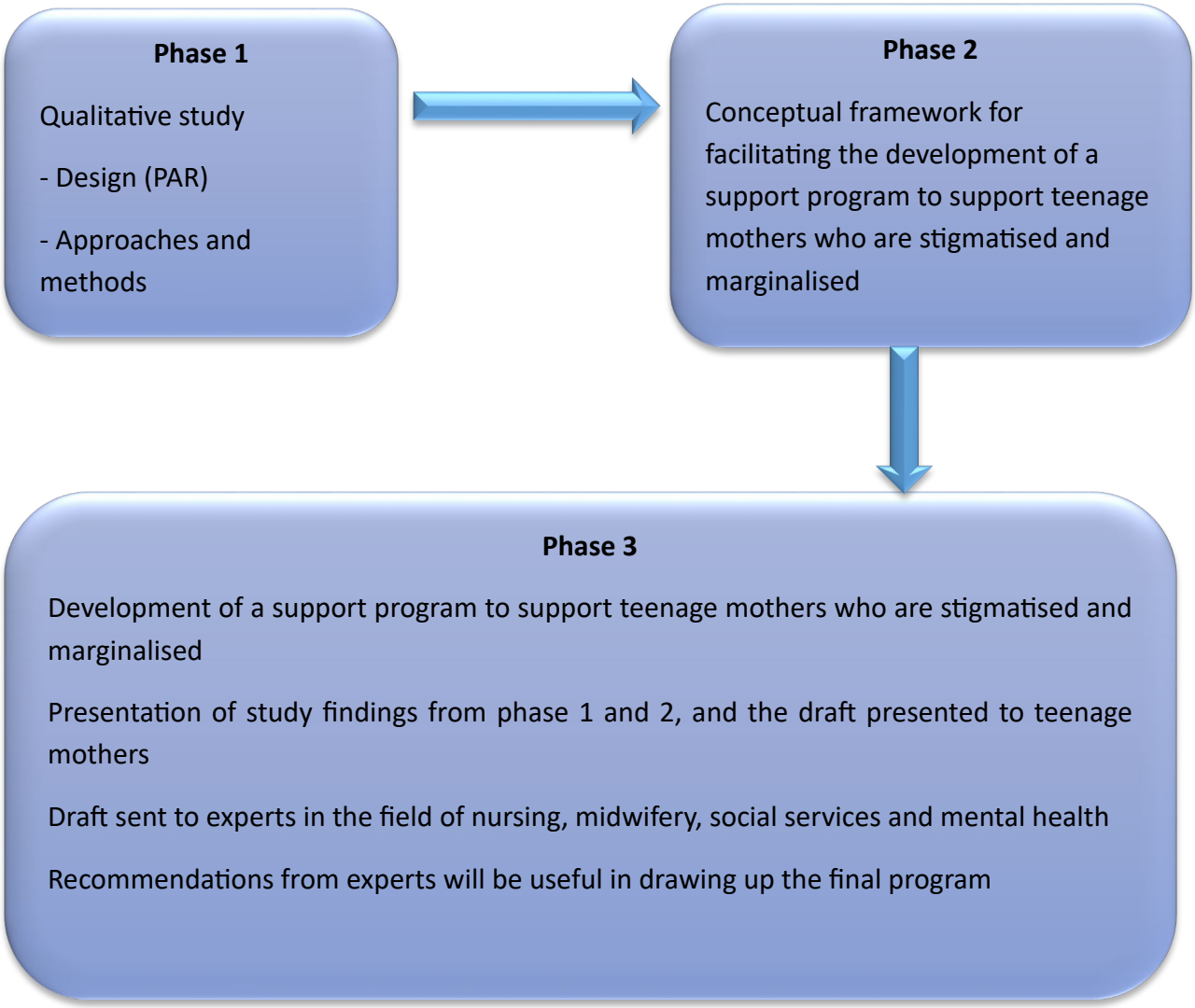


Figure 3.1 Phases of the research study

3.4.1 Research phases

3.4.1.1 Qualitative study

Phase One employed a qualitative, Participatory Action Research (PAR) approach to ascertain and richly describe the lived experiences of teenage mothers who have encountered stigma and marginalisation, and to identify the coping mechanisms they use, and the support needs they prioritise (emotional, financial, academic, and childcare).

PAR was selected because it centers participant voice, foregrounds context, and pursues practical transformation through iterative cycles of inquiry and action in collaboration with participants and stakeholders (Kemmis, McTaggart & Nixon 2014; Mertens 2018). This is congruent with the study's transformative paradigm, which emphasises social justice, inclusion, and empowerment of groups whose perspectives are often underrepresented in research and policy. The primary outcomes of phase one were: (a) a contextually grounded account of stigma, marginalisation, and coping among teenage mothers; (b) an analytical map of support needs across emotional, financial, academic, and childcare domains; and (c) participant-informed priorities to guide conceptual and programmatic development in Phases Two and Three. These results provided the empirical substrate for concept analysis and the subsequent design of a support program.

3.4.1.2 Conceptual framework

The purpose of Phase Two was to construct a **conceptual framework** that integrates the **empirical insights** from Phase One with **theoretical clarification** of the core concept, namely **"support"** for teenage mothers experiencing stigma and marginalisation. A conceptual framework is the **logical, coherent structure** that articulates the relationships among key concepts, assumptions, and propositions that orient the study's design, interpretation, and application (Kivunja 2018). To ensure conceptual clarity and practical utility, the study applied **Walker and Avant's (2014) concept analysis method** to the focal concept "support." This method proceeds through systematic steps: **selecting the concept**, **determining the purpose** of analysis, **identifying all uses** of the concept, **specifying defining attributes**, **constructing a model case**, **identifying additional/contrary/borderline cases**, **specifying antecedents and consequences**, and **defining empirical referents** that indicate the concept in practice. Recent literature also attests to the ongoing relevance of structured concept analysis for nursing and health sciences research (Choi, Park & Noh 2024). Inputs for the concept analysis were twofold: (a) **Phase One findings**, which supplied contextually grounded indicators of what "support" means and entails for teenage mothers; and (b) **theoretical and policy literature** on social support, adolescent health, maternal and child health, and rights-based/transformative approaches.

The synthesis produced:

- **Defining attributes** of support (e.g., accessible, non-judgmental, continuous, context-responsive);
- **Antecedents** (e.g., experiences of stigma, service gaps, financial precarity, school disruption);
- **Consequences** (e.g., enhanced coping, improved engagement with services, educational retention); and
- **Empirical referents** (e.g., indicators of emotional, informational, instrumental/financial, academic, and childcare support).
- The result was a **theory-informed, evidence-linked conceptual framework** that consolidates the meaning and scope of **support** for teenage mothers in this context, clarifies the **logic of intervention**, and specifies **testable elements** and **implementation touch points** to inform program design.

3.4.1.3 Program development

Phase Three translated the **empirical themes** (Phase One) and the **conceptual framework** (Phase Two) into a **practice-oriented support program** for teenage mothers facing stigma and marginalisation. To structure the move from concept to implementation, the study drew on **Dickoff, James and Wiedenbach's (1968)** classic **practice-oriented theory** (also known as the "survey list"), which organises a practice theory around six interlocking elements: **Agent**, **Recipient**, **Context**, **Dynamics**, **Procedure**, and **Terminus**. This scaffold is well-suited to operationalising interventions that are contextually grounded and role-explicit in nursing and health-related fields.

Application of the survey list.

- **Agent:** The people or teams enacting the program (e.g., trained facilitators, nurses, social workers, school liaisons).
- **Recipient:** Teenage mothers experiencing or at risk of stigma and marginalisation.
- **Context:** Health facilities, schools, community organisations, and family systems in which support is enacted.
- **Dynamics:** The motivating and constraining forces (e.g., stigma, policy mandates, resource flows, cultural norms) that drive or hinder change.

- **Procedure:** The structured set of **program components** (e.g., stigma-safe counseling and peer support; academic reintegration pathways; linkage to financial/instrumental support; childcare coordination; service navigation; rights-based advocacy training), along with **process indicators**, **roles**, and **referral pathways**.
- **Terminus:** The desired **outcomes** (e.g., reduced felt/enacted stigma; improved psychosocial wellbeing; enhanced service uptake; sustained school retention; strengthened parenting self-efficacy).

Co-design and feasibility considerations

Consistent with the study's **transformative PAR orientation**, program elements were refined through **stakeholder feedback** (participants, frontline providers, and, where feasible, school/community representatives) to improve **acceptability, feasibility, and cultural congruence** (Kemmis, McTaggart & Nixon 2014; Mertens 2018). Attention was paid to implementation supports (training, supervision, referral networks), monitoring and evaluation (logic model, outcome indicators), and sustainability pathways (integration with existing services, potential policy alignment). The output is a context-responsive support program with a clear theory of action, mapped roles and processes, and measurable outcomes, designed to be piloted and evaluated in subsequent work. Detailed exposition of the program specification and the application of the survey list are provided in Chapter 7.

3.5 RESEARCH METHODS

According to Verma, Verma and Abhishek (2024), research methods are techniques used by researchers to conduct research. Gray and Grove (2021) outline it as the specific strategies utilised by the researcher to carry out the study within the chosen plan. Burkholder et al (2020) stated that research procedures delineate the numerous elements involved in conducting a study. According to Gray and Grove (2021), the components include design, population and sampling, data collection methods, and data analysis procedures. Polit and Beck (2021) describe research methods as the procedures utilised to organise research and collect and assess data relevant to a research problem.

3.5.1 Research setting

The research setting is the location or place where the study data was collected (Brink & van Rensburg 2022; Polit & Beck 2021). The study setting according to LoBiondo-Wood and Haber (2022), is where participants are recruited, and data is generated. The research was carried out in Limpopo's Sekhukhune district, specifically in the Makhuduthamaga, Elias Motsoaledi and Ephraim Mogale Municipalities respectively. The researcher chose to conduct the study in Limpopo Province because it is known to be the poorest and has a high rate of teenage pregnancies (Statistics South Africa 2021). The Sekhukhune District, which is primarily rural, is composed of four municipalities: Makhuduthamaga LM, Fetakgomo-Tubatse LM, Elias Motsoaledi LM, and Ephraim Mogale LM (Sekhukhune District Development Plan 2021/22; Sekhukhune IDP 2023/24).

The district is home to 74 traditional leaders (IDP Budget Review 2024/25; Sekhukhune District Development Plan 2021/22). About 1.19 million people live in the district overall, making up 20% of the population of the province of Limpopo (Sekhukhune District Development Plan 2021/22). According to the Sekhukhune District Development Plan 2021/22, Sekhukhune has the greatest annual population growth rate in the province between 2009 and 2019 at 1.2%. If the upper bound poverty line is used, there were 689 310 individuals living in poverty in 2019; Black Africans made up 82.6% of this population (Sekhukhune District Development Plan 2021/22).

The district had an increase in unemployment from 2008 to 2018 (Sekhukhune District Development Plan 2021/22). According to the Sekhukhune IDP (2023/24), the number of unemployed individuals in Sekhukhune increased by 6300 from 87 600 in 2008 to 93 900 in 2018. According to the IDP Budget Review 2024/25, the overall number of employed individuals in Sekhukhune makes up 28.17% of the total number of jobless individuals in Limpopo Province. In figure 3.2 below, the Sekhukhune district map is shown.

Figure 3.2 Sekhukhune district map, Limpopo province, South Africa

3.5.2 Population

According to Flick (2020), population refers to a comprehensive group of individuals or a specific category of objects that are being examined within the scope of a study. In each universe, population consists of entirely elements or a collection of cases that meet certain inclusion principles and that the researcher is interested in, according to Buckholder et al (2020) & Botma, Greeff, Makhado and Mulaudzi (2022). Target population in the current study were teenage mothers aged 17 to 19 years from the rural Sekhukhune district. The group of individuals from where the sample was pulled is known as the target population (Flick 2020; Denzin et al. 2024). Gray and Grove (2021) speak of accessible population as the subset of the populaces being studied to which the researcher has adequate availability. LoBiondo-Wood and Haber (2022) elucidate it as the available population that resembles to the desired population.

3.5.3 Sampling

Polit and Beck (2021) explain sampling as the procedure of picking a subcategory of the population to epitomise the whole inhabitants. According to Brink et al (2022) & Gupta et al (2022), it is the process of selecting a sample that accurately represents a larger occupant to collect data on a phenomenon.

The sample of this study comprised of every teenage mother aged 17 to 19 years enrolled in school for the academic years 2024 and 2025 which made up the study population. The local leaders of Sekhukhune district were contacted to obtain authorisation to conduct the study. These village community leaders, principals and chiefs served as gatekeepers, helping the researcher enter the communities so that the study may be carried out. As soon as the permission to access the potential participants was granted, a community meeting was held with the assistance of community leaders to explain the study and its purpose to the chiefs of the villages of the population of interest. The researcher made sure that minors who declined to participate in a study were not counted among the participants, even if a parents or guardians give consent (Gray & Grove 2021). The researcher in this study obtained permission from parents and caregivers for teenage mothers are minors (Gray & Grove 2021; Brink et al. 2022). Assent refers to a vulnerable person, such as a youngster, voluntarily participating in a study.

The researcher informed teenage mothers about the study's goals and intentions so that they may make an informed decision about participating in the study (Gray & Grove 2021; Fouché et al. 2021). The researcher in this study employed purposive sampling to select potential participants who meet the inclusion criteria. The researcher encouraged early participants to refer other potential ones through snowball sampling. This was to ensure the execution of the PAR design guidelines, which include fairness, social inclusion, and confronting inequality, redressing ostracism, and sharing study capabilities with teenage mothers (Leavy 2023). Polit and Beck (2021) outline snowball sampling as the process of selecting participants based on referrals from previous participants. Gray and Grove (2021) define purposeful sampling as a selective technique wherein the researcher intentionally selects which subjects or study components to include. The researcher made sure to assess and select participants for the study who are the most knowledgeable about the phenomenon, have really experienced it, and are able to describe and explain nuances to minimise sampling errors (Brink & van Rensburg 2022).

3.5.4 Sample

The study sample is the group of persons who the researcher observed or interacted with to acquire data for the study's questions (LoBiondo-Wood & Haber 2022). According to Brink and van Rensburg (2022), it is described as a part, or segment, of a total, or a subgroup of a greater collection, chosen by the researcher.

The sample of this study comprised of every teenage mother aged 17 to 19 years enrolled in school for the academic years 2024 and 2025 which made up the study population. A sample of at least 44 teenage mothers from the Sekhukhune district was approached to contribute to the research project. The sample was seen as adequate because this is a qualitative study in which depth and richness of data are of greater significance than size in achieving research quality (Leavy 2023).

3.5.4.1 Eligibility criteria

Gray and Grove (2021) define a component of the eligibility or criteria for sampling as a set of traits required for inclusion or eligibility in the target population. The eligibility conditions for a study are used to establish population characteristics and choose study participants (Polit & Beck 2021; Botma et al. 2022).

Inclusion criteria

Gray and Grove (2021); Polit and Beck (2021) & LoBiondo-Wood and Haber (2022) define inclusion criteria as the characteristics that an element or component must possess to be included in the target population.

- Every teenage mother who registered in school for the 2024–2025 academic year and expressed interest in participating in the study.
- Every teenage mother who was willing to sign an informed consent form
- Any teenage mothers that are open to taking part in the research.

Exclusion criteria

Exclusion criteria are traits that may result in someone, or anything being omitted from the target population (Gray & Grove 2021; LoBiondo-Wood & Haber 2022).

- Every teenage mother who plans to skip school in the 2024–2025 academic year.

3.5.5 Data collection

3.5.5.1 Data collection approach and method

Accurate, methodical information gathering pertinent to the study's particular goals and questions is referred to as data gathering (Gray & Grove 2021). The purpose of data collection, which is a collection of related tasks, is to gather high-quality data to address new research topics (Creswell & Creswell 2023). The researcher conducted in-depth semi-structured, face-to-face, and focus groups with each consented teenage mothers who meet the inclusion criteria to further understand and define the stigma and marginalisation experienced by teenage mothers in Sekhukhune district. Goffman's stigma theory (1963) assisted the researcher in this study in constructing questions and data collection.

Research instruments and methodologies also incorporated participatory arts like drawings, field notes, scrapbooks, and narratives to collect data (de Vos, Presier & Masterson 2021; Leavy 2023; Duea, Zimmerman, Vaughn, Dias & Harries 2023). Semi-structured interviews were chosen for a reason of acquiring a complete understanding of participants' perspectives or anecdotes about the topic and the researcher is free to investigate any particularly intriguing leads that come up during the interview.

3.5.5.2 Development and testing of instrument of data collection

Brink and van Rensburg (2022) & Fouché et al (2021) define a pilot study as a small-scale inquiry implemented before the main study, involving a limited number of participants. Grove and Gray (2021) emphasised that conducting a pilot study is a crucial phase that alleviates challenges during the last stages of the study process. The pilot study aims to identify problems that may interfere with study authenticity or challenges in using the instrument (Fouché et al. 2021; Gray & Grove 2021). The evaluation of data instruments aids in assessing the feasibility of the proposed study and identifying any problems in its methodology, according to Brink and van Rensburg (2022). The researcher developed a draft interview guide derived from the actual interview guide for subsequent participants. This preliminary interview guide comprised of a mix of open-ended questions, follow-up probes, and prompts to encourage comprehensive responses.

The researcher subsequently chose participants that accurately represent the target population. This study included some participants who met the inclusion criteria but were not part of the sample (Creswell & Poth 2023). The researcher then analysed data collected from this pilot study. This assisted the researcher to refine and revise accordingly the quality of questions of the original interview guide.

3.5.5.3 Characteristics of the data collection instrument

3.5.5.3.1 Semi-structured interviews

A semi-structured interview is one in which the researcher does not ask questions; instead, they cover a list of topics to cover (Polit & Beck 2021). They are valuable sources of data because of their flexibility and permit the researcher to modify or reword a prompt based on the participant's response to an earlier question (Gray & Grove 2021; Ruslin, Mashuri, Rasak, Alhansyi & Syam 2022). In most cases, conducting semi-structured interviews can be a laborious and time-consuming process (Ruslin et al. 2022). This technique guarantees that the researcher gathers all the necessary data while allowing participants to offer as many examples and justifications as they choose (Polit & Beck 2021). The interviews were guided but not dominated by the researcher's pre-planned open-ended questions, which was included in an interview schedule (Fouché et al. 2021; Botma et al. 2022).

This data instrument is used to obtain a detailed picture of a participant's beliefs, perceptions, or account of a particular topic (Fouché et al. 2021). The researcher approaches the interview with a comprehensive understanding of the relevant literature and has devised several open-ended questions to pose (Fouché et al. 2021). Moreover, the researcher possesses the adaptability to pursue specific intriguing paths that surface during the conversation (Botma et al. 2022). According to Fouché et al (2021) participants engage actively and guide interviews and researchers can pursue both verbal and non-verbal signs. Semi-structured interviews enable the acquisition of comprehensive descriptions and in-depth examination of subjects from a limited sample (Fouché et al. 2021). The level of guiding can be as little as a few opening questions, or it can be as organised as a series of pre-planned questions to focus the interview on facets of the phenomenon under investigation (Gray & Grove 2021).

3.5.5.3.2 Field notes

According to Botma et al (2022), field notes extend beyond a simple listing of events; they are comprehensive, analytical, and interpretive records. They encompass detailed and accurate written summaries of the researcher's observations, experiences, and reflections (Polit & Beck 2021; Botma et al. 2022). Field notes, in the opinion of Polit and Beck (2021) & Gray and Grove (2021), are an observer's attempt to capture information and synthesise and comprehend the data. Denzin et al (2024) state that field notes are used to document observational data in respect to specific time cycles and historical markers serve as the primary guidance for data descriptions. In addition to the observation's objective features, field notes also record the researcher's feelings and quick answers to the recent events (Gray & Grove 2021). Non-verbal hints such as tone of voice, body language, and facial expressions are included in field notes (Brink & van Rensburg 2022).

The insights from the researcher's self-reflection regarding how they responded to the data, as well as ideas about what encouraged participants to speak freely, may be included in field notes (Gray & Grove 2021). Field notes can be used to confirm certain features of the study or as part of the data (Botma et al. 2022). Field notes, in the opinion of LoBiondo-Wood and Haber (2022), enable the researcher to record general impressions of the participant and the setting as well as follow up with any clarifying questions. Field notes in this study helped the researcher remember and investigate the data gathering procedure (Botma et al. 2022). Preparing field notes typically takes a lot of time and effort (Polit & Beck 2021).

3.5.5.3.3 Focus groups

Focus groups are a technique for gathering qualitative information with three to fifteen individuals, either homogenous or heterogeneous, who convene to discuss a researcher-specified topic to yield diverse qualitative data (Fouché et al. 2021). It is a "semi-structured group interview designed to gather information from participants on a specified topic of interest" (Gray & Grove 2021). Focus groups use diverse communication styles, including teasing, disputing, joking, storytelling, and nonverbal cues like gestures and facial expressions (Gray & Grove 2021). Moreover, its many modes of communication and interactions among participants can assist people in refining their thoughts while inspiring innovative ideas in response to comments made by other participants.

This process generates a substantial quantity of targeted data that is derived from a diverse array of perspectives and responses to a specific subject (Botma et al. 2022). Focus groups can be utilised for instrument creation, sensitisation, or conceptualisation, as well as for exchanging experiences, investigating perceptions, and verifying notions (Fouché et al. 2021; Botma et al. 2022). Focus group discussions enable participants to exchange thoughts, generate new ideas, and evaluate diverse perspectives prior to providing responses (Brink & van Rensburg 2022). Furthermore, they are particularly beneficial in participatory action research (PAR), where community members engage as equal participants in both planning and implementation, especially when addressing practical community issues. People tend to feel more comfortable expressing their opinions when members of a group have comparable backgrounds (Polit & Beck 2021).

3.5.5.3.4 Participatory arts-based methods

According to Nathan, Hodkins, Wirth, Ramirez, Walker and Cullen (2023), arts-based methods (ABM) are those in which participants participate in a creative practice of self-expression at any stage of the research process. Creative self-expression methods include the use of artistic mediums such as poetry, drawing, collage, mapping, photography, drama, and digital storytelling (Strand, Rivers, Baasch & Snow 2022; Nathan, Hodkins, Wirth et al. 2023; Denzin et al. 2024). According to de Vos et al (2021), participatory data gathering approaches are often employed to foster shared interests and mutual understanding across various knowledge fields. Moreover, these techniques provide a means to enable feedback and social learning. de Vos et al (2021) & Fouché et al (2021) stated that the process of co-creating artistic works can evoke participant knowledge, values, and emotions.

Creating performance and art pieces can foster dialogue on an accessible platform (Leavy 2023; Denzin et al. 2024). This can even result in the creation of a "frontier entity," which may be interpreted contrarily by each individual but sparks conversation (Leavy 2020; de Vos et al. 2021). Visual approaches include life graphs, where participants graphically represent significant aspects of phenomena, and participatory drawing, where participants illustrate the meaning of a phenomenon in relation to their experiences and research questions (Archibald, Makinde & Tongo 2024). Given their everyday familiarity, visual methods are frequently easy for participants to use (Archibald et al. 2024).

ABM employ a variety of graphical materials and approaches to generate data or illustrations in answer to study objectives. Therefore, ABM can facilitate conversations about difficult or delicate subjects and encourage more meaningful dialogue than standard qualitative methodologies (Nathan, Hodkins, Wirth et al. 2023). According to Strand, Rivers, Baasch et al (2022) & Nathan, Hodkins, Wirth et al (2023), arts-based approaches aim to give participants more control over the research process and are believed to go beyond the limits of traditional research knowledge. This is so that participants who are frequently marginalised or silenced in society can safely control the expression of their perspectives using art in the research process, as has been compellingly demonstrated for them (Nathan, Hodkins, Wirth et al. 2023).

3.5.5.4 Data collection process

3.5.5.4.1 Semi-structured interviews

The researcher build rapport with the participants using successful communication strategies like empathy and attentive listening (Botma et al. 2022). Participants were encouraged by the researcher to share stories in their own words and to converse openly about any subject covered in the interview guide (Annexure 8) (Polit & Beck 2021). "Could you please tell me about your experiences and encounters as a young mother at school and in the community?" the researcher asked, taking field notes on observations (verbal and nonverbal cues) to gain an incomprehensible understanding of the data collected. (Grove & Grey 2021). Audio recording of interviews took place until data saturation was achieved (Fouché et al. 2021). Data saturation infers to gathering qualitative data until additional data produce redundant knowledge, at which point a sense of closure is reached (Polit & Beck 2021). Saturation in this study was reached at the participant 13 as no more new information could be expressed or produced.

3.5.5.4.2 Focus groups

Focus group participants on this study comprised of thirty-eight (38) participants of at least 4-13 members (Fouché et al. 2021). Thirteen (13) participants from interviews also formed the sample for focus group discussions and twenty-five (25) comprising of 8,8 and 9 participants were included of which they opted for discussion rather than one-on-one interviews. The focus group guide was followed to facilitate the group discussion (Annexure 9).

The co-researcher moderator (note-taker) was appointed by the researcher and co-researchers and selected from among the participants to help the researcher during focus group talks (Fouché et al. 2021). Furthermore, to complement the recording and transcriptions, the assistant moderator also took notes throughout the conversations. The researcher chose a moderator that mirrors the age, gender, and race/ethnicity of the group to facilitate open communication and foster trust (Grove & Gray 2021). The moderator was trained and assigned by the researcher and understood the study's purpose to facilitate interaction (Gray & Grove 2021). Additionally, the researcher clarified to the group that the moderator's responsibility was to facilitate the discussion rather than participate in it.

3.5.5.4.3 Field notes

The researcher in this study jotted down field notes right away to capture important observations such as non-verbal cues and any other necessary aspect during interviews and focus groups. The researcher was disciplined to give a great deal of detail and made sure that the accounts of what happened included enough contextual information about time, place, and performers to accurately depict the incident (Polit & Beck 2021. The researcher in this study observed and documented non-verbal cues, including body language, tone of voice, and facial expressions (Gray & Grove 2021). The designated moderator for the focus group discussions helped take detailed field notes, particularly noting facial expressions that are not captured by audio recordings (Gray & Grove 2021).

3.5.5.4.4 Participatory arts-based methods

The researcher utilised a participatory arts-based approach to investigate and depict the experiences of teenage mothers who encountered marginalisation and stigmatisation. Participants were able to reflect on their condition in the face of stigma, marginalisation, and prejudice, and tell their stories as they see fit, and were treated as unique individuals with others appreciating their expressions (Polit & Beck 2021; Leavy 2023). Teenage mothers in this study who found it difficult to communicate during focus groups or interviews were asked to write their stories in scrapbooks and draw any other cultural artefacts as a means of speaking up, being seen as a person, and having their expression valued by others (de Vos et al. 2021; Leavy 2021; 2023).

By allowing participants to reflect before generating their visual images and giving them time to reflect on the final drawing or image, drawings and images actively engage participants by putting what is typically taken for granted at the centre and making it visible (Archibald, Makinde & Tongo 2024).

3.5.6 Data analysis

According to Botma et al (2022), getting meaning out of text and image, and finding similarities and contrasts between the data is the initial stage in analysing qualitative data. After the participant's initial interview, data analysis commenced immediately. Data was analysed manually and verified electronically utilising Atlas ti (see chapter 4 and 5). The researcher grouped the findings of the study into themes, which are larger, more abstract categories of meaning that encompass a large portion of the data (LoBiondo-Wood & Haber 2022). The researcher made sure that data collected from the participants through one-on-one interviews was audio-recorded, transcribed verbatim, and verified with the participants. Word-by-word transcriptions of participatory arts, like narratives and drawings, were also be done by the researcher to compare the data (Leavy 2023). Field notes and verbal and nonverbal observations were analysed in addition to interview data (Polit & Beck 2021).

As the inquiry and interpretation progress, the researcher discovered themes and categories that contributed to a detailed description of the phenomenon (Gray & Grove 2021; Creswell 2022; Fouché et al. 2021). In this study, the researcher utilised thematic qualitative data analysis, following the steps/phases of Braun and Clarke (2013) to identify themes and patterns which included familiarisation of data; generation of codes; combining codes into themes; reviewing themes; determine significance of themes and reporting the findings. The researcher adhered to the six stages of Braun and Clarke's (2013) theme analysis methodology, which are as follows:

Phase 1: Familiarisation of data

This stage entails becoming fully immersed in the information by reading written material several times over and listening to audio recordings. This phase includes taking notes on the data while the researcher reads or listens.

This stage is to familiarise the researcher with the content of the dataset and help the inquirer start seeing aspects that could be related to the research topics. The researcher became familiar with the transcribed data provided by thirteen (13) interviewees and thirty-eight (38) participants from focus group discussions.

Phase 2: Generation of preliminary codes

The systematic analysis of the data through coding is the first step in this phase. The fundamental components of analysis are codes. A data aspect that may be pertinent to the study issue is identified and labelled using codes.

Phase 3: Combining codes into themes

In this phase, the researcher moves from code to themes, forming the analysis. The coded data was reviewed for overlapping and comparable codes, ensuring consistency, correlations, and trends.

Phase 4: Reviewing themes

The evolving themes are analysed considering the coded information during this recursive phase. The researcher examined the themes in connection with the study's defined research questions to develop a thematic map.

Phase 5: Determining significance of themes

The researcher was able to articulate what made each topic distinct and while defining the themes. The in-depth analytical effort that goes into theme analysis during this step is essential to developing the analysis into its precise, detailed form. Each theme was precisely defined and labelled by the researcher, who also made sure the themes are separated but connected to the research question.

Phase 6: Reporting the findings

The report's objective is to present an engaging "story" about the researcher's data, derived from the analysis. Conclusions and ideas drawn in relation to the study question on how marginalised and stigmatised teenage mothers dealt with these unpleasant experiences. The ideas were presented by the researcher in an understandable, succinct, and cohesive way. The researcher also talked about the research's contributions, shortcomings, and ramifications.

3.6 ETHICAL CONSIDERATIONS (INTEGRATED AND CHRONOLOGICAL)

3.6.1 Permissions and Ethical Clearance (Pre-Fieldwork)

Prior to any engagement with participants, the researcher obtained ethical clearance from the University's Ethics Review Committee and secured formal permissions from relevant authorities and study sites. These included: (i) approvals from provincial/district health authorities where applicable, (ii) site permissions from clinics, community organisations, and/or educational institutions identified for recruitment, and (iii) gatekeeper permissions consistent with institutional and national requirements for human-participant research (LoBiondo-Wood & Haber 2022; Botma et al 2022). These steps ensured regulatory compliance, institutional accountability, and participant protection in line with good practice for research governance (CIOMS 2016; LoBiondo-Wood & Haber 2022).

3.6.2 Approach to Participants and Recruitment

Following permissions, potential participants (teenage mothers) were approached through identified sites and community structures using procedures designed to safeguard access, fairness, and voluntariness (Botma et al. 2022; Gray & Grove, 2021). Recruitment materials and invitations were framed to avoid coercion or undue influence and to communicate the study purpose and participation requirements clearly and respectfully (Polit & Beck 2021; Gray & Grove 2021).

3.6.3 Informed Consent and Assent (Before Enrollment)

Before enrollment, potential participants received a comprehensive explanation of the study's aims, procedures, expected time commitment, potential risks and discomforts, anticipated benefits, data uses, and rights to refuse or withdraw at any point without penalty (Botma et al 2022; LoBiondo-Wood & Haber 2022). Adequate time was provided to consider participation and ask questions, after which those willing to participate signed an informed consent (see Appendix 6). For participants who were minors, the researcher obtained parental/guardian permission and age-appropriate assent in accordance with CIOMS (2016) guidance on research with children and adolescents. Consent/assent documents were communicated in a language understood by prospective participants to uphold comprehension and voluntariness (CIOMS 2016; LoBiondo-Wood & Haber 2022).

3.6.4 Respect for Individuals (Autonomy and Self-Determination)

Respect for persons entail recognising participants as autonomous agents who are entitled to make voluntary, informed decisions about participation, free of coercion (Polit & Beck 2021; Gray & Grove 2021). In this study, autonomy was operationalised by (i) ensuring fully informed decisions through clear explanations, (ii) emphasising the right to decline or withdraw at any stage without repercussions, and (iii) treating all prospective participants with dignity and respect throughout all interactions (Gray & Grove 2021; LoBiondo-Wood & Haber 2022).

3.6.5 Justice and Fair Selection (During Sampling and Enrollment)

The principle of justice requires equitable treatment, fair inclusion, and non-discriminatory selection criteria aligned to the research aims not to convenience or bias (Polit & Beck 2021; Gray & Grove 2021). Eligibility criteria were transparently defined and applied to ensure appropriate, fair recruitment of teenage mothers, with respect for those who declined participation and without any adverse consequences for refusal (Polit & Beck 2021; Gray & Grove 2021). No discrimination occurred on the basis of culture, customs, beliefs, socio-economic status, or values.

3.6.6 Beneficence and Risk Minimisation (During Data Collection)

Consistent with beneficence, the study was designed to maximise potential benefits (e.g., voice, representation, social value) and minimise risks (Flick 2020; Gray & Grove 2021).

Given the sensitive topics, interviews were scheduled in private, comfortable settings, with the option to pause, skip questions, or discontinue without penalty. Anticipated discomforts were minimal and transient, comparable to everyday experiences, and procedures were in place to manage distress and provide referral information where needed (Gray & Grove 2021; Botma et al. 2022).

3.6.7 Dignity and Privacy (At Point of Contact and During Interviews)

Privacy denotes a person's right to control what personal information is disclosed, when, and under what circumstances (Gray & Grove 2021; Botma et al. 2022). The researcher protected participants' dignity by conducting interviews/focus groups in **confidential, comfortable venues**, limiting the presence of non-essential persons, and avoiding intrusive questioning beyond what was necessary to address the research questions (Botma et al. 2022; Gray & Grove 2021).

3.6.8 Anonymity and Confidentiality (Throughout and After Data Collection)

Where feasible, **anonymity** was pursued by using **pseudonyms** and avoiding the collection of unnecessary identifiers, recognising that in qualitative work, complete anonymity may be practically limited (Polit & Beck 2021; Fouché et al. 2021; Grove & Gray 2023). **Confidentiality** was ensured by separating identity information from data, restricting access to the research team, and preventing any disclosure that could reasonably identify participants (Polit & Beck 2021; Gray & Grove 2021). Participants were explicitly informed that any publications would not reveal identities and that all reporting would use pseudonyms or aggregated descriptions (Fouché et al. 2021; Polit & Beck 2021).

3.6.9 Data Security, Storage, and Retention (Post-Collection)

Data was handled according to secure data management protocols. Measures included password-protected files, encrypted storage (where available), and locked physical cabinets for hard copies. Only authorised research personnel accessed the data. After fieldwork, raw data were securely downloaded, verified, and removed from collection devices/platforms to prevent unauthorised access or duplication. Retention and destruction followed institutional policy and ethics approval conditions (Gray & Grove 2021; Botma et al. 2022).

3.6.10 Researcher Conduct, Reflexivity, and Power

The researcher maintained a reflexive stance throughout, acknowledging potential power differentials and their implications for participant comfort and disclosure. Interactions were guided by cultural sensitivity, respect, and a commitment to non-maleficence. Field notes and reflexive memos supported ethical decision-making and transparency in analytic choices (Flick 2020; Fouché et al. 2021).

3.6.11 Right to Withdraw, Debriefing, and Support (During and After Participation)

Participants were reminded that they could withdraw at any time without penalty and request non-use of their data if desired. At the end of data collection, participants were debriefed: study aims were reiterated, questions were addressed, and (where appropriate) referrals to counseling or support services were made available in case of distress. These steps align with the ethical imperatives of respect, beneficence, and duty of care (Gray & Grove 2021; Botma et al. 2022).

3.6.12 Reporting and Dissemination (Post-Analysis)

Dissemination adhered to **confidentiality and anonymity** commitments. Findings were presented using **non-identifiable, aggregated** or pseudonymised data, with sensitivity to potential harm from stigmatising narratives. The reporting accurately reflects participant voices and contextual realities, consistent with qualitative rigor and ethical scholarship (Fouché et al. 2021; Polit & Beck 2021).

3.7 RIGOUR OF THE STUDY: TRUSTWORTHINESS

Accuracy and thoroughness are typically prioritised above all else in qualitative research (Ahmed 2024). Understanding the findings depends on the researcher's capability to authenticate that the data were genuine, trustworthy, and legitimate (Grove & Gray 2023). According to LoBiondo-Wood and Haber (2022) & Rose and Johnson (2020), rigour ensures that the steps of the research procedure and the research project itself are connected.

3.7.1 Measures of trustworthiness

Riazi, Rezvani and Ghabar (2023) & Ahmed (2024) highlighted that trustworthiness of outcomes encompasses four aspects: credibility, transferability, dependability, and confirmability. The present inquiry followed all these variables.

3.7.1.1 Credibility

Credibility, in the words of Eldh, Årested and Berterö (2020), is ensuring that the researcher's reconstruction and portrayal of the reality offered by the participants aligns with it. According to Fouché et al (2021), the objective of credibility is to prove that the study was done in a fashion that permitted genuine identification as well as description of the participants.
Techniques for the researcher used to improve credibility included:

- Prolonged engagement

Immersion in the real world and research culture is referred to as prolonged involvement (Fouché et al. 2021; Stahl & King 2020). The researcher's intention was to comprehend participant behaviour, values, and social interactions within their respective social contexts (Fouché et al. 2021:397). The researcher established rapport and trust with participants over time to learn more subtle details about their views, behaviours, and experiences. Over time, the researcher remained in the field, working together with teenage mothers and closely observing their engagements while gathering data until saturation happened.

- Triangulation

Triangulation, which incorporates a variety of sources, techniques, and theories, is a crucial tactic for establishing credibility (Megheirkouni & Moir 2023). The adoption of PAR in this project improved interactions with important participants and stakeholders, allowing the researcher to address concerns about credibility with others (Fouché et al. 2021).

The researcher utilised a variety of data generation techniques, such as field notes, interviews, observations, drawings, scrapbooks, and participant narratives to minimise the influence of probable biases resulting from a singular method or data source and to enrich the integrity of the interpretations.

3.7.1.2 Transferability

Transferability refers to the degree to which the outcomes of the inquiry can be practical to various situations and studies (Polit & Beck 2021; Fouché et al. 2021; Megheirkouni & Moir 2023).

The method to improve transferability in this study included:

- Dense description

Thick descriptions offer comprehensive contextual information to help readers evaluate the findings' transferability (Stahl & King 2020; Brink & van Rensburg 2022; Ahmed 2024). A comprehensive explanation of the background information on participants, the study background, and the setting were provided by the researcher so that others can assess whether the results can be applied (Gray & Grove 2021; Megheirkouni & Moir 2023; Polit & Beck 2021).

3.7.1.3 Dependability

According to Polit and Beck (2021) & Megheirkouni and Moir (2023), dependability refers to the necessity of the process of deriving findings which need to be clear and as repeatable as possible. Dependability, in the words of Flick (2020), is the availability of data that shows the formation of theories and shifts in knowledge. This infers that if the study is to be reiterated, someone else should be able to do so with sufficient information from the report and obtain comparable outcomes (Polit & Beck 2021). The researcher in this study had a third-party to review and evaluate the procedure to certify dependability. To confirm the soundness of the findings, a skilled independent coder was consulted during the data co-coding process.

3.7.1.4 Confirmability

Megheirkouni and Moir (2023) assert that confirmability assesses whether the data and interpretations derived from a study stem from the researcher's creativity or are strictly based on participant statements. Confirmability emphasises the importance of an ongoing reflexive approach and the necessity for researchers to critically examine their own biases in a qualitative study (Fouché et al. 2021). Peer debriefing was employed in this study, to enhance the validity of interpretations and mitigate researcher bias, which involved soliciting insights from colleagues or subject matter experts (Rose & Johnson 2020; Brink & van Rensburg 2022; Ahmed 2024). The researcher presented transcripts, illustrations, and field notes alongside audio recordings of participant interviews, to substantiate the information collected. Additionally, to guarantee the consistency of the results, the researcher engaged with a different coder for confirmability checks.

3.8 CHAPTER SUMMARY

The research approach, design, and technique were covered in length in this chapter. Along with planning, preparations, and strategies for data collecting, the study's procedures, techniques, and activities were described. There was also a discussion on the methods and data collection tool. There was also a description of the procedures followed to guarantee rigour and ethical considerations. The research findings' analysis, presentation, and description will the main topics of the upcoming chapter.

CHAPTER 4

ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS FOR INTERVIEWS

4.1 INTRODUCTION

The purpose of this study was to develop a support program to reduce stigmatisation and marginalisation among teenage mothers in the rural communities of Sekhukhune district, Limpopo province, South Africa. The previous section presented in detail the research design approach and methods. In this chapter, the researcher presents the findings generated through the qualitative processes and procedures described in the preceding chapter. These findings are drawn from in-depth interviews with teenage mothers, whose narratives form the central data of this study. The methodological approach was designed to foreground participants lived experiences, ensuring that their voices are authentically represented. Participants were encouraged to reflect critically on their journeys of teenage motherhood, including family responses, community attitudes, educational challenges, coping strategies, partner relationships, experiences of trauma, and future aspirations. The analysis is guided by thematic synthesis, allowing for the emergence of nuanced categories that illuminate both the vulnerabilities and resilience of teenage mothers.

4.2 DATA MANAGEMENT AND ANALYSIS

4.2.1 Data management

According to Brink and van Rensburg (2022), data management involves converting the masses of data into smaller, more manageable segments. The data collection commenced from September to November 2025, and analysis started immediately from the first interview. The hard copies of participants' responses and all information pertaining to their data will be stored for five (5) years by the researcher in a locked cupboard or filling cabinet for future research and academic purposes according to the institution policy. The researcher stored electronic information in a password protected computer to safeguard participants' data.

The researcher will ensure that hard copies of data will be shredded, and electronic copies will be permanently deleted from the hard drive of the computer using relevant software program.

4.2.2 Analysis

Qualitative analysis involves discovering pervasive ideas and searching for general concepts (Polit & Beck 2021). The researcher proofed against recorded audios and transcribed texts (Gray & Grove 2021). The researcher made reflective and marginal remarks to understand what was happening during the analysis process (Brink & van Rensburg 2022). The researcher analysed data by first identifying the broad themes and their categories, which are clusters of codes that are connected conceptually (Polit & Beck 2021). The researcher effectively examined and reduced the volumes of data collected by clustering and grouping data. Coding was done from data obtained from interviews, focus groups, participatory arts, narratives, collage and field notes by the researcher by naming, labelling, and sorting data elements, which allowed the researcher to find themes and patterns (Gray & Grove 2021; Brink & van Rensburg 2022; Polit & Beck 2021).

4.3 RESEARCH FINDINGS AND THEIR IMPORTANCE

The findings indicate a series of ‘new’ and developed themes that reach beyond the descriptive narratives of teenage motherhood, positioning them within broader debates on stigma, resilience, and identity formation. In addition to resonating with international scholarship on teenege motherhood in both industrialised and developing contexts, these themes are synthesised considering contemporary literature and South African contextual realities. This study's illustration of how teenage mothers deal with stigma and marginalisation while concurrently creating new identities through education and goals is one of its main achievements. The results show that families, schools, healthcare facilities, and communities all need to undergo change. Additionally, they emphasise the significance of inclusive educational policy and trauma-informed support. This study presents teenage mothers' experiences as representations of larger institutional injustices rather than just as personal problems.

It is hoped that these findings may inspire stakeholders, such as educators, legislators, medical professionals, and community leaders, to see teenage motherhood as an underutilised site of resilience and agency rather than just through the prism of stigma. By highlighting the significance of locally developed solutions that address the circumstances of teenage mothers in South Africa, the study adds to discussions on long-term societal transformation. The results also create opportunities for further study, discussion, and action that support educational inclusion, dignity, and concrete development outcomes for young mothers and their offspring.

4.3.1 Sample characteristics

The table below represents the information for 13 participants who were part of the interview.

TABLE 4.1: DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS IN SEMI-STRUCTURED INTERVIEWS

Participant	Age	Grade	No. of Babies	Marital Status	Living/Support Context
P1	17 yrs	Grade 12	1	Not married	Supported by parents (financially & emotionally)
P2	17 yrs	Grade 12	1	Not married	Parents supportive, sister helped with transport/food
P3	18 yrs	Grade 11	1	Not married	Mother initially upset, later supportive; siblings helped
P4	18 yrs	Grade 10	1	Not married	Parents scolded then accepted; partner supportive
P5	18 yrs	Grade 11	1	Not married	Mother supportive financially; father denied paternity
P6	17 yrs	Grade 11	1 (deceased at 3 weeks)	Not married	Mother supportive but strained; partner abusive and coercive
P7	19 yrs	Grade 11	1	Not married	Mother scolding/rejecting; baby's father's family runs a crèche
P8	18 yrs	Grade 11	1	Not married	Mother offers financial support; father offers emotional support; partner initially supportive
P9	18 yrs	Grade 12	1	Not married	Raised by mother (widowed); severe poverty; partner absent
P10	19 yrs	Grade 12	2	Not married	Parents supportive; first baby disabled (speech impairment); partner abandoned
P11	17 yrs	Grade 11	1	Not married	Raised by grandmother; father present but not supportive; partner sends money
P12	17 yrs	Grade 11	1	Not married	Father supportive, mother scolding; partner denied baby
P13	19 yrs	Grade 11	1	Not married	Family disappointed; father of baby supportive financially; siblings strained

4.3.2 Demographic profile

The demographic profile of the participants provides important contextual grounding for the interpretation of findings. The teenage mothers who took part in this study were predominantly between the ages of 17 and 19, with the majority clustered around 17–18 years. In terms of schooling, most were enrolled in Grade 10 or 12, although their educational trajectories were marked by significant disruptions, including failures, suspensions, and expulsions. All participants were mothers to one child, except for P10 who had two babies, while one participant (P6) experienced the tragic loss of her infant. None of the participants were married, underscoring the vulnerability of their social positioning and the absence of formalised support through marital partnerships. Support systems varied considerably.

Parents and grandparents frequently stepped in as primary caregivers, as reflected in the accounts of P1, P2, P4, P8 and P9. However, partners were often absent, abusive, or denied paternity, as reported by P5, P6, P12 and P13. Community attitudes also revealed ambivalence, ranging from supportive acceptance to hostile gossip and curses, thereby shaping the social environment in which these young mothers navigated their identities. Finally, socioeconomic strain was evident in several narratives, particularly those of P9 and P13, highlighting the broader material challenges that compounded the participants' experiences of stigma, resilience, and survival. The demographic details are further graphically presented in the graph below. This graph compares Age, Grade, and Number of Babies across all 13 participants (P1–P13).

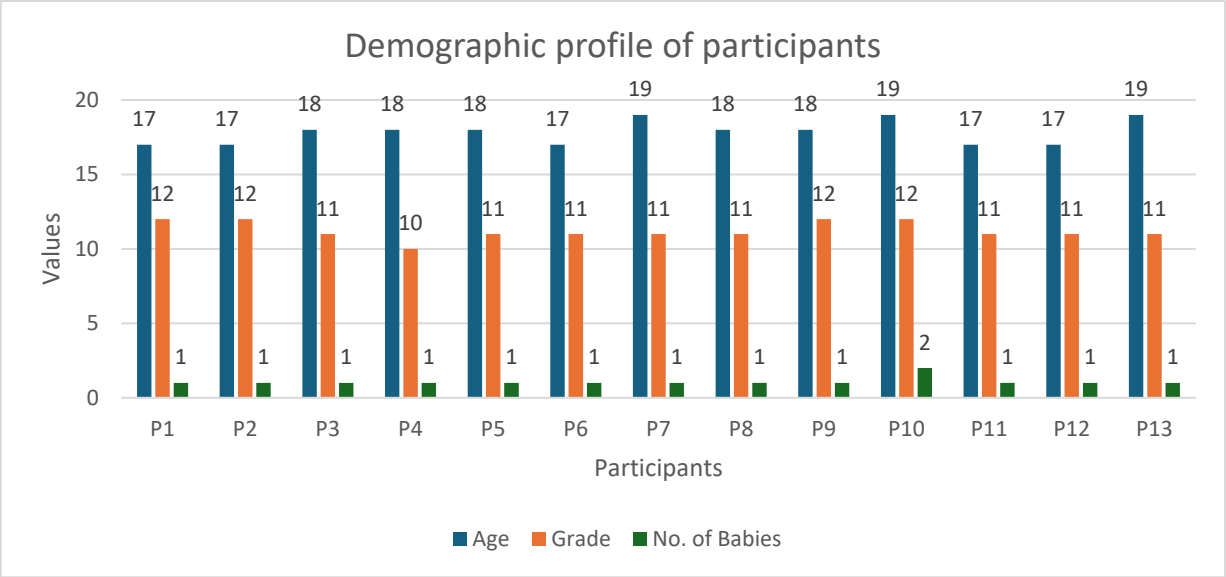


Figure 4.1 Demographic profile of participants of an interview

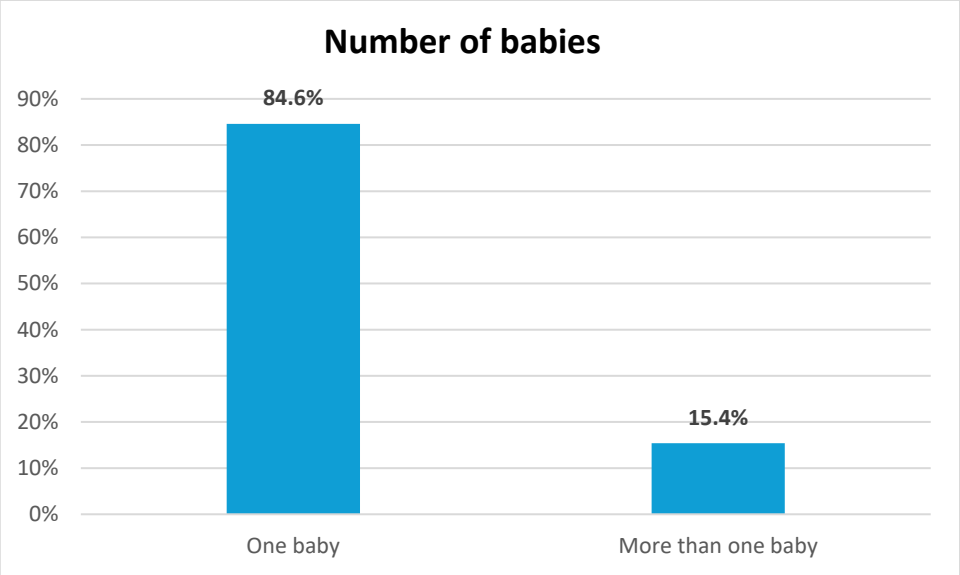


Figure 4.2 Percentages on number of babies for interviews

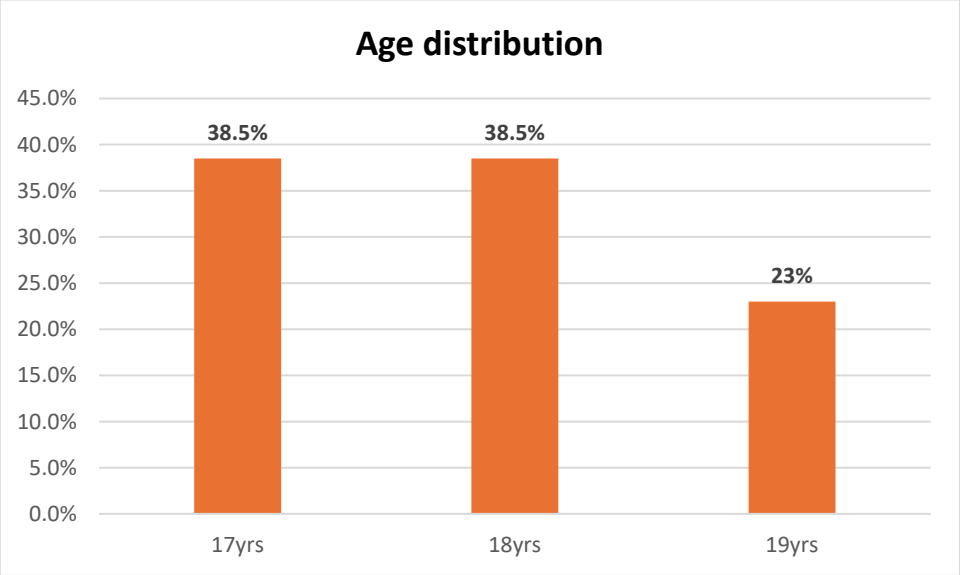


Figure 4.3 Percentages on age distribution for interviews

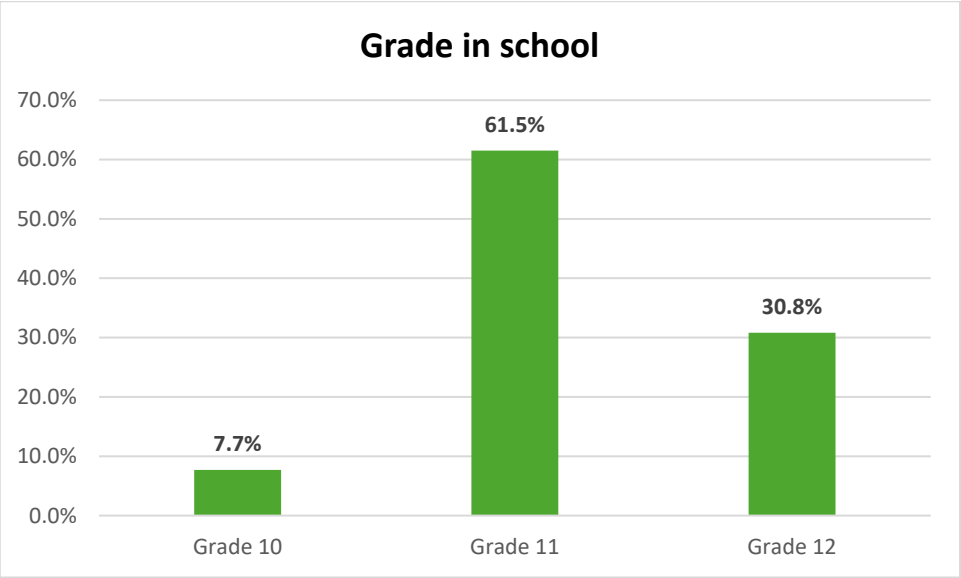


Figure 4.4 Percentages on grade in school for interviews

4.3.3 Thematic findings

Thematic analysis was employed to analyse data which included the transcribed texts from semi-structured interviews, focus groups and participatory arts-based methods such as drawings, collage and narratives, projected at identifying main themes and sub-themes. All identifying information related to participants were replaced with pseudonyms to ensure privacy and confidentiality. Braun and Clarke's (2013) thematic qualitative data analysis was adopted by the researcher, following the phases to identify themes and patterns. Braun and Clarke (2013) six-step thematic data analysis steps include familiarisation of data; generation of codes; combining codes into themes; reviewing themes; determining significance of themes and reporting the findings. Braun and Clarke (2013) thematic analysis allowed the researcher to recap key elements in the data set while concurrently highlighting key similarities and differences within data (Gray & Grove 2021; Polit & Beck 2021). The researcher developed themes by exploring the relationships between codes and grouping them by an interpretive statement (Gray & Grove 2021). The thematic analysis of participant narratives P1–P13 is presented in this chapter. Table 4.2 below summarised the findings arranged into seven broad themes, and 21 categories each of which has unique characteristics that shed light on the real-life experiences of teenage mothers in Sekhukhune district.

While the discussion places these experiences within a larger body of scholarly literature, quotes from participants are used to ground the analysis in their voices.

TABLE 4.2: THEMES AND CATEGORIES FOR INTERVIEWS

THEME	CATEGORIES	SUPPORTING QUOTATIONS
1. The Family as a Site of Stigma and Support	1.1 Initial reactions	*"My mom scolded me… said I embarrassed her."* P12
	1.2 Acceptance and support	P10: *"My mom never said anything… she was the one who supported me."*
	1.3 Grandmothers as caregivers	P11: *"My grandmother… never scolded even though I could see that she was hurt."*
2. Social Marginalisation and Gossip	2.1 Gossip and laughter	P11: *"Schoolmates said 'hee you are smelling breastmilk… nappies exploded with snow.'"*
	2.2 Negative remarks and curses	P10: *"My neighbour… told me she wishes me to have a disabled baby."*
	2.3 Acceptance in some cases	P1: *"In the community others… just accept me saying I am a child."*
3. Interrupted Learning Pathways	3.1 Academic decline and absenteeism	P9: *"It was affecting my academic performance… marks dropping."*
	3.2 Expulsion	*P8: "Where I was schooling previously, they don't allow pregnancy… they expelled me."*
	3.3 Resilience and recovery	P13: *"My heart told me that I should not drop out because I have a baby who I should secure his future."*
4. Living Through Hardship	4.1 Resilience and self-motivation	P1: *"I told myself if I don't attend school nothing good will come."*
	4.2 Silence and endurance	P11: *"Some remarks are painful, and I never dwell much on them."*
	4.3 Negative coping	P5: *"Honestly speaking… I attempted suicide, I tried with tablets."*
5. Fragile Bonds and Gendered Power	5.1 Supportive partners	P1: *"Yes, he is working… taking care of the baby."*
	5.2 Denial and abandonment	P5: *"He denied… said you must just go and terminate this pregnancy."*
	5.3 Abuse and coercion	P6: *"He threatened to hit me if I don't drink that stuff."*
6. Intersecting Trajectories of Abuse and Stigma	6.1 Direct abuse	P7: *"This boy forced himself on me sexually."*
	6.2 Healthcare stigma	P4: *"Other nurses would comment… 'yoh you made your mother a granny', the doctor said you just chose to open your legs for boys instead of reading your books so that you can achieve in your*

	6.3 Psychological trauma	*academic work whereas you are still a child".* P13: *"I thought of committing suicide again… with a razor blade."*
7. Reclaiming Identity Through Education	7.1 Teaching careers 7.2 Nursing careers 7.3 Higher education goals	P10: *"I want to teach primary school children."* P2: *"I wish to be a nurse."* P8: *"I wanna go to varsity… prove to people that a baby doesn't stop you."*

4.3.1 THEME 1: THE FAMILY AS A SITE OF STIGMA AND SUPPORT

The participants poured their hearts regarding their experiences in relation to family support. Families emerged as both sources of condemnation and support, reflecting ambivalence in their responses to teenage motherhood. Three categories emerged from data analysis from this theme as outlined underneath. Each category has been presented with its quotations to support it.

4.3.1.1 Initial Reactions

Four participants have indicated the initial reaction noted from the families. Many participants described parental disappointment and scolding as key aspects identified during their pregnancy. See quotations below

"They asked me how I will cope with the baby and books." P2:

"My father… said he wants to report it to the father of the baby's parents." P11:

"My mom scolded me… said I embarrassed her." P12:

"They were hurt, too much…told me we trusted you and you have disappointed us".

4.3.1.2 Acceptance and Support

Several participants described more accepting and encouraging attitudes from their relatives. These stories show situations in which parents accepted the pregnancy as a reality to be addressed jointly, provided emotional support, or acknowledged the situation without passing judgement.

- P1: *“They then started saying because she is a child it is a mistake let’s just accept it.”*
- P8: *“My father… said it’s okay, everything is done, it’s not like I judge you.”*
- P10: *“My mom never said anything… she was the one who supported me.”*

4.3.1.3 Grandmothers as Caregivers Grandmothers often assumed caregiving roles

Some participants commented on the strength and resilience demonstrated by maternal figures in their families. These stories highlight the conflicting roles that mothers frequently play in giving care and authority, as well as the silent perseverance of grandmothers who, despite their hurt feelings, refrained from reprimanding or becoming angry.

- P9: *“My mother is a man and a mother at home.”*
- P11: *“My grandmother… never scolded even though I could see that she was hurt.”*

4.3.2 THEME 2: SOCIAL MARGINALISATION AND GOSSIP

The participants discussed how society reacted to their pregnancies and motherhood based on their personal experiences. Communities emerged as both sources of ridicule and rejection, while in some circumstances offering acceptance. These reports highlight the duality of societal reactions, as gossip, laughter, and unfavourable remarks typically reinforced stigma, although occasional acts of support revealed moments of inclusion. Data analysis under this theme revealed three categories, which are described below. Each category has been supplied with its quotations to support it.

4.3.2.1 Gossip and Laughter participants reported being mocked in public spaces

Several of the participants described negative social reactions from their communities and peers. These accounts describe experiences of stigmatisation, gossip, and mockery, including cruel words, sarcastic remarks, and laughing directed at individuals both during and after pregnancy. These reactions draw attention to the societal pressures and criticism that young mothers frequently encounter from people outside of their immediate households.

- P4: *“In the community others when I was passing, they would laugh.”*

- P5: *“While passing they just stare at me… gossiping… they will just laugh at you.”*
- P11: *“Schoolmates said ‘hee you are smelling breastmilk… nappies exploded with snow.’”*

4.3.2.2 Negative Remarks and Curses Some faced hostile comments and even curses

Participants also reported witnessing harsh and stigmatising remarks from neighbours within their communities. Feelings of shame and social alienation were exacerbated by judgemental attitudes, gossip, and even angry remarks, as these accounts demonstrate. These responses draw attention to the wider social stigma associated with young parenthood and the psychological toll it takes on those who experience it.

- P10: *“My neighbour… told me she wishes me to have a disabled baby.”*
- P12: *“When they see me passing, they say isn’t that child who doesn’t know who the father of the baby is.”*
- P13: *“Neighbours were talking… saying why is your child embarrassing you.”*

4.3.2.3 Acceptance in Some Cases A few participants experienced community acceptance

Some of the participants reported positive and encouraging responses from their communities and schools in addition to stories of stigma and criticism. These observations illustrate moments of acceptance, understanding, and encouragement, where teachers delivered kindness rather than judgement.

- P1: *“In the community others… just accept me saying I am a child.”*
- P3: *“Learners treated me well… teachers treated me well.”*

4.3.3 THEME 3: INTERRUPTED LEARNING PATHWAYS

The participants considered how their educational paths were hampered by adolescent pregnancy. Schooling emerged as a site of both hardship and tenacity, with experiences ranging from academic deterioration and absence to outright expulsion. Nevertheless, several individuals showed resiliency and recovery in the face of these setbacks, working to finish their education and ensure a better future.

Data analysis under this theme revealed three categories, which are described below. Each category has been supplied with its quotations to support it.

4.3.3.1 Academic Decline and Absenteeism Participants reported declining performance and absenteeism

Several participants highlighted the unfavourable influence of pregnancy on their academic performance. Their testimonies highlight difficulties focusing, deteriorating grades, and repeating school years. These incidents demonstrate how the responsibilities of parenthood and pregnancy interfered with their capacity to learn, resulting in scholastic failures and feelings of doubt about their future prospects.

- P5: *"Sometimes when I'm supposed to study… I struggled to grab the information."*
- P9: *"It was affecting my academic performance… marks dropping."*
- P10: *"I couldn't concentrate at school; I failed grade 11."*
- P11: *"I ended up failing… I am repeating grade 11."*
- P13: *"My performance is dropping bit by bit… if I can pass grade 11 it will be luck."*

4.3.3.2 Expulsion Pregnancy led to exclusion from school

One participant described the institutional difficulties she had while pregnant, pointing out that her former school had severe policies prohibiting pregnant students. This regulation resulted in expulsion, illustrating how educational environments can compound the hardships of young motherhood by denying access to continued learning.

- P8: *"Where I was schooling previously, they don't allow pregnancy… they expelled me."*

4.3.3.3 Resilience and Recovery Despite setbacks, some demonstrated resilience

Several participants gave heart-warming tales of tenacity and resolve. Their views highlight efforts to improve performance, dedication to learning, and a strong motivation to continue schooling for the sake of their children's future. These encouraging instances show how tenacity and accountability may promote fresh optimism and advancement in their academic endeavours.

- P9: *"But now I am improving… I can see when I am writing trials."*

- P11: *“I would wake up at night to study… I am happy with my marks.”*
- P13: *“My heart told me that I should not drop out because I have a baby who I should secure his future.”*

4.3.4 THEME 4: LIVING THROUGH HARDSHIP

The participants talked about how they overcame challenging situations while becoming mothers. Their stories show how adversity took many forms, such as self-motivation and resilience, endurance and silence, and unhealthy coping mechanisms. These stories show the resilience and fragility of teenage mothers as they battled to overcome hardship and find practical and emotional means of survival. Data analysis under this theme revealed three categories, which are described below. Each category has been supplied with its quotations to support it.

4.3.4.1 Resilience and Self-Motivation

Participants also shared reflections of perseverance and determination in the face of challenges. Their stories highlight tenacity in the face of traumatic events, self-motivation to pursue education, and an understanding that coping and moving forward were the only practical choices. These accounts demonstrate the inner fortitude and determination that allowed them to continue their education in spite of hardship.

- P1: *“I told myself if I don’t attend school nothing good will come.”*
- P9: *“I just pushed and pushed… let me just finish.”*
- P11: *“I never dwell much on them… but it was hurtful.”*
- P13: *“I have to cope… I don’t have any other choice.”*

4.3.4.2 Silence and Endurance

Additionally, participants discussed coping mechanisms for hurtful comments and criticism. Their stories show a propensity to keep quiet, steer clear of conflict, and deliberately decide not to think about hurtful remarks.

These responses emphasise the use of self-control and resilience as strategies for handling emotional pain in social and familial contexts.

- P12: *“I keep quiet when scolded… my father told me to ignore her.”*
- P11: *“Some remarks are painful, and I never dwell much on them.”*

4.3.4.3 Negative Coping

Some participants reported using detrimental coping strategies to deal with the difficulties they encountered throughout pregnancy, which was quite unsettling. Their insights highlight the extreme mental suffering they endure by revealing issues with substance abuse, suicide thoughts, and self-destructive behaviours. In order to safeguard the wellness of teenage mothers navigating such challenging situations, these quotations emphasise the critical necessity for psychosocial support and intervention.

- P7: *“Nowadays I am always drinking alcohol… I don’t listen to my mother.”*
- P5: *“Honestly speaking… I attempted suicide, I tried with tablets.”*
- P13: *“I ended up drinking ‘blue death’… I thought of cutting myself with a razor blade.”*

4.3.5 THEME 5: FRAGILE BONDS AND GENDERED POWER

The participants' reflections on their interactions with partners revealed how gendered dynamics influenced their experiences of vulnerability and support. Their experiences demonstrate how brittle these relationships were, with some partners providing support and care while others denied accountability or deserted them. Participants' accounts of abuse and extortion in more concerning situations highlighted the unequal power dynamics that frequently characterised their close relationships. Data analysis under this theme revealed three categories, which are described below. Each category has been supplied with its quotations to support it.

4.3.5.1 Supportive Partners

Several participants underlined the supportive role of their partners in caring for the child. These accounts illustrate fathers accepting responsibility through direct involvement in childcare and offering financial help, demonstrating positive engagement and dedication despite the obstacles of young fatherhood.

- P1: *“Yes, he is working… taking care of the baby.”*
- P3: *“Yes, he is taking care of the baby.”*
- P8: *“By the time he knew he supported me… sending money each and every time.”*

4.3.5.2 Denial and Abandonment

A few participants emphasised how their partners helped with childcare. Despite the difficulties of being a young parent, these accounts show fathers accepting responsibility by directly participating in childcare and offering financial support, exhibiting positive engagement and dedication.

- P5: *“He denied… said you must just go and terminate this pregnancy.”*
- P9: *“He shouted and blocked me… refused DNA test.”*
- P10: *“The moment he knew about the condition of the baby we never talked again.”*
- P12: *“He denied the baby… said he cannot bear a dark baby.”*

4.3.5.3 Abuse and Coercion

A few participants revealed instances of violence and coercion in their relationships. These stories highlight the severe risks and vulnerabilities that young women confront by exposing incidents of sexual assault and physical threats.

In order to address abuse and defend their wellbeing, these accounts emphasise the critical need for protection, awareness, and supportive measures.

- P6: *“He threatened to hit me if I don’t drink that stuff.”*
- P7: *“This boy forced himself on me sexually… Isn’t that rape? Yes, it is.”*

4.3.6 THEME 6: INTERSECTING TRAJECTORIES OF ABUSE AND STIGMA

The participants talked about how their lives as young moms were shaped by the interplay between abuse and stigma. Their stories shed light on the various forms of violence they experienced, including direct abuse, stigmatising treatment in medical facilities, and ensuing psychological distress. These accounts highlight the cumulative consequences of prejudice and violence, demonstrating how their susceptibility was increased by overlapping kinds of mistreatment.

Data analysis under this theme revealed three categories, which are described below. Each category has been supplied with its quotations to support it.

4.3.6.1 Direct Abuse

Participants also recounted experiences of abuse and humiliation within their relationships. Their accounts reveal instances of physical threats, sexual coercion, and public shaming, underscoring the serious forms of violence and mistreatment they endured. These narratives highlight the vulnerability of young women in such contexts and the urgent need for protective measures and supportive interventions.

- P6: *"He threatened to hit me… forced me to drink substances."*
- P7: *"This boy forced himself on me sexually."*
- P12: *"He is busy talking… humiliates me publicly."*

4.3.6.2 Healthcare Stigma

Negative experiences with healthcare personnel during pregnancy and labour were also reported by participants. According to their statements, nurses and hospital employees have yelled at them, made fun of them, and publicly humiliated them. These responses demonstrate how young mothers' emotional anguish was exacerbated by judgemental attitudes in healthcare settings, which made medical settings seem hostile rather than encouraging.

- P2: *"They shouted at me for late antenatal."*
- P4: *"Other nurses would comment… 'yoh you made your mother a granny', the doctor said you just chose to open your legs for boys instead of reading your books so that you can achieve in your academic work whereas you are still a child".*
- P11: *"Hospital staff shouted… I gave birth standing."*
- P12: *"Nurse attacked me with my mom… said you embarrassed your mom."*

4.3.6.3 Psychological Trauma

Some individuals reported using detrimental coping strategies to deal with the difficulties they encountered throughout pregnancy, which was quite unsettling.

Their insights highlight the extreme mental suffering they endure by revealing issues with substance abuse, suicide thoughts, and self-destructive behaviours. In order to safeguard the wellness of teenage mothers navigating such challenging situations, these quotations emphasise the critical necessity for psychosocial support and intervention.

- P5: *"I attempted suicide… I tried with tablets."*
- P13: *"I thought of committing suicide again… with a razor blade."*
- P6: *"My baby passed away at 3 weeks."*

4.3.7 THEME 7: RECLAIMING IDENTITY THROUGH EDUCATION

The participants emphasised how education might help them restore their sense of identity and redefine themselves. Their experiences demonstrate how education is seen as a tool for future stability and empowerment, revealing great intentions to pursue professional careers and more education. These stories highlight aspirations to pursue careers in teaching and nursing as well as more general objectives of going to college. Data analysis under this theme revealed three categories, which are described below. Each category has been supplied with its quotations to support it.

4.3.7.1 Teaching Careers

A number of participants stated that they had specific goals for their future jobs, with a particular desire to become teachers. Their stories show a persistent desire to work as teachers, especially in elementary schools, emphasising the importance of education and their drive to make a positive impact on children's lives.

- P1: *"When I finish school, I wish to be a teacher."*
- P3: *"I wish to be a teacher."*
- P4: *"I wish to be a teacher."*
- P10: *"I want to teach primary school children."*

4.3.7.2 Nursing Careers

One individual made it apparent that they wanted to become a nurse. This indicates a strong desire to support others and contribute to healthcare, underscoring the need of service-oriented jobs for young mothers.

- P2: *“I wish to be a nurse.”*

4.3.7.3 Higher Education Goals

Despite the difficulties of being a young mother, a number of participants talked about their perseverance and optimism in continuing their education. Their thoughts reveal a strong desire to ensure a better future for their children, pride in academic progress, and hopes to pursue higher education. These stories highlight resiliency, tenacity, and the conviction that being a parent shouldn't stop people from reaching their goals.

- P8: *“I wanna go to varsity… prove to people that a baby doesn’t stop you.”*
- P9: *“Grade 12… now I am improving.”*
- P11: *“I am happy with my marks.”*
- P13: *“My heart told me that I should not drop out… secure my baby’s future.”*

Across the narratives of all thirteen (13) participants, teenage motherhood emerges as a multidimensional experience shaped by intersecting domains of family, community, education, coping, relationships, and trauma. Families often oscillated between disappointment and eventual acceptance, with grandmothers frequently stepping in as primary caregivers. Communities reinforced stigma through gossip, ridicule, and even curses, though moments of acceptance were occasionally reported. Education was consistently disrupted by pregnancy, stigma, and expulsion, yet it remained the central site of resilience and aspiration, with many participants determined to continue schooling despite setbacks. Coping strategies varied widely, ranging from resilience and persistence to harmful behaviours such as alcohol use and suicidal attempts.

Partner relationships were largely unstable, exploitative, or violent, with denial of paternity a common feature. Trauma was pervasive, encompassing both structural forms such as healthcare and school stigma and interpersonal forms, including abuse from partners and family members, underscoring the urgent need for trauma informed support programs. Despite these adversities, participants consistently envisioned education and professional careers, particularly in teaching and nursing, as pathways to healing, dignity, and self-reliance.

4.4 DISCUSSION OF THE FINDINGS

The lived experiences of participants P1–P13 highlight teenage motherhood in Sekhukhune as a complex interplay of **family dynamics, community stigma, educational disruption, coping mechanisms, partner relationships, and trauma**, while simultaneously revealing **resilience and aspirations**. These findings resonate with broader scholarship on teenage motherhood in South Africa and globally.

THEME 1: The family as a site of stigma and support

Family dynamics were marked by ambivalence. Several participants described **initial parental disappointment and scolding** (P2, P11, P12, P13), while others reported eventual acceptance and support (P1, P8, P10). Grandmothers frequently assumed caregiving roles (P9, P11), reflecting intergenerational adaptation in contexts of parental absence. One participant (P8) noted her father's emotional support, contrasting with maternal scolding. This duality reflects what Rabie and Damons (2024) describe as the "identity negotiation" of teenage mothers within fractured family structures, where condemnation coexists with pragmatic caregiving. Such ambivalence underscores cultural tensions between moral expectations of chastity and the necessity of sustaining young mothers and their children.

THEME 2: Social marginalisation and gossip

Community stigma was pervasive. Participants reported gossip, laughter, and derogatory remarks (P4, P5, P11, P12, and P13). In extreme cases, neighbours cursed participants (P10), linking misfortune to moral failure. Korving (2020) found similar patterns in KwaZulu-Natal, were stigma in early and unintended pregnancy profoundly shaped teenage mothers' identities and coping strategies. Community gossip often reinforced shame and isolation, compounding family rejection. Yet, some communities demonstrated acceptance (P1, P3), suggesting heterogeneity in local norms. Dlamini (2016) similarly observed that stigma is unevenly distributed, with peri-urban communities sometimes more tolerant than rural ones.

THEME 3: Interrupted learning pathways

Educational disruption was a recurring consequence. Several participants reported absenteeism, academic decline, or suspension (P5, P8, P9, P10, P11, P13). One participant (P8) was expelled due to pregnancy, reflecting institutionalised exclusion. Teachers sometimes reinforced stigma, describing teenage motherhood as “fashion” (P13) or dismissing young mothers as unserious (P11). These findings echo Springer (2023), who argues that stigma and punitive school policies exacerbate marginalisation, undermining teenage mothers’ educational trajectories. Yet resilience was evident: P9, P11, and P13 demonstrated determination to continue schooling, framing education as a pathway to redemption. Mukuna and Aloka (2021) emphasise that resilience in schooling is a critical protective factor, enabling teenage mothers to overcome adversities despite systemic barriers.

THEME 4: Living through hardship

Coping mechanisms varied. Adaptive strategies included resilience, self-motivation, and persistence (P1, P9, P11, P13), as well as reliance on supportive peers (P3, P11). Others adopted silence and endurance (P11, P12). However, maladaptive coping was evident: alcohol use (P7) and suicidal ideation or attempts (P5, P13). These findings highlight the duality of resilience and vulnerability. As Rabie and Damons (2024) note, teenage mothers oscillate between agency and despair, negotiating survival in hostile environments. The presence of suicidal ideation underscores the urgent need for trauma-informed psychosocial interventions.

THEME 5: Fragile bonds and gendered power

Partner relationships were largely unstable. While some participants reported supportive partners (P1, P2, P3, P8), many experienced denial, abandonment, or abuse (P5, P6, P9, P10, P12, P13). Severe cases included coercion to ingest substances for termination (P6) and sexual violence leading to pregnancy (P7). These accounts reflect gendered power imbalances that render teenage mothers vulnerable to exploitation and violence. Dlamini (2016) found similar patterns, noting that partner abandonment and denial of paternity are common features of teenage motherhood, exacerbating economic precarity and emotional distress.

THEME 6: Intersecting trajectories of abuse and stigma

Trauma and violence permeated the narratives. Participants described physical abuse (P6), sexual coercion (P7), healthcare stigma (P2, P4, P11, P12, P13), and psychological trauma (P5, P13). One participant (P6) experienced infant death, compounding grief with partner abuse. These findings resonate with global evidence that stigma and violence against teenage mothers have profound consequences for maternal and child health (Korving 2020; Mukuna & Aloka 2021). The intersection of interpersonal violence and institutional stigma underscores the need for holistic interventions.

THEME 7: Reclaiming identity through education

Despite adversity, **future aspirations** were consistently articulated. Many participants expressed ambitions to become teachers (P1, P3, P4, and P10) or nurses (P2), while others emphasised higher education as a means to prove resilience (P8, P9, P11, and P13). Education was framed as both a personal goal and a symbolic act of reclaiming dignity. This aligns with Rabie and Damons (2024), who argue that teenage mothers construct new identities through aspirations, resisting stigma by envisioning futures beyond motherhood. The synthesis of all participants demonstrates that teenage motherhood in Sekhukhune is not a singular experience but a complex negotiation of stigma, resilience, and aspiration. Family ambivalence, community gossip, educational disruption, and partner violence converge to marginalise teenage mothers. Yet their narratives reveal agency, determination, and hope. Consistent with the literature, stigma is both a structural and interpersonal force, shaping identities and limiting opportunities. Resilience, however, emerges as a counter-force, with education serving as the primary site of empowerment.

4.5 CHAPTER SUMMARY

This chapter analysed, presented and described data from direct quotes of participants' interviews. This analysis reveals that teenage motherhood in rural South Africa is shaped by intersecting domains of stigma, trauma, resilience, and aspiration. Literature control was discussed to support the quotes. Participants expressed their experiences and psychological trauma they faced as young mothers, additionally the study findings revealed that their journey in transition to motherhood was unpleasant and sad.

This call for integrated, trauma-informed, and youth-centered interventions that addresses structural inequalities while amplifying teenage mothers' voices and visions for the future. The upcoming chapter will analyse and present the study findings obtained from participatory arts and focus groups.

CHAPTER 5

PART ONE: ANALYTICAL FRAMING OF DRAWINGS AND COLLAGE NARRATIVES

5.1 INTRODUCTION

Teenage motherhood in rural South Africa remains a critical area of inquiry, given its intersection with poverty, gender-based violence, stigma, and limited access to supportive health and educational systems. Research has consistently shown that young mothers face layered vulnerabilities, including rejection from families, discrimination from institutions, and psychosocial distress, while simultaneously demonstrating resilience and agency in navigating these challenges. To capture these complexities, this study adopted a **Participatory Action Research (PAR)** approach, which emphasises collaboration, empowerment, and the amplification of marginalised voices. PAR is particularly suited to contexts where teenage mothers' perspectives are often silenced, as it enables participants to articulate their lived realities through creative and dialogical methods.

This chapter is presented in **two parts**, each reflecting a distinct methodological strand of the study.

- **Part One** focuses on the participatory visual method, where six teenage mothers produced drawings accompanied by narrative accounts. These visual-textual artifacts were analysed thematically, with attention to both participant reflections and researcher interpretation. The drawings and collage served as narrative devices and dialogical tools, allowing participants to express experiences of trauma, stigma, support, family dynamics, and resilience in ways that transcend conventional interviews. The findings from this strand are discussed in detail in Part One.
- **Part Two** presents the findings from **four focus group discussions**, which were conducted to deepen understanding of teenage mothers' collective experiences and perspectives.
- Unlike the individual visual narratives, the focus groups provided a space for shared dialogue, peer validation, and collective meaning-making.
- The data from these discussions were analysed separately, using thematic content analysis, and are discussed in Part Two of the chapter.

Together, these two strands provide a **multi-modal and multi-vocal account** of teenage motherhood in rural South Africa. By integrating visual narratives with collective focus group dialogue, the chapter offers a holistic understanding of the psychosocial, familial, and institutional landscapes shaping young mothers' lives. This dual structure also underscores the methodological commitment to participatory research, ensuring that teenage mothers' voices are not only documented but actively shape the knowledge produced

5.2 DEMOGRAPHIC PROFILE OF PARTICIPANTS IN PARTICIPATORY ARTS-BASED METHODS

The table below represents the demographic profile of participants. All of participants in PAR methods were not married and five (5) in grade 11 and one (1) in grade 10. The study was conducted amongst six (6) participants as outlined in table 5.1 below.

TABLE 5.1 DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

Participant	Age	Grade	No. of Babies	Marital Status	Living/Support Context
P1	18 yrs	Grade 10	1	Not married	Parents scolded, partner supportive
P2	19 yrs	Grade 11	1	Not married	Mother scolding/rejecting
P3	19 yrs	Grade 11	1	Not married	Mother supportive
P4	19 yrs	Grade 11	Twins +1	Not married	Grandmother supportive
P5	19 yrs	Grade 11	1	Not married	Disappointed parent, silent treatment
P6	18 yrs	Grade 11	1	Not married	Parent supportive

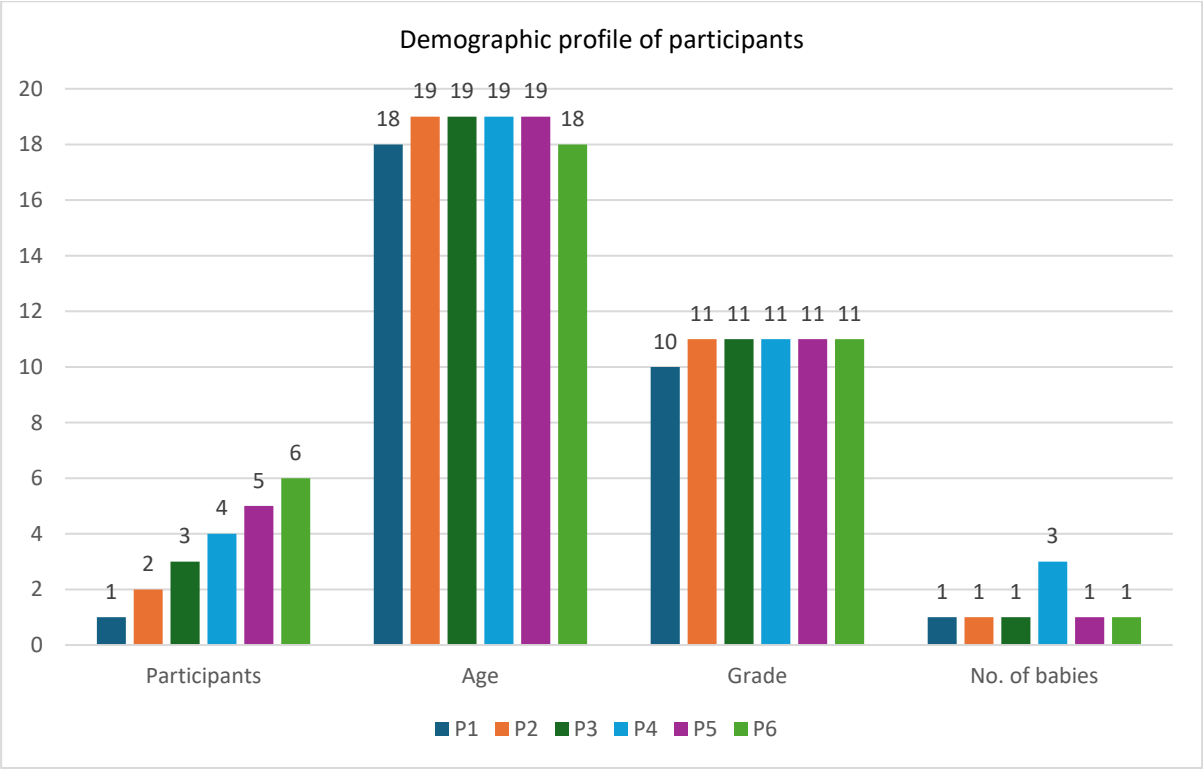


Figure 5.1 Demographic profile of participants for Arts-based methods

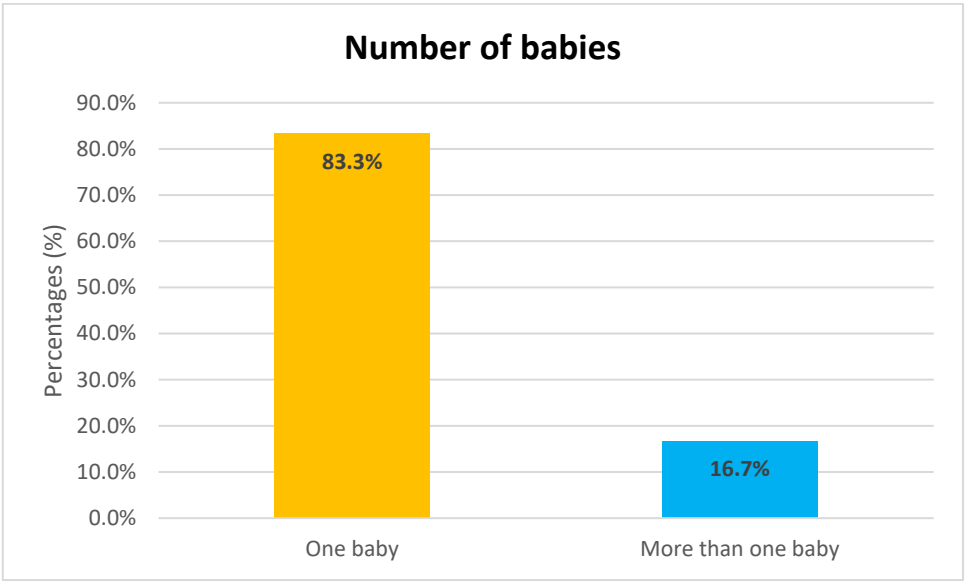


Figure 5.2 Percentages of number of babies for Arts-based methods

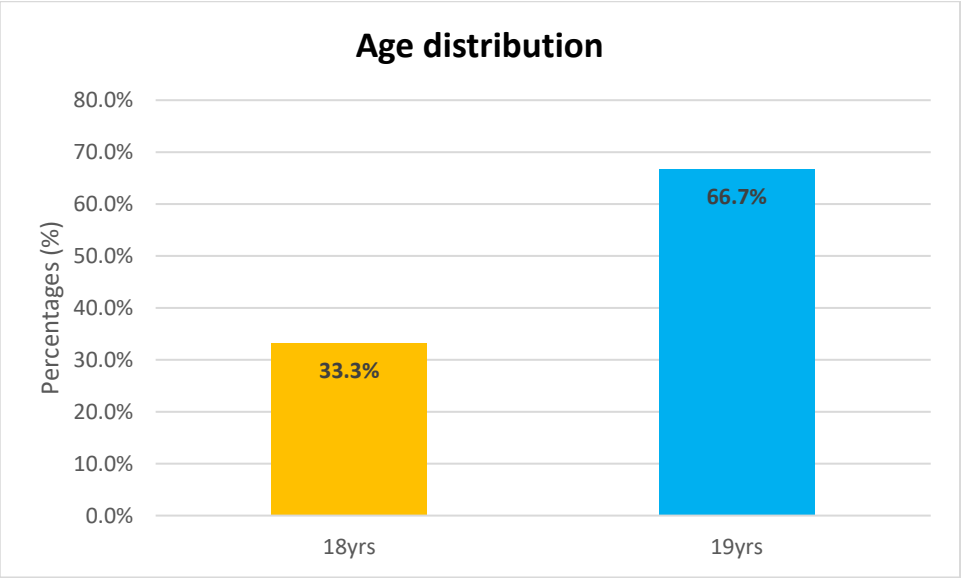


Figure 5.3 Percentages of age distribution for Arts-based methods

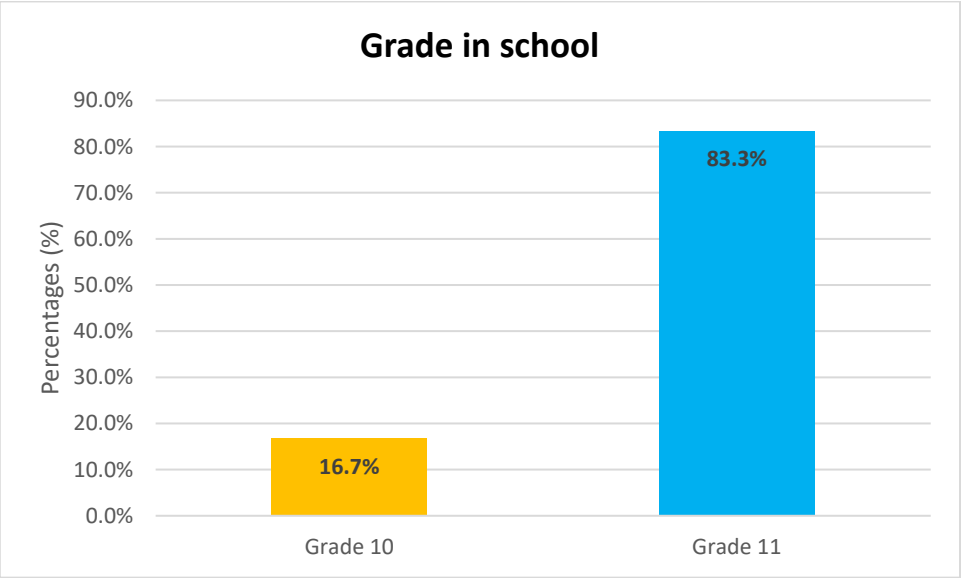


Figure 5.4 Percentages of grade in school distribution for Arts-based methods

5.3 THEMATIC FINDINGS FOR PART ONE

From the analysis of Part One, five central themes emerged, each reflecting recurring patterns across participants' accounts: Through iterative coding and collaborative reflection, five overarching themes were identified (Table 5.2)

These themes capture both the vulnerabilities and strengths expressed by participants, and they reflect the interplay between trauma, stigma, support, family dynamics, and resilience. Theme 1: Experiences of Violence and Trauma – Accounts of sexual violence, rejection, and emotional distress revealed the profound impact of trauma on teenage mothers' mental health and sense of self. Theme 2: Supportive Relationships versus Stigma – Narratives highlighted the tension between supportive networks that foster resilience and stigmatising encounters that reinforced shame and exclusion. Theme 3: Stigma and Discrimination from Authority Figures – Participants described judgmental and discriminatory treatment from teachers, health professionals, and parents, which undermined trust in institutions and exacerbated vulnerability. Theme 4: Family Responses – Rejection vs. Acceptance – Family reactions emerged as pivotal, with maternal rejection and paternal denial intensifying despair, while grandmothers and supportive mothers provided crucial emotional lifelines. Theme 5: Resilience and Agency in Adversity – Despite adversity, participants demonstrated remarkable resilience, drawing strength from supportive relationships and articulating agency in continuing education and protecting their children.

TABLE 5.2: THEMES FOR ART-BASED METHODS

THEME	SUPPORTING QUOTATIONS
1. Experiences of violence and trauma	*"This guy I wasn't dating him from the start, he just raped me, and I was only 14 years, and I didn't know anything about sleeping with a man. (P1)*
2. Supportive relationships versus stigma	"*She laughed at me and called other nurses… they told me I fell pregnant at an embarrassing age" — she later encountered kindness. (P4)*
3. Stigma and discrimination from authority figures	*"You just chose to open your legs for boys instead of reading your books… you are making your mother an old lady." (P3)*
4. Family responses – rejection vs. Acceptance	*"The words that were spoken by my mom saying she can't have a child who fell pregnant still in grade 10 and further saying words like, she will never speak to me again."* (P5) *"I even thought of killing myself, but my grandmother told me that I need to hang in there and preserve… your mom might be angry now, but she will change her mind." (P5)*
5. Resilience and agency in adversity	*"My babies grew well then, I returned to school and told them that I have twins they were happy for me and said I should take care of them until they become men. I live with joy at school and at home the issue it's just schoolmates." (P4)*

5.3.1 THEME 1: EXPERIENCES OF VIOLENCE AND TRAUMA

One participant's narrative reveals sexual violence at age 14, compounded by maternal blame. This led to anger, depression, and suicidal ideation. This highlights how early trauma intersects with adolescent pregnancy, shaping mental health outcomes and self-perception. These voices demand recognition of structural violence and the need for psychosocial support in rural communities. See the drawing:

"This guy I wasn't dating him from the start, he just raped me, and I was only 14 years, and I didn't know anything about sleeping with a man. Then after that night I told my mother and she said it seems all along it was what I asked for or wanted and this gave me anger, like now I have anger issues and now I think I deserve depression and sometimes I even think of taking my child and just commit suicide and rest from all this problem. I am a sad teen". Drawing 1- Participant 1 (19yrs).

5.3.2 THEME 2: SUPPORTIVE RELATIONSHIPS VERSUS STIGMA

Teenage mothers navigate a delicate balance between supportive relationships that foster resilience and stigmatising encounters that deepen vulnerability. The narratives reveal how family members, peers, and health professionals can either provide encouragement and acceptance or reinforce shame and exclusion.

This duality underscores the importance of relational contexts in shaping psychosocial wellbeing and educational reintegration.

For some participants, stigma was experienced as a deeply traumatic rejection. Participant 1 (19) recalled: *"This guy I wasn't dating him from the start; he just raped me… Then after that night I told my mother and she said it seems all along it was what I asked for or wanted… this gave me anger, like now I have anger issues and now I think I deserve depression."* Drawing 1 - Participant 1 (19yrs)

The participant account highlights how maternal blame compounded the trauma of sexual violence, leaving her isolated and stigmatised rather than supported. Such experiences illustrate how stigma from close family members can intensify psychological distress and erode trust in protective relationships.

In contrast, Participant 4 (19) described a more complex interplay of stigma and support. While nurses initially ridiculed her during antenatal visits — "*She laughed at me and called other nurses… they told me I fell pregnant at an embarrassing age" — she later encountered kindness:* Drawing 4 - Participant 4 (19yrs)

"There was a certain nurse who treated me with kindness and encouraged me to be strong it will pass; I am not the first one." Participant family also expressed joy after the birth of her twins, with her grandmother celebrating their arrival and her brother assisting with household chores. These supportive relationships provided a buffer against institutional stigma, enabling her to return to school and find pride in balancing motherhood with education.

Participant 2 (19) offered yet another perspective, emphasising the positive impact of maternal and peer support during her pregnancy:

"Feelings of joy, the way my parent treated me the time I was pregnant. I really appreciate the support that she gave me." "I thank you for the support you gave me my friend the time I was pregnant and encouraged me to go back to school." Drawing 2 - Participant 2 (19yrs)

These reflections demonstrate how encouragement from family and peers can empower teenage mothers to continue their education and maintain a sense of dignity despite societal pressures. Together, these accounts illustrate the contrasting forces of stigma and support: while rejection and ridicule exacerbate trauma, acceptance and encouragement foster resilience and reintegration. This theme emphasises the need for interventions that strengthen supportive networks while challenging stigmatising attitudes in families, schools, and health systems. These accounts show the importance of amplifying positive relational dynamics in interventions.

5.3.3 THEME 3: STIGMA AND DISCRIMINATION FROM AUTHORITY FIGURES

The participants alluded that teenage mothers often encounter stigma and discrimination from those in positions of authority being parents, teachers, health professionals, and community members whose words and actions can profoundly shape their self-worth and trust in institutions. These narratives reveal how authority figures, instead of offering guidance and care, sometimes reinforce shame and exclusion, exacerbating vulnerability and undermining teenage mothers' confidence in health and education systems.

Participant 3 (19) described the harsh judgment she received from multiple sources:

"Your peers are going to school, and you chose to have a baby at an early age." (Mother) *"They bad-mouthed me saying they are attending school, myself I have a baby I love boys… they will comment laughing at me saying that I am a fool."* (Friends) *"You just chose to open your legs for boys instead of reading your books… you are making your mother an old lady."* (Doctor) Drawing 3 - Participant 3 (19yrs).

The participant presentation illustrates how stigma from both family and healthcare professionals' compounds peer ridicule, leaving her isolated and devalued.

Participant 5 (19) similarly faced rejection and humiliation from multiple authority figures. The participants' mother declared she would never speak to her again, while teachers mocked her:

"What kind of a child is this one who loves boys and why don't I close my legs." (Teacher)

Peers gossiped and laughed at her, and the baby's father denied responsibility, even wishing harm upon her and the child. She reflected:

"At the shops people said: This is the child who has a baby who is overwhelming their parents with problems whereas they are burdens themselves. Mxm, isn't that child the who fell pregnant while still young?". "When I was passing-by on the street they were saying isn't that child who fell pregnant while still young not considering her mother. Others were saying why is this child falling pregnant while still young, she if just like her mother (behaving like her/moving in her footsteps)".

"I remember baby daddy told me that the child is not his and that he is not going to support this baby. Me and him we never had a good relationship because he denied the baby". "I even thought of killing myself, but my grandmother told me that I need to hang in there and preserve." Drawing 5 - Participant 5 (19yrs).

This testimony highlights how institutional and familial stigma can drive adolescents toward despair, while supportive figures like her grandmother provide critical emotional lifelines.

Participant 4 (19) recounted her experience of humiliation at the clinic during antenatal care:

"She laughed at me and called other nurses and said come and listen to what unbelievable shocking story I am hearing… they told me that I fell pregnant at an embarrassing age." Drawing 4 - Participant 4 (19yrs).

Although one nurse later offered kindness, the initial public ridicule reinforced feelings of shame and exclusion, undermining her trust in the healthcare system. When taken as a whole, these viewpoints show how the difficulties faced by teenage mothers are exacerbated by stigma and discrimination from authority officials, whether in families, schools, or clinics. They frequently face mockery and rejection rather than direction and assistance, which can result in psychological suffering, suicidal thoughts, and disengagement from health and educational resources.

5.3.4 THEME 4: FAMILY RESPONSES – REJECTION VS. ACCEPTANCE

Family responses to adolescent pregnancy are pivotal in shaping young mothers' coping strategies, mental health, and educational continuity. Within the narratives, rejection from parents and denial of paternity by partners often deepened feelings of shame and despair, while acceptance and reassurance from other family members provided critical emotional support and pathways to resilience. This tension between rejection and acceptance underscores the importance of family engagement in interventions aimed at supporting teenage mothers.

Participant 5 (19) described the pain of maternal rejection and paternal denial:

"The words that were spoken by my mom saying she can't have a child who fell pregnant still in grade 10 and further saying words like, she will never speak to me again."

"I even thought of killing myself, but my grandmother told me that I need to hang in there and preserve… your mom might be angry now, but she will change her mind." Drawing 5 - Participant 5 (19yrs)

The participants account reveals how maternal rejection exacerbated trauma and suicidal ideation, while her grandmother's acceptance offered a lifeline of hope and stability. The baby's father's denial of paternity further compounded her distress, leaving her reliant on her grandmother's support to navigate the challenges of early motherhood.

In contrast, Participant 6 (18) experienced maternal reassurance and teacher support, which helped her persevere despite community gossip:

"My child, don't you worry each and every person has problems, people gossip, whatever offend you do not terminate the pregnancy." (Mother) *"My teachers treated me well the same way as my parents did, I live with happiness because they usually make jokes, laughing with me."* Drawing 6 - Participant 6 (18yrs)

Although she faced gossip and judgment from peers and community members, the encouragement from her mother and teachers provided a protective buffer, enabling her to continue her studies and maintain a sense of dignity. These experiences demonstrate how family acceptance or rejection profoundly shapes teenage mothers' trajectories. Rejection intensifies vulnerability and mental health risks, while acceptance fosters resilience, educational reintegration, and emotional wellbeing.

5.3.5 THEME 5: RESILIENCE AND AGENCY IN ADVERSITY

This theme represents the resilience outlined by three participants. The participants stated that despite trauma and stigma, teenage mothers face remarkable resilience and agency. Participant 4 (19) returned to school after giving birth to twins, finding joy in balancing motherhood with education. Drawing 4 - Participant 4 (18yrs)

"My babies grew well then, I returned to school and told them that I have twins they were happy for me and said I should take care of them until they become men. I live with joy at school and at home the issue it's just schoolmates".

Participant 6 (18) persevered despite gossip, supported by her mother and teachers.

"My child, don't you worry each and every person has problems, people gossip, whatever offend you do not terminate the pregnancy".

"My teachers treated me well, the same way as my parents did, I live with happiness because they usually make jokes, laughing with me". Drawing 6 - Participant 6 (18yrs)

Participant 2 (19) expressed gratitude for support that encouraged her to continue schooling. These accounts underscore that resilience is relational, nurtured through supportive networks, and reflect teenage mothers' determination to protect themselves and their children while pursuing education.

"Feelings of joy, the way my parent treated me the time I was pregnant. I really appreciate the support that she gave me".

"I thank you for the support you gave me my friend the time I was pregnant and encouraged me to go back to school". Drawing 2 - Participant 2 (18yrs).

5.4 DISCUSSION OF THEMATIC FINDINGS

Theme 1: Experiences of Violence and Trauma

The narratives reveal how sexual violence and rejection compound adolescent pregnancy, shaping mental health outcomes. Participant 1 described rape at age 14, followed by maternal blame, leading to anger, depression, and suicidal ideation. Such accounts reflect the high prevalence of gender-based violence in South Africa, where over 35% of women report lifetime experiences of sexual or physical violence (HSRC 2022). Trauma in adolescence is closely linked to poor maternal outcomes and heightened vulnerability to depression (UNICEF 2024). These findings underscore the need for psychosocial interventions that address both violence and its intersection with early pregnancy.

Theme 2: Supportive Relationships versus Stigma

Supportive relationships emerged as protective factors, buffering against stigma. Participant 2 expressed gratitude for maternal and peer support, which encouraged her return to school, while Participant 4 described family joy after the birth of her twins despite initial ridicule from nurses. Conversely, Participant 1's maternal blame intensified trauma. This duality reflects broader evidence: supportive family and peer networks foster resilience and educational reintegration, while stigma undermines wellbeing (RHAP 2024). Research shows that teenage mothers who receive encouragement are more likely to continue schooling and maintain dignity despite societal pressures (Selebano 2024; Senaratne et al. 2025).

Theme 3: Stigma and Discrimination from Authority Figures

Participants highlighted judgmental treatment from teachers, doctors, and nurses, which reinforced shame and exclusion. Participant 3 was ridiculed by her doctor, while Participant 5 faced gossip from peers and rejection from teachers. Participant 4 described humiliation at the clinic during antenatal visits. Such accounts align with findings that institutional stigma in schools and clinics exacerbates dropout and disengagement (Twalo 2024; Mwakililo 2025). The Commission for Gender Equality (2021) also reported that teenage mothers often face discriminatory practices in schools, undermining their confidence and educational continuity. These voices highlight systemic failures and the urgent need for youth-sensitive training for authority figures.

Theme 4: Family Responses – Rejection vs. Acceptance

Family reactions were pivotal in shaping coping strategies. Participant 5 experienced maternal rejection and paternal denial, leading to suicidal thoughts, while her grandmother offered support. Participant 6, in contrast, received maternal reassurance and teacher encouragement, enabling her to persevere despite community gossip. This tension reflects evidence that family acceptance fosters resilience and reintegration, while rejection intensifies vulnerability (DSD 2025). Policy briefs emphasise that engaging families is critical to reducing stigma and strengthening caregiving capacity (RHAP 2024). These findings highlight the importance of intergenerational support in teenage motherhood.

Theme 5: Resilience and Agency in Adversity

Despite adversity, participants demonstrated resilience and agency. Participant 4 returned to school after giving birth to twins, Participant 6 persevered despite gossip, and Participant 2 expressed gratitude for support that encouraged her education. These accounts illustrate how resilience is relational, nurtured through supportive networks. Recent studies confirm that teenage mothers often develop adaptive strategies to balance motherhood and education, drawing strength from identity formation and community support (Rabie & Damons 2024).

Similarly, Shirima and Naudé (2024) & Haipinge and Namakula (2025) found that resilient identity buffers against adversity in under-resourced contexts. These findings underscore teenage mothers' agency in navigating stigma and pursuing aspirations. These themes were formatted to a table of matrix as outlined below (Table 5.3) and later followed by the discussion of the information. This is the fragmented themes of the findings hence under the matrix only specific concepts are displayed in the table and not the entire themes.

TABLE 5:3 THEMATIC MATRIX

Participant	Trauma	Stigma	Support	Resilience	Family Dynamics	Institutional Responses
Participant 1 (19)	Sexual violence, depression, suicidal ideation	Maternal blame	None evident	Expresses anger, survival	Mother critical	Not mentioned
Participant 2 (19)	None evident	None evident	Strong maternal & peer support	Returned to school	Mother supportive	Not mentioned
Participant 3 (19)	Emotional distress from criticism	Peer ridicule, doctor's judgment	None evident	Limited resilience	Mother critical	Doctor stigmatising
Participant 4 (19)	Early pregnancy stress	Nurses mocked her	Kind nurse, family joy, brother's help	Returned to school, joy in motherhood	Mixed: mother critical, grandmother supportive	Nurses mixed (stigmatising & supportive)
Participant 5 (19)	Rejection, suicidal thoughts	Gossip, teacher ridicule, father denial	Grandmother supportive	Relied on faith, excluded father	Mother rejecting, grandmother supportive	Teachers mixed (supportive & stigmatising)
Participant 6 (18)	Fear, anxiety	Gossip at shop & school	Mother, teachers, partial father support	Persevered, continued studies	Mother supportive, family mixed	Hospital staff supportive, advised on contraceptives

5.5 DISCUSSION OF THEMATIC MATRIX

The thematic matrix highlights the complex interplay of trauma, stigma, support, resilience, family dynamics, and institutional responses in the lives of teenage mothers in rural South Africa. Each participant's narrative demonstrates how these domains intersect, shaping psychosocial wellbeing, educational trajectories, and health outcomes.

5.5.1 Trauma and Mental Health

Several participants (1, 3, 5) reported experiences of trauma, including sexual violence, rejection, and suicidal ideation. Trauma was often compounded by family blame or denial, intensifying feelings of isolation. This aligns with findings by Mkhwanazi (2022), who documented how teenage mothers in South Africa frequently experience layered trauma from both interpersonal violence and structural inequalities. Such trauma is strongly associated with depression and poor maternal outcomes (Sibeko et al. 2023).

5.5.2 Stigma from Peers and Institutions

Stigma emerged as a pervasive theme across participants, particularly in school and healthcare settings. Participants 3, 4, 5, and 6 described ridicule from peers, teachers, and nurses, echoing evidence that adolescent pregnancy is often framed as moral failure rather than a health issue. Ngabaza and Shefer (2022) found that institutional stigma in schools contributes to dropout rates among teenage mothers, while Mokganya et al (2023) reported that health workers' judgmental attitudes discourage adolescents from accessing antenatal care. This matrix confirms that stigma is not only interpersonal but also systemic.

5.5.3 Supportive Relationships as Protective Factors

Conversely, participants 2, 4, 5, and 6 highlighted the importance of supportive networks that include mothers, grandmothers, friends, and occasionally health workers. Support buffered against stigma and enabled resilience, particularly in returning to school. This resonates with Chigona and Chetty (2022), who emphasised that family and peer support are critical for teenage mothers' educational reintegration. The presence of even one supportive adult can significantly alter trajectories, as shown in Ndlovu et al (2023).

5.5.4 Resilience and Agency

Despite adversity, participants demonstrated resilience through perseverance, faith, and determination to continue schooling. Participant 4, for example, returned to school after giving birth to twins, while Participant 6 persevered despite gossip. This reflects on what was highlighted by Mkhize (2024), who argued that teenage mothers often develop adaptive resilience strategies, balancing motherhood with aspirations for education. The matrix shows resilience is closely linked to the presence of support, reinforcing the idea that resilience is relational rather than individual.

5.5.5 Family Dynamics: Rejection vs. Acceptance

Family responses varied widely: some mothers rejected their daughters (1,5), while grandmothers often provided support (5,6).

This duality reflects Mkhwanazi and Bray (2022), who found that intergenerational dynamics strongly influence teenage mothers' wellbeing. Acceptance from family members often mitigates stigma from peers and institutions, while rejection exacerbates trauma and suicidal ideation (Makgobatlou 2024).

5.5.6 Institutional Responses: Mixed Experiences

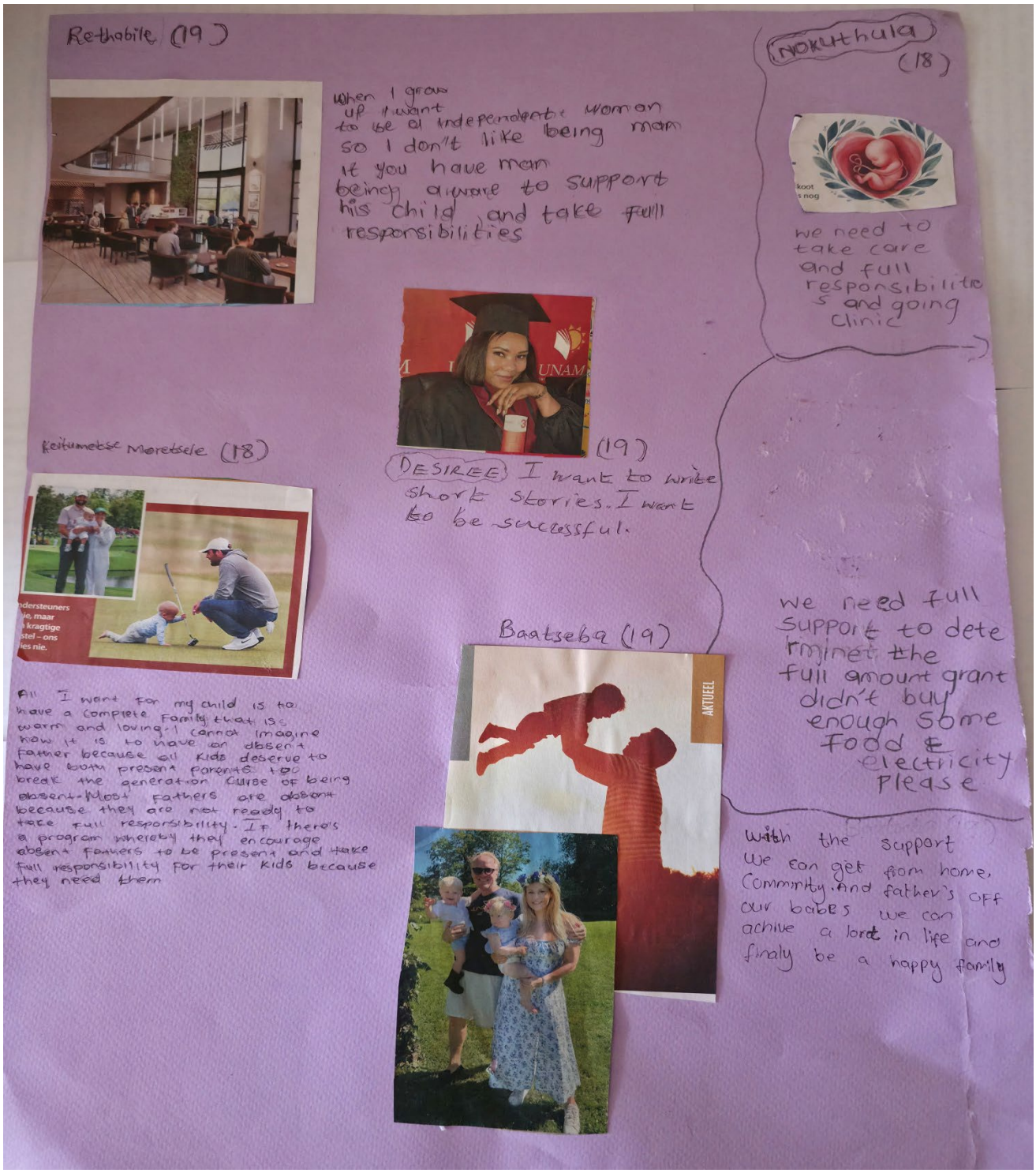
Institutional responses were inconsistent. While some nurses and teachers offered encouragement (4,6), others ridiculed participants (3,5). This inconsistency mirrors findings by Ngabaza et al (2023), who noted that teenage mothers' experiences in schools and clinics oscillate between support and exclusion. The matrix underscores the urgent need for youth-sensitive training for educators and health workers to ensure respectful, non-stigmatising care. The matrix demonstrates that trauma and stigma often co-occur, while support and resilience cluster together. Family dynamics act as a pivot: rejection amplifies trauma, while acceptance fosters resilience. Institutional responses remain a critical site of intervention, as they can either reinforce stigma or provide essential support. This aligns with broader calls for integrated psychosocial and educational support systems for teenage mothers in South Africa (Ndlovu et al. 2023; Sibeko et al. 2023; Mkhize 2024). The findings emphasise the need for participatory, community-driven interventions that amplify teenage mothers' voices and challenge systemic stigma.

5.6 ARTEFACTS

PAR-Tailored Introductory Statement on Study Artefacts, Consent, and Pseudonymity

The artefacts presented in this study, including narratives, reflective journals, action-plans, meeting notes, photographs, and collaboratively generated materials, were cocreated and included with the voluntary informed consent and ongoing agreement of all participating co-researchers. Consistent with the principles of Participatory Action Research (PAR), participants were engaged as active contributors throughout the process and were involved in decisions regarding what artefacts could be shared, how they should be represented, and the ways in which their voices would appear in the final thesis. Prior to data generation, co-researchers were fully informed about the aims of the study, the forms of artefacts to be used, the collaborative nature of interpretation, and their rights to review, revise, or withdraw any material at any stage.

To uphold ethical standards of confidentiality, dignity, and mutual respect, pseudonyms have been assigned to all co-researchers, and any potentially identifying details have been carefully removed or contextualised with their approval. The inclusion and presentation of these artefacts align with the ethical commitments of PAR—transparency, co-ownership of knowledge, empowerment, and shared decision-making—and comply with the institutional ethics clearance granted for this study.



Collage of 5 participants

Translation of the Collage

Keitumetse (19)

“All I want for my child is to have a complete family that is warm and loving. I cannot imagine it is to have an absent father because all kids deserve to have present parents to break the generation curse of being absent. Most fathers are absent because they are not ready to take full responsibility. If there is a program whereby, they encourage absent fathers to be present and take full responsibility for their kids because they need them.”

Rethabile (18)

“When I grow up, I want to be an independent woman, so I don’t like being man if you have man being aware to support his child and take full responsibilities.”

Desiree (19)

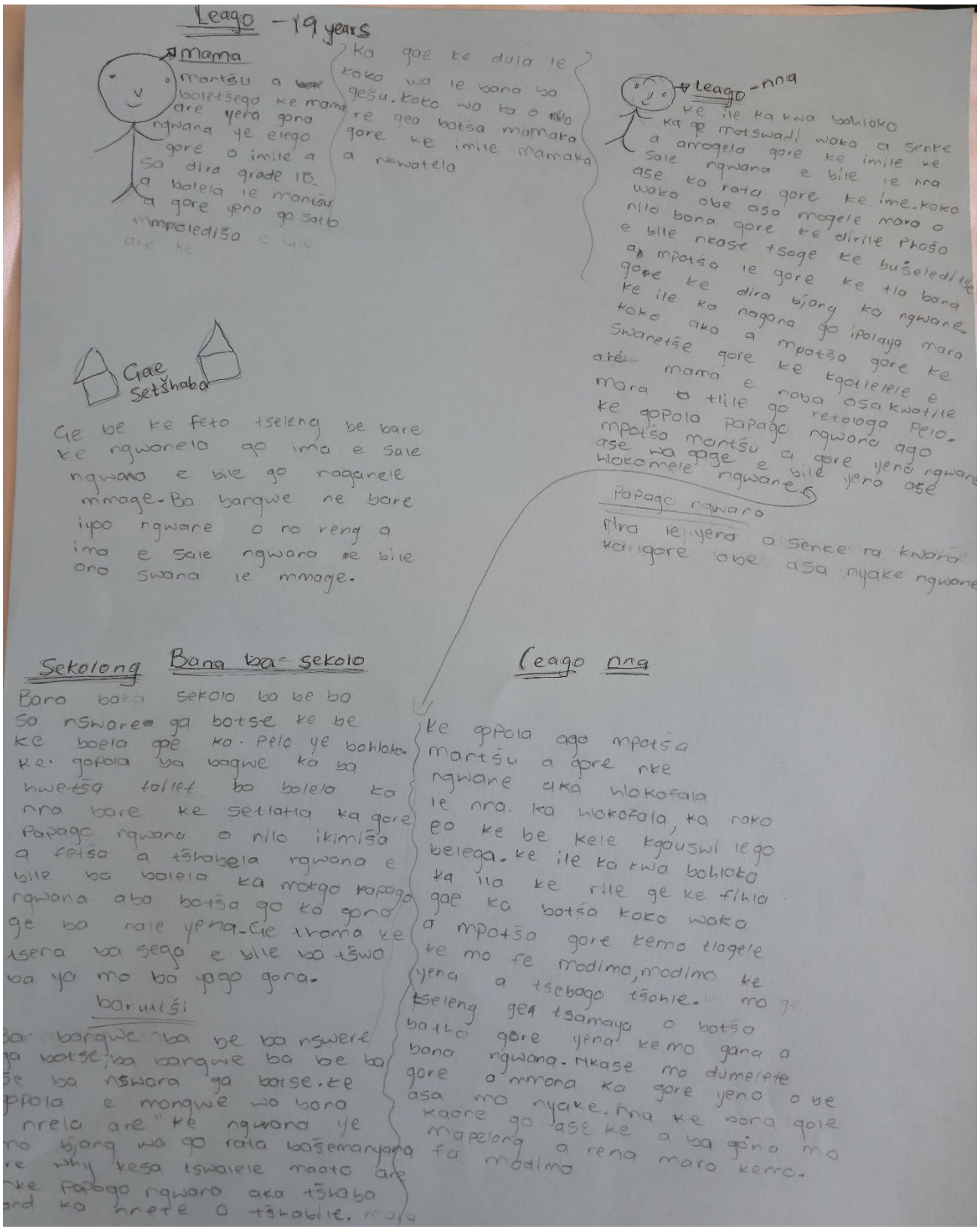
“I want to write short stories. I want to be successful”.

Nokhuthula (18)

“We need to take care and take full responsibilities and going to the clinic”. We need full support to determine the full amount of grant didn’t buy enough some food and electricity please”.

Baatseba (19)

“With support we can get from home, community and fathers of our babies we can achieve a lot in life and finally be happy family”.



Leago (19yrs) (P5)

Translation of Leago's drawing

Mom: *"The words that spoke by my mom saying she can't have a child who fell pregnant still in grade 10 and further saying words like, she will never speak to me again".*

Me (Leago): *"At home I am staying with my grandmother and my siblings. My grandmother she just said when she informed my mom just got angry with me. This hurt me because my parent did not accept but she saw that I made a mistake and believe that I won't repeat, and then she also told me that I will see what to do with the baby. I even thought of killing myself, but my grandmother told me that I need to hang in there and preserve your mom might be angry now, but she will change her mind".*

"I remember baby daddy told me that the child is not his and that he is not going to support this baby".

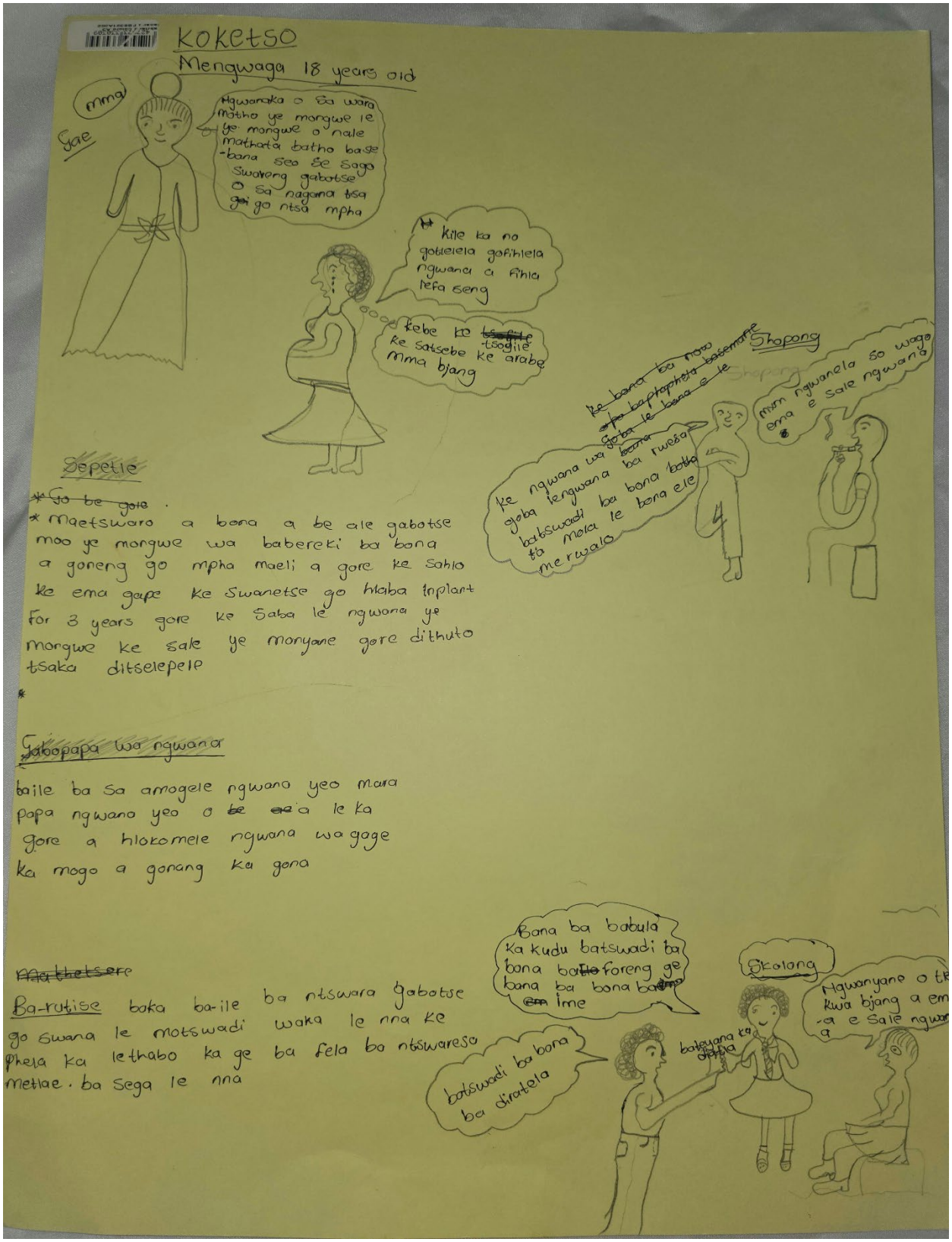
Father of the baby: *"Me and him we never had a good relationship because he denied the baby".*

Home/community: *"When I was passing-by on the street they were saying isn't that child who fell pregnant while still young not considering her mother. Others were saying why is this child falling pregnant while still young, she if just like her mother (behaving like her/moving in her footsteps)".*

School: *"Schoolmates treated me badly I went home from school with a heart break I remember caught others gossiping about me in the toilets saying I am an idiot because the father my the baby just impregnated and the ran away from the baby after that, and I also heard them continued gossiping saying the father of the baby interacted with them saying nasty things about me. When they saw me entering the toilets they laughed and then they left and dispersed.*

Teachers: *"Others treated me well on the other hand other teachers mistreated me. When I remember one of them said to me 'What kind of a child is this one who loves boys and why don't I close my legs and the teacher said he wishes the father of the baby can just disappear and indeed the baby daddy ran away".*

Me (Leago): *"I remember the baby's father telling me words like he wishes that the baby dies and myself too, that moment I was nearing birth. I felt pain I cried when I arrived home, I told my grandmother, she advised me to ignore him and leave him in the hands of God, God is the one who knows everything. On the street baby daddy tells people that I refuse him to see the baby. I won't allow him access to the baby because he denied the baby. I think it's best if he is not part of our lives, but I leave him to God"*



Koketso (18yrs) (P6)

Translation of Koketso's drawing

My mom-at home

"My child, don't you worry each and every person has problems, people gossip, whatever offend you do not terminate the pregnancy".

Myself

"I just persevered until the baby was brought on this earth, I was scared not knowing how to answer my mother

At the shop

"This is the child who has a baby who is overwhelming their parents with problems whereas they are burdens themselves. Mxm, isn't that child who fell pregnant while still young".

At the hospital

"Their attitude towards was good where one of the employees gave me advice that I should never fall pregnant again, I should install an implant for 3 years so that I will not have another baby while still young in order to continue with my studies".

Father of the baby's home

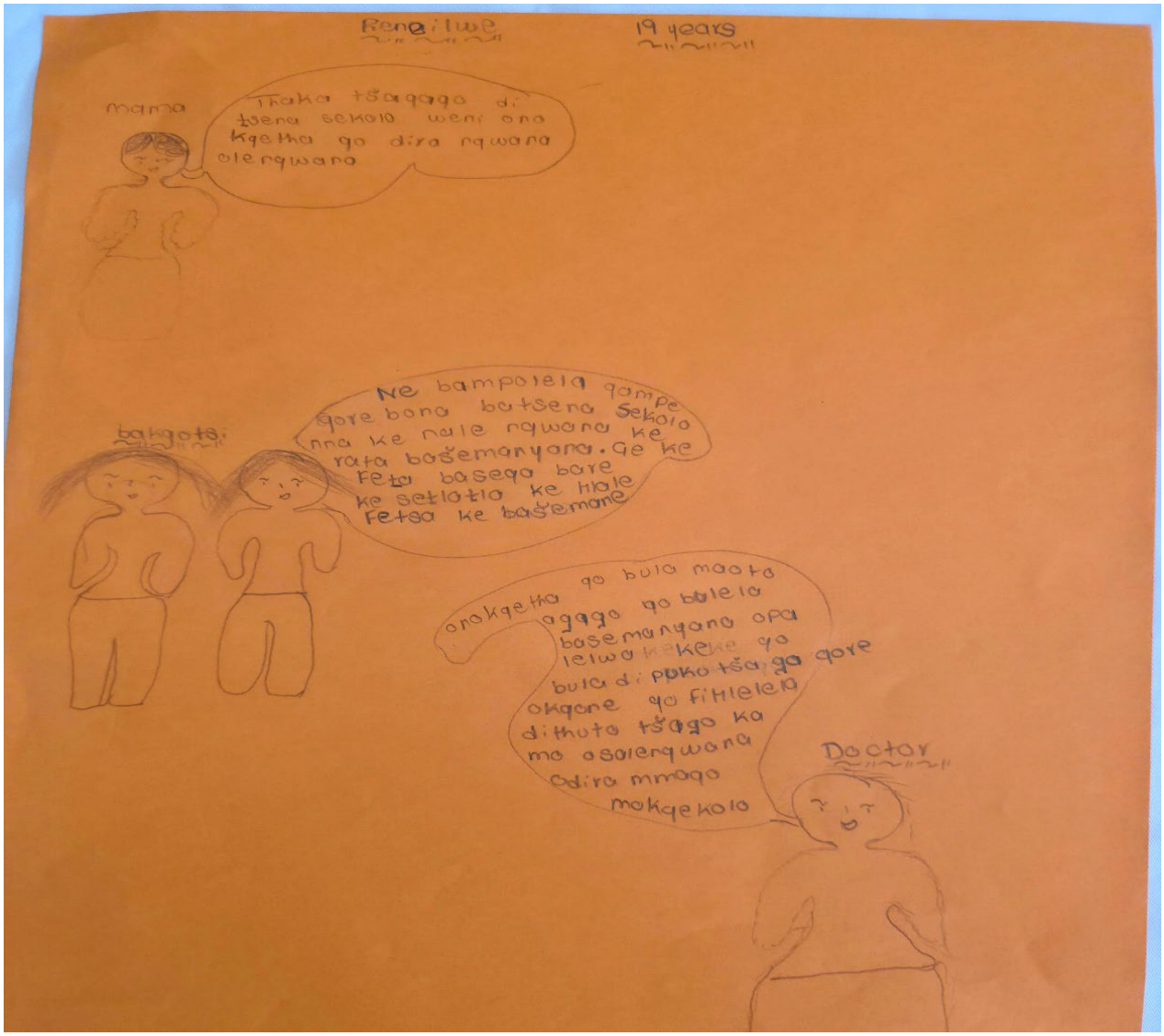
"They didn't welcome my baby, but the father of the baby tried his level best to support his baby the way he can".

Teachers

"My teachers they treated me well the same way as my parents did, I live with happiness because they usually make jokes, laughing with me".

At school- girls gossiping

"Children open legs too much, what do their parents say seeing their children falling pregnant (Girls giving each other high fives). Their parents love and encourage this, how does a girl feel falling pregnant at an early age".



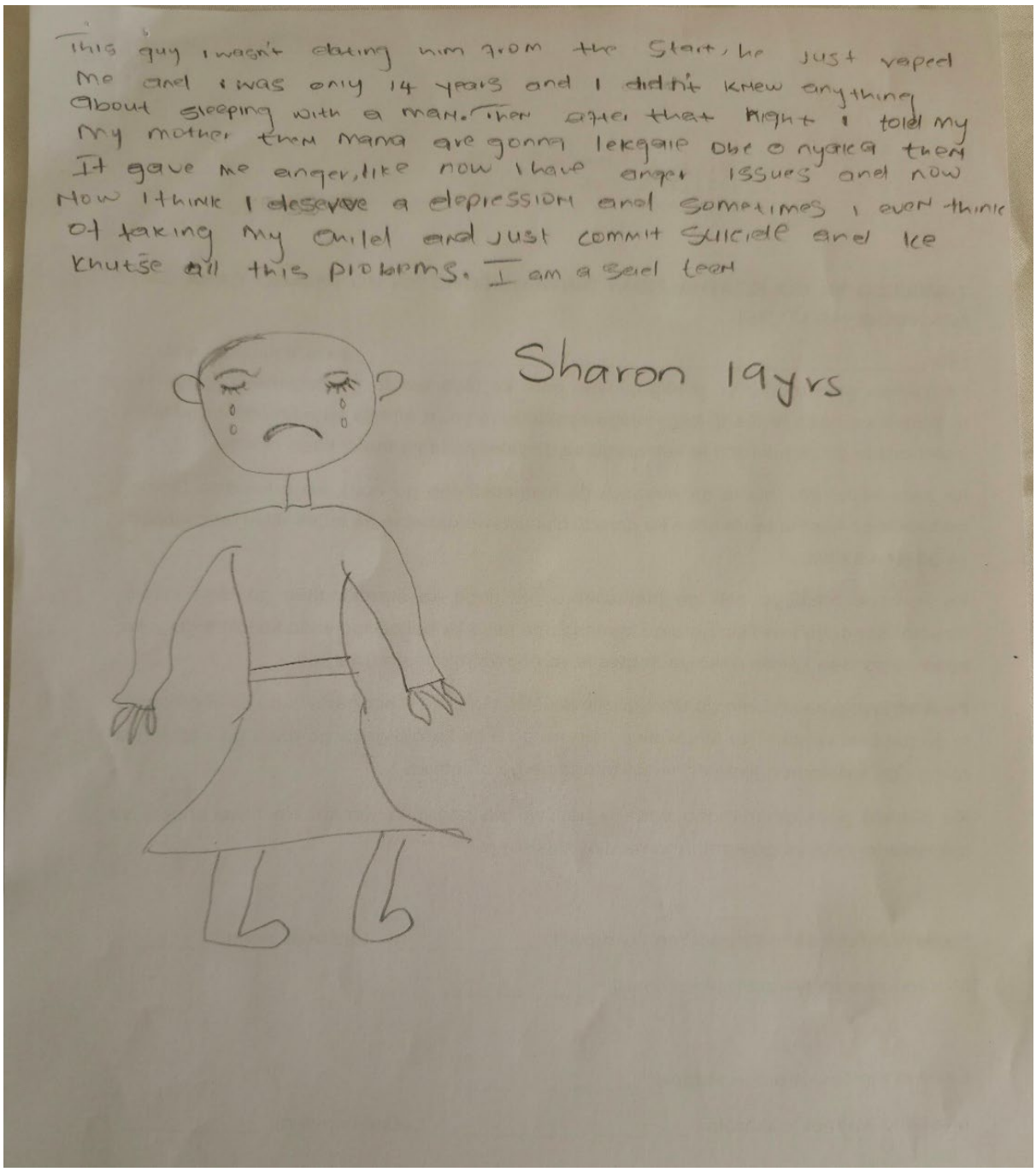
Reneilwe (19yrs) (P3)

Translation of Reneilwe's drawing

Mom: *"Your peers are going to school, and you chose to have a baby at an early age".*

Friends: *"They bad-mouthed me saying they are attending school, myself I have a baby I love boys. When I pass by, they will comment laughing at me saying that I am a fool I have been cornered by boys".*

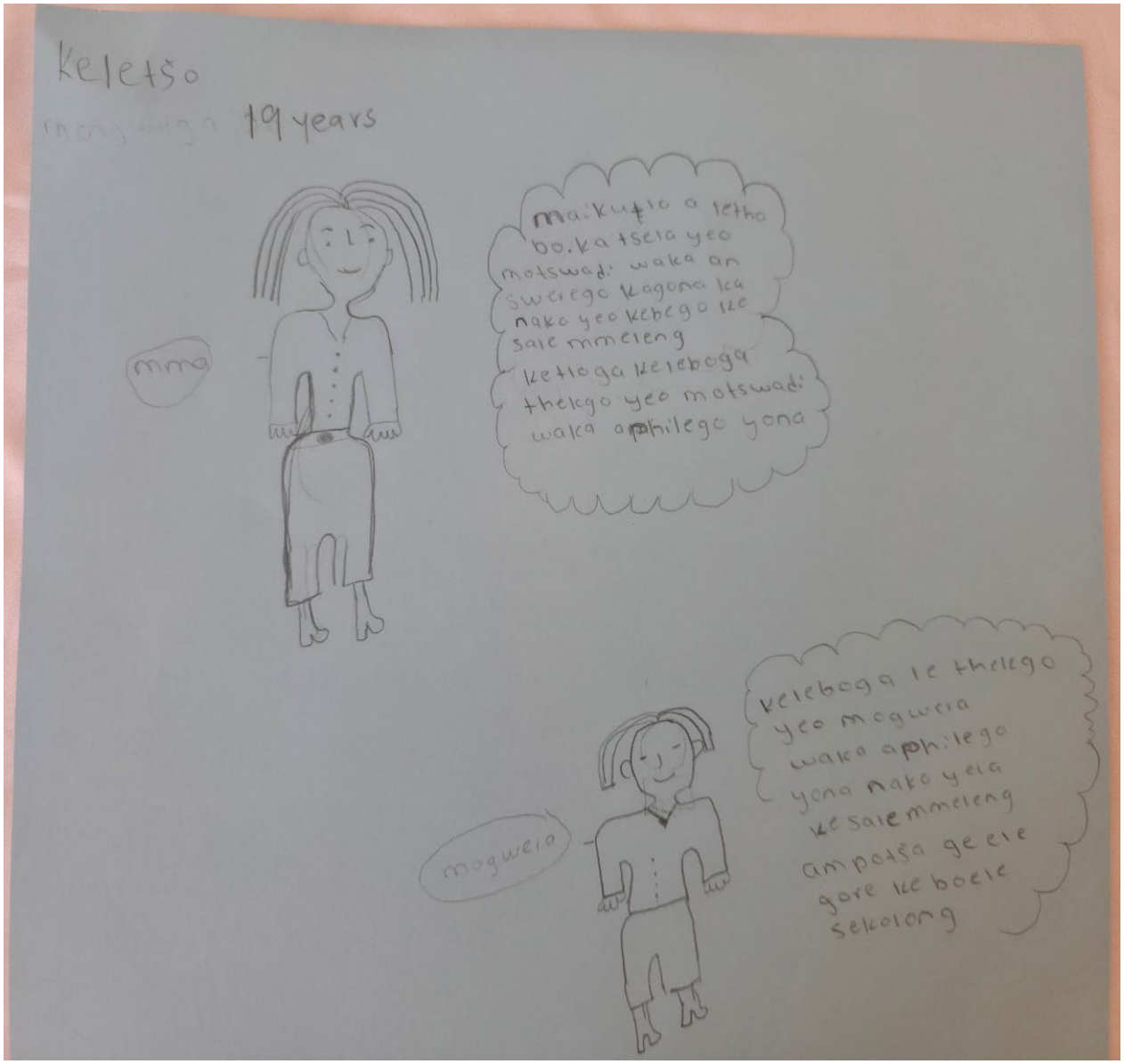
Doctor: *"You just chose to open your legs for boys instead of reading your books so that you can achieve in your academic work whereas you are still a child, you are making your mother an old lady".*



Sharon (18yrs) (P1)

Translation of Sharon's drawing

"This guy I wasn't dating him from the start, he just raped me, and I was only 14 years and I didn't know anything about sleeping with a man. Then after that night I told my mother and she said it seems all along it was what I asked for or wanted and this gave me anger, like now I have anger issues and now I think I deserve a depression and sometimes I even think of taking my child and just commit suicide and rest from all this problem. I am a sad teen".



Keletso (19yrs) (P2)

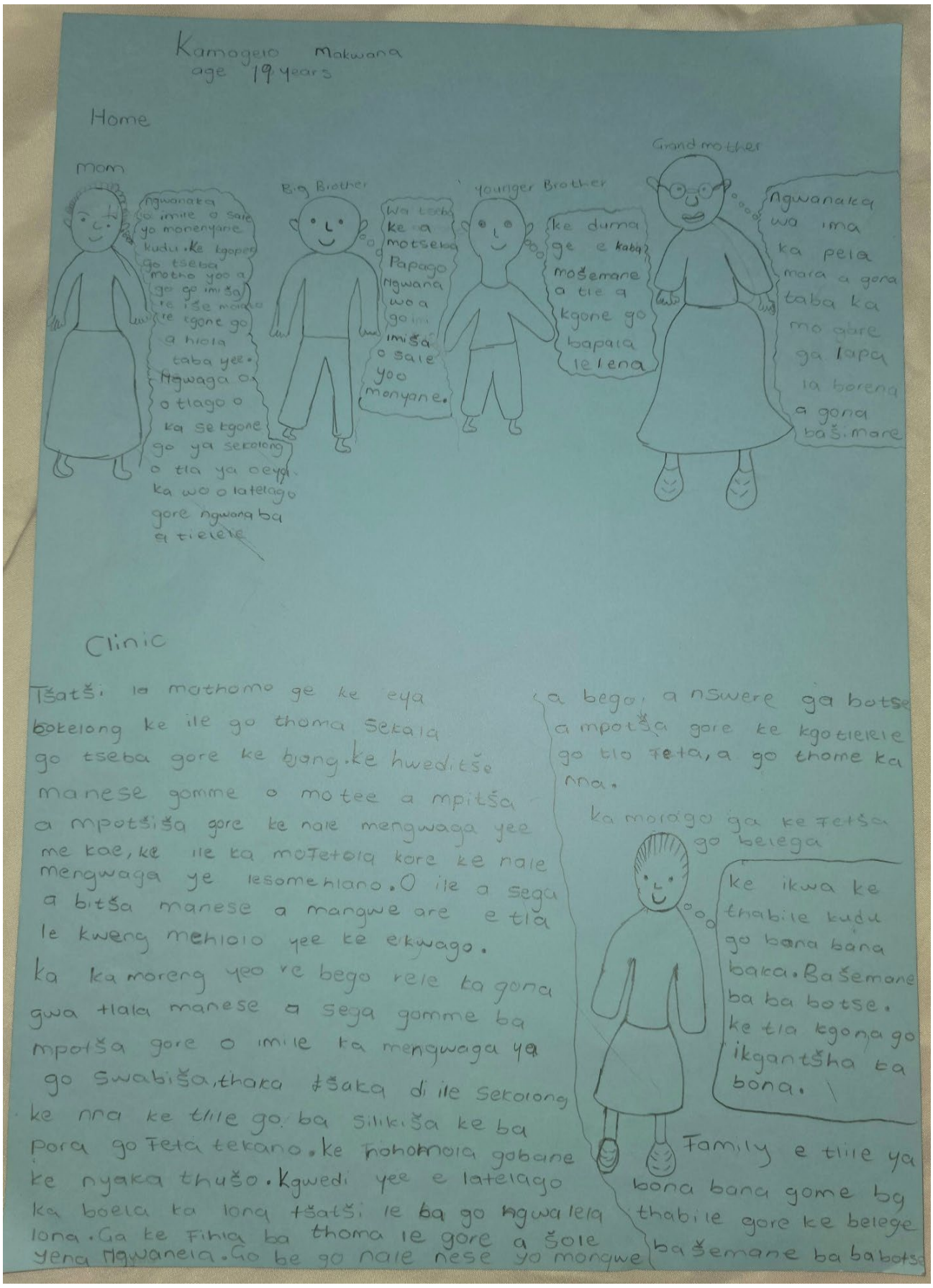
Translation of Keletso's drawing

Mother:

"Feelings of joy, the way my parent treated me the time I was pregnant. I really appreciate the support that she gave me".

Friend:

"I thank you for the support you gave me my friend the time I was pregnant and encouraged me to go back to school".



Kamogelo (19yrs) (P4)

Translation of Kamogelo's drawing

At home

Mom: *"My child you fell pregnant at a very early age. Please I want to know the person who impregnated you so that we can go and report this at his home to deal with this issue. Next year you need to take a gap year from school, you will continue your studies in the subsequent year when the baby is strong enough".*

Big brother: *"You know I remember the person who impregnated you he is still young"'*

Younger brother: *"I wish that boy can come to be able to play with you".*

Grandmother: *"My child you just fell pregnant so fast, but it doesn't matter because in our family there is no boy".*

Clinic: *"The first day when I visited the hospital, I commenced with antennal check-ups in order to know my condition. I came across nurses one of them called me and asked me my age, I responded by saying I am 15yrs of age. She laughed at me and called other nurses and said come and listen to what unbelievable shocking story I am hearing. The room that we were in nurses called each other to witness and laughed and told me that I fell pregnant at an embarrassing age, my peers went to school I came here to disgust them, that they are too bored because of me".*

"The following month I returned for a follow-up visit on the return date they gave me. When I arrived, they said here is that one, that little girl. There was a certain nurse who treated me with kindness and encouraged me to be strong it will pass, I am not the first one".

"After giving birth…I felt very happy to see my babies. Beautiful boys. I will be proud of them. My family came to visit to see the babies they rejoiced that I gave birth to such beautiful babies".

Home:

"My grandmother came to see my babies brought with her identical clothes and two blankets; she was very happy to see them. She said if should I have brought girls you were going to age so quick at an early age".

"My brother assisted me with chores at home".

"My babies grew well then, I returned to school and told them that I have twins they were happy for me and said I should take care of them until they become men. I live with joy at school and at home the issue it's just schoolmates".

PART TWO: PRESENTATION OF FOCUS GROUP FINDINGS

5.7 INTRODUCTION

This chapter presents the findings of the study derived from four (4) focus group discussions conducted comprising of 4 to 12 participants, whose voices and experiences form the core of the analysis. The qualitative data generated through these focus groups was examined using thematic data analysis, a method that enabled the identification, organisation, and interpretation of recurring patterns across the narratives. Through this approach, the chapter foregrounds the lived realities of teenage mothers, capturing both the challenges they encounter and the resilience they demonstrate. The chapter is structured to provide a comprehensive account of the findings. Each theme and its associated categories are presented with quotations from participants to ensure that their voices remain central to the analysis. Following the presentation of findings, the chapter integrates literature control, situating the participants' experiences within the broader body of scholarly work and policy discourse.

This comparative lens highlights both the alignment and divergence between the study's findings and existing research, thereby strengthening the credibility and relevance of the analysis. Finally, the chapter moves into a discussion section, where the findings are interpreted in greater depth. Here, the implications of the results are explored, linking the participants' voices to theoretical perspectives, policy frameworks, and practical interventions. This structure ensures that the chapter not only reports the findings but also critically engages with them, offering insights into how teenage motherhood intersects with education, family dynamics, emotional wellbeing, prevention strategies, government support, and aspirations for change.

5.8 Sample characteristics

The study was conducted amongst twenty-five (25) individuals who formed part of the four (4) focus group discussions. The table below represents the participants' information and demographic profiles as outlined in table 5.4.

TABLE 5.4: DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS FOR FOCUS GROUPS

Participant	Age	Grade	No. of Babies	Marital Status	Living/Support Context
P1	17 yrs	Grade 12	1	Not married	Supported by parents (financially & emotionally)
P2	17 yrs	Grade 12	1	Not married	Parents supportive, sister helped with transport/food
P3	18 yrs	Grade 11	1	Not married	Mother initially upset, later supportive; siblings helped
P4	18 yrs	Grade 10	1	Not married	Parents scolded then accepted; partner supportive
P5	18 yrs	Grade 11	1	Not married	Mother supportive financially; father denied paternity
P6	17 yrs	Grade 11	1 (deceased at 3 weeks)	Not married	Mother supportive but strained; partner abusive and coercive
P7	19 yrs	Grade 11	1	Not married	Mother scolding/rejecting; baby's father's family runs a crèche
P8	18 yrs	Grade 11	1	Not married	Mother offers financial support; father offers emotional support; partner initially supportive
P9	18 yrs	Grade 12	1	Not married	Raised by mother (widowed); severe poverty; partner absent
P10	19 yrs	Grade 12	2	Not married	Parents supportive; first baby disabled (speech impairment); partner abandoned
P11	17 yrs	Grade 11	1	Not married	Raised by grandmother; father present but not supportive; partner sends money
P12	17 yrs	Grade 11	1	Not married	Father supportive, mother scolding; partner denied baby
P13	19 yrs	Grade 11	1	Not married	Family disappointed; father of baby supportive financially; siblings strained
P14	19 yrs	Grade 11	1	Not married	Mother supportive
P15	19 yrs	Grade 11	Twins +1	Not married	Grandmother supportive
P16	19 yrs	Grade 11	1	Not married	Disappointed parent, silent treatment
P17	18 yrs	Grade 11	1	Not married	Parent supportive
P18	18 yrs	Grade 10	Twins	Not married	Absent father of the baby
P19	17 yrs	Grade 10	1	Not married	Parents disappointed
P20	17 yrs	Grade 10	2	Not married	Stepfather scolded, parents wrote her off
P21	18 yrs	Grade 10	1	Not married	Teenage mother to be responsible

P22	19 yrs	Grade 11	1	Not married	Father of the baby not supportive
P23	19 yrs	Grade 11	1	Not married	Desire to write short stories
P24	19 yrs	Grade 11	1	Not married	Need support from home
P25	18 yrs	Grade 11	1	Not married	Father of the baby supportive

5.9 Demographic profile

Twenty-five (25) participants in Table 5.5 below with additional thirteen (13) teenage mothers (from interviews) participated in the focus group discussions in this study. The demographics of the thirteen (13) participants in the above-mentioned statements are in chapter 4, Table 4.1. They were from grade 10 to 12, residing in the rural villages of Sekhukhune district living with their single parents and siblings, grandparents, aunts and mothers and fathers. 55% of participants come from disadvantaged and impoverish socio-economic backgrounds, where 40% of parents are unemployed and rely on child support and social grants from grandparents and 5% self-employed single parents.

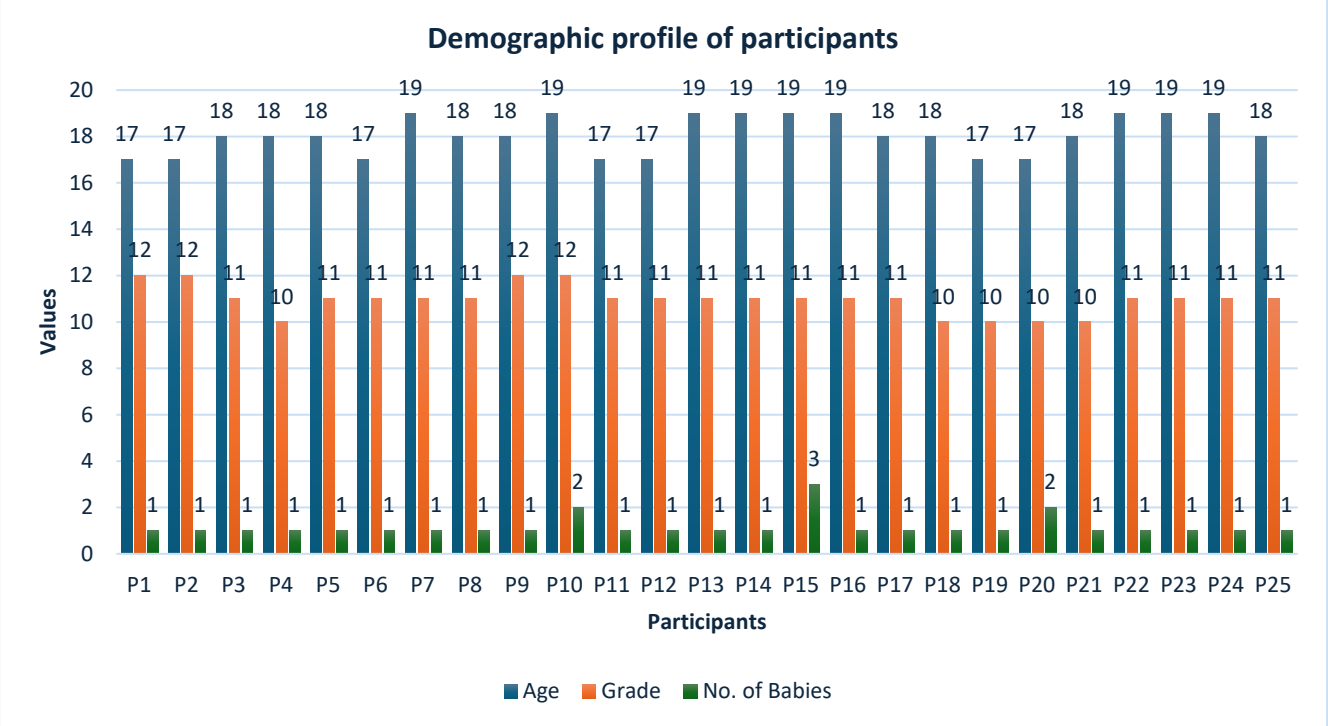


Figure 5.5: Demographic profile of participants for focus groups

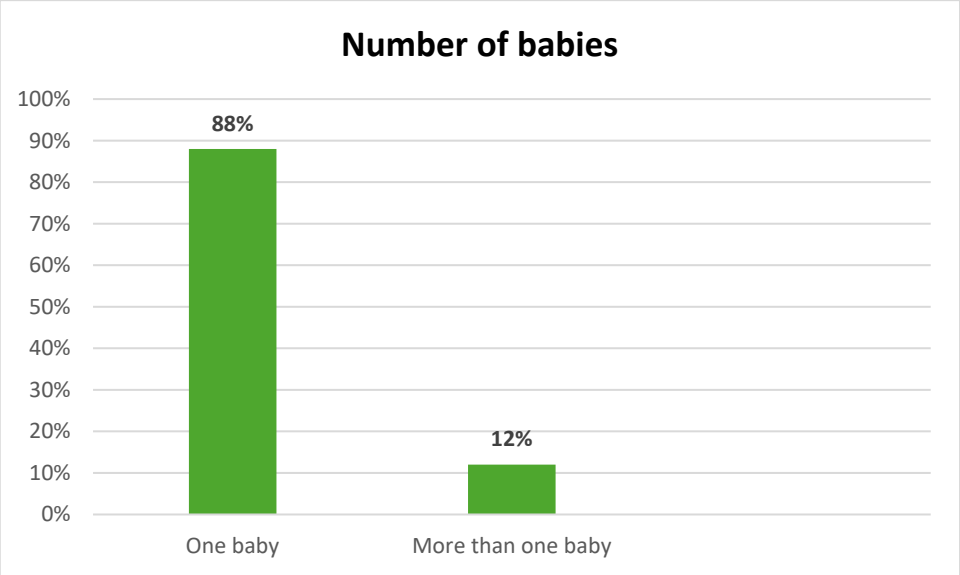


Figure 5.6 Percentages of number on babies for focus groups

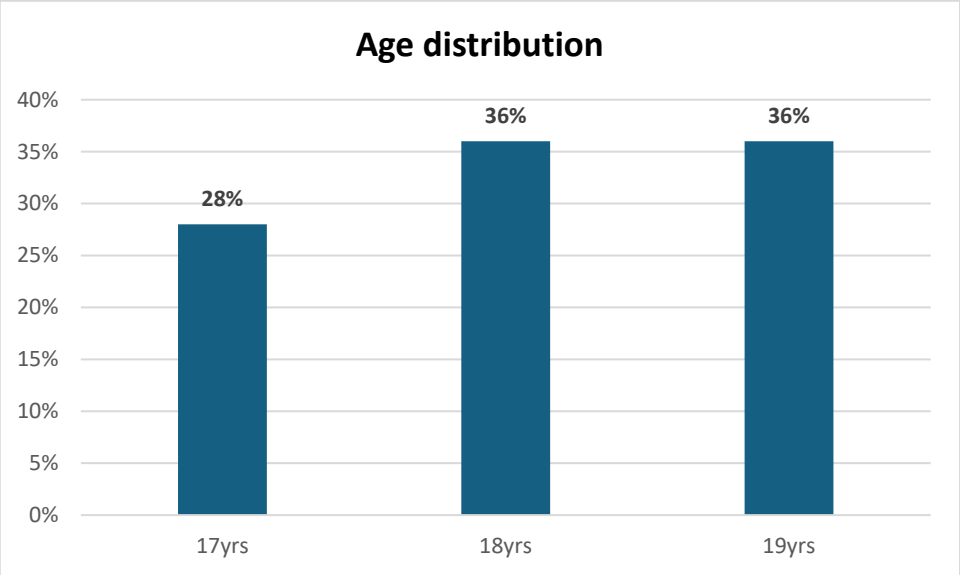


Figure 5.7 Percentages on age distribution for focus groups

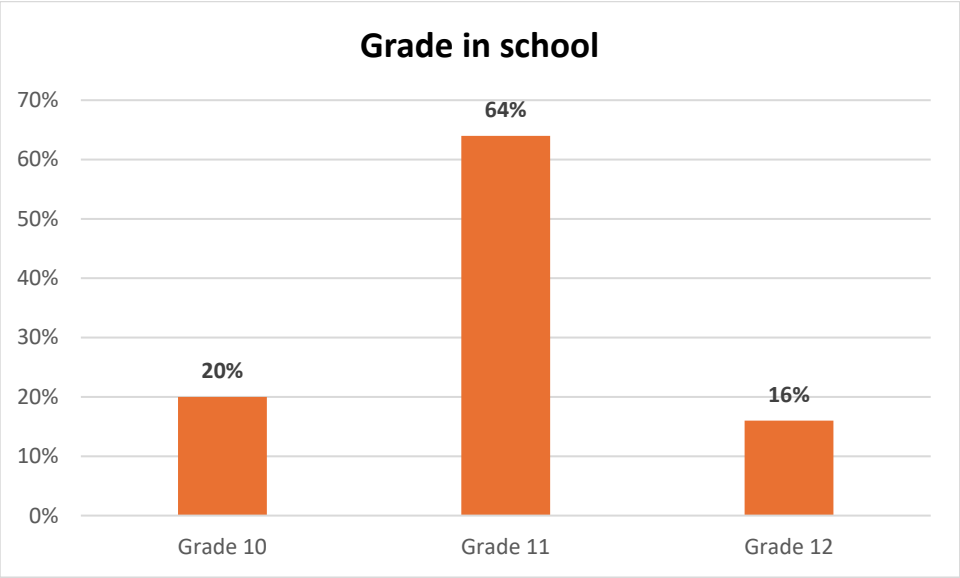


Figure 5.8 Percentages on grade in school for focus groups

5.10 Thematic findings

The table below represents the themes and categories of the study from focus group discussions.

TABLE 5.5 THEMES AND CATEGORIES FOR FOCUS GROUPS

THEME	ASSOCIATED CATEGORIES	SUPPORTING QUOTES
1. Stigma and Humiliation	1.1 Teacher's Mockery	*"The teacher would say yah, mothers you are the ones who makes noise."* F3P9
	1.2 Peers/Classmates	*"In the class they will remark by saying our babies are broke… they are eating onions."* F4P5
	1.3 Healthcare Workers' Remarks and teenage pregnancy	*"They said you are humiliating your mother; you are a disgrace."* F4P2.
2. Educational Disruption	2.1 Motherhood and Health Challenges	*"I suspended my studies twice to take care of the baby."* (F4P7)
3. Family and Relational Dynamics	3.1 Family Judgment	*"My mom's sister told her children not to talk to me; I will be a bad influence." (F4P2)*
4. Relationships with Fathers of Babies	4.1 Paternal Neglect and Relational Conflict	*"The father doesn't support; I am alone."* (F2P5)
5. Emotional Impact and Resilience	5.1 Hurt and Sadness	*"I am hurt as well… I cried."* (F2P8)
	5.2 Resilience	*"I said I will never stay at home because of these issues."* (F3P6)
6. Prevention and Advice to Peers	6.1 Advice and Awareness	*"Rule number one don't have kids at a young age."* (F4P9)

7. Expectations of Government Support	7.1 Financial Support	*"Giving them enough money, R560 is not enough."* (F4P2).
	7.2 Educational/Vocational Support	*"They should take us to school, handcraft schools."* (F4P7)
8. Voices that Illuminate Change	8.1 Dreams on Fire	*"I want to break the cycle to be the first in my family to graduate it's more than a certificate, its freedom."* (F4P9)
	8.2 Roads with Thorns	*"Transport costs swallow half my stipend; sometimes I choose between food and attending."* (F4P3)
	8.3 Circles of Strength	*"Working in groups makes me feel less alone and more motivated." (F2P3)*
	8.4 Belonging Beyond Walls	*"Seeing leaders who look like me inspires me to aim higher."* (F4P4)
	8.5 Becoming Unstoppable	*"This experience makes me believe in tomorrow and plan for it."* (F4P1)

5.10.1 THEMES AND CATEGORIES

The chapter is organised into eight overarching themes that emerged from the analysis of the four (4) focus groups. Each theme is presented with its associated categories and supported by direct quotations from participants to foreground their lived experiences.

5.10.1.1 THEME 1: STIGMA AND HUMILIATION

The participants indicated that across all groups, stigma was pervasive from teachers, peers, neighbours, and healthcare workers. Humiliation was both direct such as verbal insults and indirect namely gossip, jokes, and neglect. All groups reported institutional stigma such as schools, clinics and community-level stigma. One group uniquely highlighted healthcare stigma and neglect during labour. Three categories emerged from this theme

5.10.1.1.1 Teacher's mockery

This category covers the experiences of learners who reported being subjected to derision, dismissive attitudes, and stigmatising statements by their teachers. The quotes show how teachers occasionally acted in ways that damaged students' confidence and dignity rather than helping. Confidentiality violations, public humiliation, and disparaging remarks that minimised the students' situations as young mothers were examples of teacher ridicule. Such behaviours not only reinforced stigma but also produced hostile learning environments where students felt devalued and alienated.

The quotations show how teachers' behaviour can exacerbate the difficulties vulnerable students already have in juggling parenting and education by causing shame, undermining trust, and compromising their educational experience. The quotations below represent learners' voices.

"Teachers don't keep secrets, they tell others." F1P3

"They said mothers are the ones making noise in class. F2P5:*"*

"The teacher would say yah, mothers you are the ones who makes noise." F3P8

"A child who has a child I don't take her serious." F4P9

"The teacher wanted to hit me… he chased me out of his class." F4P7

5.10.1.1.2 Peers/Classmates

The category captures the lived experiences of young mothers who are subjected to ridicule, teasing, and dismissive remarks within their social and educational environments. The narratives reveal how peers and community members trivialise their circumstances whether by mocking the receipt of child grants, making funny comments about their children's physical features, or using humour to highlight perceived poverty and dependency. Such interactions, though often framed as jokes, carry deeper weight: they reinforce stigma, undermine dignity, and contribute to feelings of isolation. The examples illustrate how everyday micro aggressions normalise judgment and perpetuate stereotypes about young mothers and their children, shaping both their self-perception and their social inclusion.

"They laugh at us when we receive child grants." F2P6:

"They say your baby is beautiful, but she has her father's big ears." F3P7

"In the class they will remark by saying our babies are broke… they are eating onions." F4P5

"A boy came with a baby pacifier saying is there anyone who lost a baby pacifier. F4P6:*"*

Participants said communities and neighbours had this to say about them:

"Neighbours gossip, saying we walk silently at night but act innocent in the day." F2P4

"At the tuck-shops they say, do you have a baby, really, I can't believe it." F3P8:

"They told my grandmother that she should tell me to go where they made her pregnant." F4P8.

“My neighbour said if this child is pregnant how will she support her grandchild.” F4P6

5.10.1.1.3 Healthcare Workers remarks and teenage pregnancy

The category draws attention to the unfavourable and frequently dehumanising experiences that teenage mothers have with medical professionals during their pregnancies and deliveries. The stories show how the difficulties of young motherhood are exacerbated by critical comments, disregard, and contemptuous behaviours. Participants report being told to give birth on their own, stigmatised as a "disgrace," and ignored when in agony rather than given sympathetic treatment. Such events not only diminish the dignity of teenage mothers but also weaken trust in healthcare systems designed to support them. The statements highlight how institutional environments can perpetuate stigma, promoting feelings of humiliation and isolation at a moment when empathy and professional care are most required.

“They said you are humiliating your mother; you are a disgrace.” F4P2.

“I called them reporting pain… they ignored me, busy pressing their phones, until I delivered on my own.” F4P6

“The nurse commented that I should deliver the baby by myself.” F4P4.

5.10.1.2 THEME 2: EDUCATIONAL DISRUPTION

The theme revealed that motherhood has responsibilities such as feeding, sleepless nights, illness directly conflicted with schooling, leading to absenteeism and poor performance, or dropout. All groups reported academic disruption due to caregiving. One focus group emphasised psychological impact which slows learning thus creating stress and suicidal thoughts.

5.10.1.2.1 Motherhood and Health Challenges

The participants in this category have captured the ways in which the demands of childcare and the physical effects of pregnancy directly interfere with young mothers’ ability to pursue their education. The narratives highlight how breastfeeding responsibilities, sleepless nights, and the constant care of infants make it difficult to concentrate, study, or attend school regularly.

Participants describe being unable to focus on class, suspending their studies to prioritise childcare, and experiencing prolonged absences due to illness related to pregnancy. These interruptions not only delay academic progress but also contribute to feelings of being left behind or disadvantaged compared to peers. The accounts illustrate how the dual burden of parenting and schooling creates significant barriers to educational continuity, with long-term consequences for learning outcomes and self-confidence.

Participants' quotations include:

"I was disturbed too much; the baby would wake up wanting to be breastfed." (F1P2).

"We could not study, because the babies were crying and wanted to be breastfed." (F2P8)

"I was not able to sleep nor focus." (F3P5)

"I suspended my studies twice to take care of the baby." (F4P7)

"Pregnancy made me sick, I stayed at home for 3 years, when I came back, I was a slow learner." (F4P3)

5.10.1.3 THEME 3: FAMILY AND RELATIONAL DYNAMICS

The participants stated that families oscillated between support and rejection. Some offered care, while others distanced themselves, suggested abortion, or cursed pregnancies. All the groups reported that family disappointment and strained relationships are more prevalent; however, one group highlighted extreme rejection and curses from relatives/neighbours.

5.10.1.3.1 Family Judgment

This category reflects the ways in which teenage mothers experience stigma, rejection, and moral judgment from their immediate families and broader communities. The narratives reveal how parents, relatives, and neighbours often respond with disappointment, shame, or hostility, framing teenage pregnancy as an embarrassment or moral failure. Participants describe being told they had "embarrassed" their families, judged as if they had "married themselves," and excluded from social interactions by relatives who feared they would be a "bad influence." In some cases, family members suggested terminating the pregnancy, while neighbours expressed cruel wishes for harm to the unborn child.

These accounts illustrate how family and community reactions can intensify the emotional burden of teenage motherhood, reinforcing stigma and isolation at a time when support is most needed. The quotations are presented below.

"My parents were disappointed, they said I embarrassed them." (F1P6)

"Neighbours and relatives judged us, saying we married ourselves." (F2P7)

"Parents must give consent before nurses inject us." (F3P2)

"My mom's sister told her children not to talk to me; I will be a bad influence." (F4P2)

"My aunt said let me give you my medical aid to terminate pregnancy." (F4P1)

"My neighbour said she wishes I deliver a disabled baby." (F4P7)

5.10.1.4 THEME 4: RELATIONSHIPS WITH FATHERS OF BABIES

The participants in this study reflected that fathers were often absent, exploitative, or accused of harmful practices. Mothers relied heavily on their own families. This was noted in all the five focus groups that fathers were largely unsupportive or absent. However, one focus group uniquely highlighted exploitation such as sex-for-support and accusations of witchcraft.

5.10.1.4.1 Paternal Neglect and Relational Conflict

Participants poured out their experiences as teenage mothers and reported strained, exploitative, or absent relationships with the fathers of their children. The narratives highlight how paternal neglect manifests in different ways: fathers refusing to provide financial or emotional support, withdrawing communication after conflict, or abandoning caregiving responsibilities altogether. In some cases, participants described coercive dynamics, where fathers demanded sex in exchange for money to support the baby, reflecting exploitative power relations. Others reported cultural stigma and harmful practices, such as accusations of witchcraft directed at baby clothes and formula, which further compounded their vulnerability. These accounts illustrate how paternal neglect and relational conflict exacerbate the challenges of young motherhood, leaving teenage mothers isolated and economically insecure. The absence of paternal support not only undermines the wellbeing of mothers but also compromises the development and care of their children.

By situating these experiences within broader family and relational dynamics, this category underscores the critical need for accountability, equitable caregiving, and supportive interventions that challenge exploitative practices and cultural stigma.

See quotations included here:

"The father doesn't support; I am alone." (F2P5)

"I said I will never stay at home because of these issues." (F3P6)

"After an argument, he stopped communicating with me." (F4P3)

"Every time I need money for baby's things, he would ask for sex before giving me money." (F4P9)

***"**The father of the twins doesn't take care of them… he bewitched the clothes and formula."* (F4P8)

5.10.1.5 THEME 5: EMOTIONAL IMPACT AND RESILIENCE

This theme highlights the profound emotional consequences of teenage pregnancy and motherhood, as well as the resilience demonstrated by young mothers in navigating these challenges. Participants described feelings of hurt, sadness, and isolation, often triggered by rejection, stigma, and the overwhelming burden of caregiving. At the same time, they expressed determination to continue their education and resist dropping out, reflecting resilience and agency in the face of adversity. The duality of emotional pain and strength underscores the complexity of teenage motherhood, where vulnerability and resilience coexist.

5.10.1.5.1 Hurt and Sadness

This category captures the emotional distress experienced by teenage mothers as they confront stigma, rejection, and the heavy responsibilities of parenting. The narratives reveal how participants felt hurt by family members' remarks, overwhelmed by the burden of caring for children alone, and silenced by sadness. Crying, keeping quiet, and feeling burdened were common responses, illustrating the psychological toll of teenage motherhood.

Highlighted quotations include:

"We feel relieved from the burden after talking." (F1P4)

"I am hurt as well… I cried." (F2P7)

“It made me sad… I just kept quiet.” (F4P2)

“My aunt wanted me to abort… I felt hurt (sobbing).” (F4P1)

“Bad, I take care of the babies alone… I cried.” (F4P9)

5.10.1.5.2 Resilience

This category reflects the determination and strength demonstrated by teenage mothers despite the challenges they face. Participants described refusing to drop out of school and asserting their resolve to continue despite stigma and hardship. Their narratives highlight resilience as a protective factor, enabling them to resist despair and maintain hope for their future.

See quotations below:

*“I said I will never stay at home because of these issues.” (*F3P6)

“Have you thought about dropping out of school… No.” (F4P4)

5.10.1.6 THEME 6: PREVENTION AND ADVICE TO PEERS

This theme highlights the voices of teenage mothers who, reflecting on their own experiences, offer advice to peers about avoiding early pregnancy. Their narratives emphasise the importance of awareness, prevention strategies, and responsible decision-making. Participants caution against repeating their mistakes, stress the need for government-led prevention programs in schools, and advocate for parental involvement in health decisions. They also underscore the risks of engaging in sexual activity at a young age, including illness and school dropout. Collectively, these accounts reveal how lived experiences become a source of peer-to-peer education, with young mothers positioning themselves as advisors to prevent others from facing similar hardships.

5.10.1.6.1 Advice and Awareness

This category captures the guidance teenage mothers provide to peers, focusing on prevention, awareness, and responsible choices.

Their advice reflects both personal regret and a desire to protect others from the challenges of teenage motherhood.

Illustrative quotations include:

"They must not make a mistake that we did." (F1P7)

"Government should provide prevention at schools." (F2P5)

"*Parents must give consent before nurses inject us."* (F3P2)

"Rule number one don't have kids at a young age." (F4P9)

"They should not engage in sexual activities at a very young age… they should use protection." (F4P2)

"Pregnancy can cause sickness… you might drop out from school." (F4P3)

5.10.1.7 THEME 7: EXPECTATIONS OF GOVERNMENT SUPPORT

This theme captures participants' expectations of tangible, systemic support from government to mitigate the burdens of teenage motherhood. Their voices call for stronger financial protection, accessible contraception, and pathways to education and livelihoods. The emphasis is practical: increase child-related financial support, expand adolescent-friendly reproductive health services (including long-acting methods), and create vocational and school re-entry opportunities that do not depend on social connections. These expectations align with recent evidence showing persistent adolescent pregnancy rates and uneven access to youth-friendly services, underscoring the need for coordinated social protection, health, and education response.

5.10.1.7.1 Financial support

Participants emphasised that current child-related financial support feels insufficient against the real costs of caring for infants, especially when paternal support is absent. Their expectation is straightforward: government should "give enough money," reflecting the gap between monthly grants and essentials like food, transport, clothing, and healthcare. This call aligns with broader policy discussions on strengthening social protection for teenage mothers and improving uptake and adequacy of support, particularly where school continuation is at risk.

- Participant quotations:

"Giving them enough money, R560 is not enough." (F4P2).

5.10.1.7.2 Educational and vocational support

Participants asked for accessible contraception (including long-acting IUDs), structured pathways back into schooling, and entry points to vocational training and handcraft programs. They also voiced cynicism that "jobs go to those with connections," signaling distrust in fair access to opportunity. Their expectations point to two policy imperatives: adolescent-friendly contraception and robust education–to–work bridges such as re-entry policies, skills training, and school retention support. These priorities align with recent evidence calling for youth-centered SRH services and capability-based implementation of learner pregnancy policies in schools.

- Participant quotations:

"They should give us the one of 3 years (IUD)." (F3P5)

"They should take us to school, handcraft schools." (F4P7)

"Jobs go to those with connections… school is not that important." (F4P9)

5.10.1.8 THEME 8: VOICES THAT ILLUMINATE CHANGE

This theme showcases the aspirational, reflective, and transformative narratives of young participants from different focus groups. Their voices illuminate the lived realities of striving for education, navigating systemic barriers, and finding strength in community. The theme is organised into five interlinked categories that reflect both the challenges and the catalysts for change: dreams, obstacles, support systems, belonging, and personal growth. These insights align with recent South African literature on youth resilience, inclusive education, and empowerment.

5.10.1.8.1 Dreams on Fire

This category captures the deep aspirations of young people to break generational cycles and build futures through education. Their dreams are not just personal, they are community-oriented, rooted in transformation and legacy.

"I want to break the cycle to be the first in my family to graduate it's more than a certificate, its freedom." (F4P9)

5.10.1.8.2 Roads with Thorns

This category reflects the structural and logistical barriers that hinder participation financial strain, transport costs, and bureaucratic delays.

"Transport costs swallow half my stipend; sometimes I choose between food and attending." (F4P3)

5.10.1.8.3 Circles of Strength

This category highlights the emotional and motivational power of peer support, family encouragement, and mentorship.

"Working in groups makes me feel less alone and more motivated." (F2P3)

"My parents remind me why I'm doing this whenever I feel like giving up." (F3P8)

"The mentorship sessions gave me confidence to keep pushing forward." (F4P9)

5.10.1.8.4 Belonging Beyond Walls

This category captures the importance of representation, voice, and emotional connection in learning environments.

"I finally feel like my voice matters here." (F4P5)

"Seeing leaders who look like me inspires me to aim higher." (F4P4)

"This group feels like a family, not just classmates." (F4P9)

5.10.1.8.5 Becoming Unstoppable

This category reflects the personal growth and confidence that emerges from meaningful engagement. Participants feel more capable, future-oriented, and ready to apply their skills.

"I speak up more now than I ever did before." (F4P7)

"I can apply what I've learned immediately in my daily life." (F4P8)

"This experience makes me believe in tomorrow and plan for it." (F4P1)

5.11 DISCUSSION OF THE FINDINGS

Theme 1: Stigma and Humiliation

The findings in this category align closely with existing literature on teacher attitudes toward teenage pregnancy in South Africa. Research consistently shows that teachers often adopt judgmental, dismissive, and punitive stances towards pregnant learners, which undermines their dignity and educational participation. Segalo (2020) highlights that many secondary schools continue to enforce discriminatory pregnancy policies, with teachers perpetuating stigma through ridicule and exclusionary practices. His study found that educators frequently fail to provide supportive environments, instead reinforcing stereotypes that pregnant learners are irresponsible or disruptive. Similarly, Bos (2024), writing for Section27, documented cases where pregnant learners were expelled or humiliated by teachers despite constitutional protections, illustrating how teacher mockery and punitive attitudes directly compromise learners' right to education.

The Department of Basic Education (2026) further emphasises that teenage pregnancy remains a major contributor to dropout rates, and that teachers' negative attitudes—including public humiliation and dismissive remarks—exacerbate the challenges faced by young mothers. International perspectives echo these findings. Ruzibiza (2021) & Sotoye-Frank (2024) argue that teacher stigma is a global issue, with educators often positioning teenage mothers as moral failures, thereby reinforcing exclusion and shame. Human rights organisations such as Equal Education and Section27 also stress that teacher mockery constitutes a violation of learners' rights to dignity, privacy, and equal access to education, with confidentiality breaches being particularly damaging. Taken together, the learners' testimonies in this study involves teachers calling them "noisemakers," refusing to take them seriously, or threatening physical punishment to mirror the structural stigma embedded in school culture.

Literature confirms that such behaviours reinforce stigma by framing teenage mothers as deviant, compromise trust through breaches of confidentiality, and create hostile learning environments that foster alienation. These experiences exacerbate dropout risks, as Segalo (2020) & Bos (2024) note, with teacher attitudes being a key factor in teenage mothers leaving school prematurely. Addressing this issue requires both stronger policy enforcement to protect learners' rights and targeted teacher training to foster empathy, confidentiality, and inclusive practices.

The experiences of ridicule and gossip reported by young mothers in this study are consistent with broader literature on peers and community stigma surrounding teenage pregnancy. Research shows that teenage mothers often face social exclusion, gossip, and microaggressions from classmates and neighbours, which reinforce feelings of shame and isolation. Duby et al (2025) found that teenage mothers in South Africa are frequently subjected to ridicule from peers, who trivialise their circumstances and question their ability to parent. Ruzibiza (2021) similarly argues that teenage pregnancy is socially constructed as a moral failure, with peers and communities using humour and gossip to reinforce stereotypes of irresponsibility and dependency. More recent work by Anakpo and Kollamparambil (2021) highlights that teenage mothers often experience alienation in school settings, where classmates mock them for receiving child grants or for their children's physical features, thereby undermining their dignity.

International studies echo these findings: SmithBattle (2013) notes that teenage mothers in the United States are often stigmatised by peers who view them as "different" or "less capable," which negatively impacts their self-esteem and educational engagement. These studies confirm that peer ridicule and community gossip are not isolated incidents but part of a broader pattern of **social stigmatisation** that normalises judgment and perpetuates exclusion. The accounts of neglect and humiliation by healthcare workers resonate strongly with existing scholarships on institutional stigma in healthcare settings. Several studies have documented how teenage mothers are often treated with contempt by nurses and medical staff, who view teenage pregnancy as a moral failing rather than a health issue requiring support.

Gbogbo (2020) found that healthcare workers in South Africa frequently shame teenage mothers, telling them they are a "disgrace" or ignoring their pain during labour. Similarly, Ngqola (2025) argue that healthcare providers often perpetuate gendered stigma by framing teenage mothers as irresponsible, which undermines trust in the healthcare system. Quosdorf, Peterson, Rashotte and Davies (2020) highlight that teenage mothers are sometimes denied compassionate care, with nurses making disparaging remarks or refusing assistance during delivery, thereby exacerbating trauma. Internationally, Shrimpton et al (2024) notes that teenage mothers in the UK often report feeling judged and unsupported by healthcare professionals, which contributes to feelings of humiliation and isolation.

These findings confirm that healthcare workers' remarks are not merely individual acts of insensitivity but part of a systemic pattern of institutional stigma that diminishes dignity, compromises care and discourages teenage mothers from seeking medical support. The evidence indicates that peer mockery and stigma from healthcare workers are pivotal to the experiences of teenage mothers. While peers and communities trivialise and gossip about their situations, healthcare professionals perpetuate stigma through indifference and disparaging comments. These dual sources of stigma compound the challenges of young motherhood, undermining dignity, eroding trust in institutions, and contributing to social isolation. The learners' voices in this study mirror these documented patterns, showing how everyday microaggressions and institutional neglect normalise judgment and perpetuate exclusion. Addressing these issues requires multi-level intervention: schools must foster inclusive peer cultures, while healthcare systems must train professionals to provide empathetic, non-judgmental care. Without such changes, teenage mothers remain vulnerable to cycles of stigma that compromise both their educational and health outcomes.

Theme 2: Educational Disruption

The accounts of interrupted schooling due to motherhood responsibilities align with extensive literature on the educational consequences of teenage pregnancy. The Commission for Gender Equality (2021) reported that teenage mothers frequently drop out during pregnancy and the postpartum period, with caregiving demands such as breastfeeding and sleepless nights directly conflicting with academic participation. Similarly, Chiyota (2020) found that teenage mothers struggle to balance childcare with schoolwork, often suspending studies or returning as "slow learners" due to prolonged absence. Tahiru (2024) emphasise that teenage mothers experience alienation in classrooms, where their inability to focus or participate fully is compounded by stigma from peers and teachers.

Internationally, SmithBattle (2013) highlights that teenage mothers often face academic disruption linked to exhaustion, stress, and caregiving, which undermines confidence and contributes to dropout. Recent statistics underscore the scale of the crisis: in 2024/25, over 117,000 girls aged 10–19 gave birth in South Africa, with the Department of Education confirming that teenage pregnancy is a major driver of school dropout. These findings confirm that motherhood responsibilities and health challenges create systemic barriers to educational continuity, with long-term consequences for learning outcomes and psychological wellbeing.

Theme 3: Family and Relational Dynamics

The narratives of family disappointment, rejection, and hostility resonate with studies on stigma and relational dynamics in teenage pregnancy. Korving (2020) found that young mothers in KwaZulu-Natal experienced stigma from relatives and neighbours, who framed pregnancy as a moral failure and excluded them from social interactions. Govender et al (2020) & Duby et al (2025) similarly argues that teenage pregnancy is socially constructed as shameful, with families often responding with disappointment or pressure to terminate pregnancies. Moganedi and Mudau (2024) documented that teenage mothers are frequently judged by relatives and neighbours, who perceive them as irresponsible and a burden, reinforcing isolation. More recent reporting highlights extreme community reactions: in some cases, neighbours curse pregnancies or wish harm on unborn children, reflecting entrenched cultural stigma.

The South African Government News Agency (2025) notes that teenage pregnancy is widely framed as a “disgrace” within communities, with families oscillating between support and rejection. International perspectives echo this pattern: Jones, Whitfield, Seymor and Hayter (2019) found that teenage mothers in the UK often face family rejection and moral judgment, which exacerbate emotional distress. Collectively, these studies confirm that family and community judgment intensifies the emotional burden of teenage motherhood, reinforcing stigma and isolation at a time when support is most critical.

Theme 4: Fathers’ Lack of Support and Relational Conflict

The participants’ accounts of absent, neglectful, or exploitative fathers resonate strongly with existing literature on the role of paternal support in teenage pregnancy and early motherhood. Research consistently shows that young mothers often face financial abandonment, emotional neglect, and strained relationships with the fathers of their children, which exacerbates their vulnerability. In South Africa, Anakpo and Kollamparambil (2021) & Ngqola (2025) documented those teenage mothers frequently report being left to raise children alone, with fathers withdrawing financial and emotional support after conflict. Similarly, Govender et al (2020) & Raya-Diez et al (2024) found that paternal absence is a common feature of teenage pregnancy, with many fathers refusing responsibility, thereby leaving young mothers dependent on extended families or social grants.

Duby et al (2025) argue that this lack of paternal involvement reflects broader gendered power dynamics, where young women are stigmatised while men evade accountability. The participants' accounts of fathers demanding sex in exchange for financial support highlight a disturbing dimension of sexual coercion and transactional relationships. Hill et al (2019) note that gendered violence and coercion are prevalent in adolescent relationships, with young mothers often pressured into exploitative arrangements to secure resources for their children. This aligns with Magosho, Kaduma and Magosho (2026), who emphasises that teenage mothers are positioned within unequal power relations that expose them to both stigma and abuse. International literature echoes these findings. SmithBattle (2013) observed that teenage mothers in the United States often face paternal neglect, with fathers disengaging from caregiving responsibilities and leaving mothers isolated. Clayton (2016) similarly reported that teenage mothers in the United Kingdom frequently experience strained relationships with fathers, who may deny paternity or withdraw support, reinforcing the mothers' economic precarity. The accounts of fathers "bewitching" baby clothes and formula reflect the intersection of cultural beliefs and relational conflict.

Yaseen and Lauren (2025) highlights that in South African townships, teenage pregnancy is often interpreted through cultural lenses, with accusations of witchcraft or curses used to explain misfortune. Such beliefs intensify stigma and relational breakdown, leaving young mothers further marginalised. The participants' voices illustrate how paternal neglect and relational conflict compound the challenges of teenage motherhood. Fathers' refusal to provide support, withdrawal after arguments, and coercive demands for sex undermine young mothers' dignity and exacerbate their economic vulnerability. Literature confirms that paternal absence is a systemic issue, rooted in gendered power dynamics and cultural stigma. These dynamics not only leave young mothers isolated but also perpetuate cycles of poverty and dependence. Addressing this requires interventions that hold fathers accountable, challenge exploitative practices, and provide young mothers with alternative sources of support. Without such measures, teenage mothers remain trapped in relationships marked by neglect, coercion, and cultural stigma, which compromise both their wellbeing and their children's development.

Theme 5: Emotional Impact and Resilience

The emotional distress described by participants is consistent with findings in South African and international literature. Duby et al (2025) argues that teenage pregnancy is often framed as a moral failure, leading to shame and emotional pain for young mothers. Field et al (2020); Muthelo et al (2024) & Moganedi and Mudau (2024) found that teenage mothers in South African townships frequently experience sadness and isolation due to stigma and lack of support. Haipinge and Namakula (2025) highlight that teenage mothers often feel overwhelmed by the dual burden of parenting and schooling, which contributes to emotional exhaustion. Globally, SmithBattle (2013) notes that teenage mothers often report crying, sadness, and feelings of being overwhelmed, particularly when left to care for children alone. Uwimane et al (2026) similarly emphasises that teenage mothers in Rwanda often experience emotional hurt due to family rejection and societal judgment.

Collectively, these studies confirm that teenage motherhood is accompanied by significant emotional distress, which undermines wellbeing and can contribute to depression or withdrawal. Resilience among teenage mothers has been widely documented. Muzingili (2025) argues that despite stigma and structural barriers, many teenage mothers demonstrate agency by continuing their education and resisting dropout. Anakpo and Kollamparambil (2021) found that teenage mothers often show determination to succeed academically, even when balancing childcare responsibilities. Kreider et al (2024) highlights that resilience is expressed through persistence in schooling and refusal to internalise stigma. Internationally, SmithBattle (2013) emphasises that resilience among teenage mothers is often rooted in their desire to provide better futures for their children, motivating them to persevere despite hardship.

SmithBattle and Phengnum (2023) & Haipinge and Namakula (2025) similarly notes that resilience emerges as teenage mothers resist societal judgment and assert their right to education and dignity. These findings confirm that resilience is a critical counterbalance to emotional distress, enabling teenage mothers to navigate adversity with strength and determination. The dual categories of hurt and resilience illustrate the complex emotional landscape of teenage motherhood. On one hand, participants' voices reveal deep sadness, isolation, and emotional pain triggered by stigma, rejection, and the burden of caregiving. On the other hand, they demonstrate resilience, refusing to drop out of school and asserting their determination to continue despite adversity.

Literature confirms this duality: teenage mothers are vulnerable to emotional distress but also capable of remarkable strength and agency. This interplay suggests that interventions should not only address the emotional hurt caused by stigma and rejection but also build on the resilience of teenage mothers by providing supportive structures that enable them to thrive.

Theme 6: Prevention and Advice to Peers

Recent studies confirm the importance of prevention and awareness in addressing teenage pregnancy. Barron et al (2022) analysed teenage births in South Africa between 2017–2021, highlighting that adolescent pregnancy remains a major public health issue, with prevention strategies urgently needed. The Commission for Gender Equality (2021) reported that teenage pregnancy is the leading cause of school dropout among girls, emphasising the need for school-based prevention programs. Mavhandu et al (2022) found that enhancing school-based sexuality education in rural South Africa requires educator training, parental involvement, and culturally sensitive approaches. Similarly, Pike et al (2023) documented lessons from implementing a school-based sexual health program in Cape Town, noting that peer-led and community-supported interventions improve awareness but require stronger engagement to be effective. At the policy level, the Department of Social Development (2025) diagnostic evaluation of teenage pregnancy highlighted gaps in prevention, including limited access to youth-friendly health services and insufficient parental involvement.

UNICEF South Africa (2024) stressed that adolescent sexual and reproductive health rights must be prioritised, with comprehensive sexuality education and access to contraception being central to prevention. Globally, Adekola and Ikhile (2025) reviewed e-health interventions for adolescent sexual health in Sub-Saharan Africa, showing that digital platforms can enhance awareness and prevention among youth. Together, these studies confirm that teenage mothers' advice to peers includes avoiding early sexual activity, using protection, and seeking prevention programs which align with evidence-based strategies. Their voices reinforce the need for multi-level interventions: school-based education, parental involvement, government support, and accessible health services. The participants' advice reflects both personal regret and collective wisdom, positioning them as peer educators.

Their emphasis on prevention resonates with current literature, which identifies teenage pregnancy as a systemic issue requiring comprehensive strategies. The alignment between lived experiences and scholarly findings underscores the value of integrating young mothers' voices into prevention campaigns. By sharing their stories, they contribute to awareness that can empower peers to make informed choices, reduce adolescent pregnancy rates, and protect educational futures. This synthesis now ties theme 6 directly to theme 2 and theme 5, and theme 3 creating a cohesive narrative arc across analysis. See diagram 5.9 below.

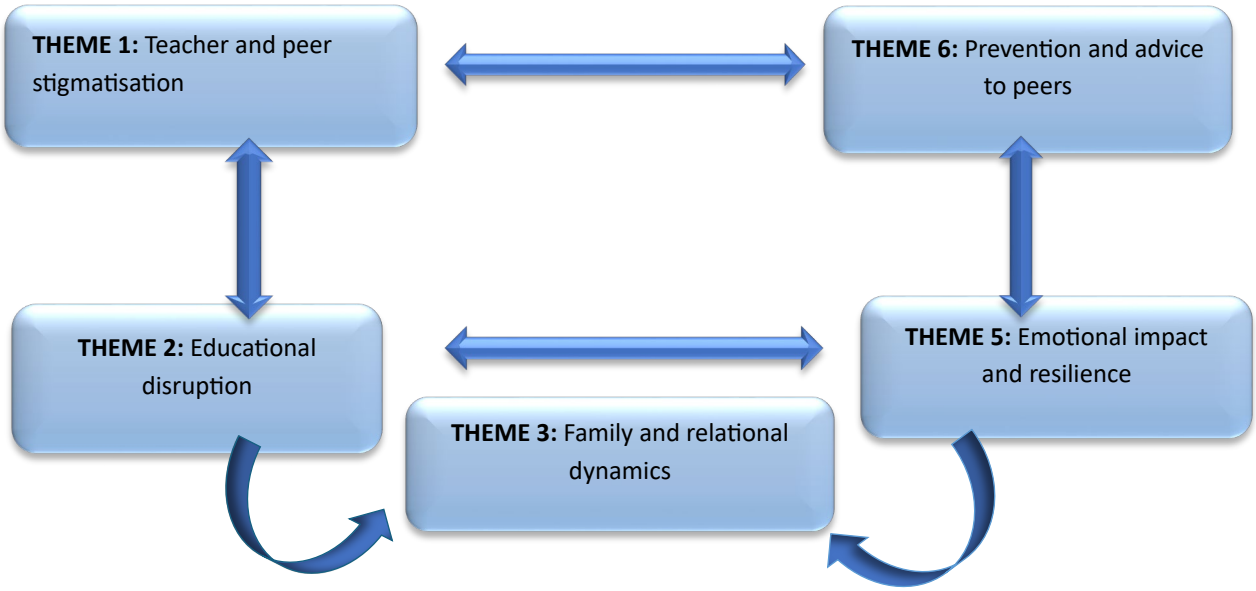


Figure 5.9 Teenage mothers' voices into prevention and awareness campaigns

Theme 7: Expectations of Government Support

Recent national analyses show that adolescent pregnancy remains high, amplifying household vulnerability and the need for comprehensive social protection. Barron et al (2022) highlight sustained teenage births in the public sector (2017–2021) and argue for integrated fiscal and service responses to protect adolescent health and schooling. Government communications in 2025 frame the adolescent pregnancy surge as a crisis demanding strengthened support for girls and young mothers, including social protection measures to safeguard education and wellbeing. Official guidance outlines the child support grant as a core instrument of social protection, accessed by primary caregivers under income-tested criteria; uptake and adequacy remain central to debates about materially supporting teenage mothers.

Provider and adolescent perspectives in South Africa confirm ongoing barriers to contraception access and support. Ketye et al (2024) report provider concerns about adolescents' access, confidentiality, and service readiness, underscoring the need for youth-friendly delivery of methods, including long-acting reversible contraception (LARC). Ntini et al (2023) find adolescents want clearer contraception guidance and supportive ecosystems to prevent pregnancy and sustain schooling. Within education, capability-focused analyses highlight the gap between policy intent and school-level implementation: Beukes (2024) & Beukes, Barnett and Tsotetsi (2025) show that educators need resources, training, and partnerships to implement the 2021 learner pregnancy policy effectively, enabling school retention and reentry rather than exclusion. Given persistently high adolescent pregnancy rates in public sector data (2017–2021), Barron et al (2022) argue for integrated, practical bridges from school to vocational opportunities to avoid dropout and economic precarity.

Participants' expectations include adequate financial support, adolescent-friendly contraception, and credible routes back to education and skills that mirror current evidence that adolescent pregnancy is sustained by structural gaps across social protection, health, and schooling. Financial strain intensifies when fathers are absent; calls for "enough money" align with national appeals for strengthened social protection so teenage mothers can remain in school and meet basic needs. School reentry and vocational pathways require operational capability in schools and partnerships beyond the classroom to translate policy into practice on the education side. Adolescent-friendly SRH services, which are confidential, non-judgmental, and inclusive of LARC are central to prevention and to support those already parenting. Collectively, these voices and studies point to an integrated policy agenda: align grants and complementary services, ensure practical school retention/re-entry, and scale youth-friendly contraception to reduce repeat pregnancies and protect educational trajectories.

Theme 8: Voices that Illuminate Change

The Framework for Youth Resilience Work (Mampane et al. 2021) emphasises that education is a key pathway for youth to escape cycles of poverty and marginalisation. The MISTRA Policy Brief (2021) highlights youth aspirations as central to national development, urging policies that recognise their agency and potential. StatsSA (2025) report that youth face high barriers to labour market entry, with transport and financial insecurity being key obstacles.

Vocational training studies (Majola 2025) confirm that systemic misalignments and administrative burdens restrict access to education and employment. Van der Walt (2025) & Baur and de Bruyn (2025) show that peer mentorship enhances motivation and psychosocial wellbeing. The Basic Package of Support pilot (Citizen.co.za 2025) demonstrates that coaching and relational support reduce discouragement and increase engagement. Mkhize & Davids (2021) advocate for digital inclusion and contextualised learning in township schools. Rebello (2021) & NYDA (2021) emphasise youth inclusion in socio-economic programs as key to fostering belonging and cohesion. The MISTRA Policy Brief (2021) argues that representation and visibility are essential for youth empowerment. The Youth Resilience Framework (Mampane et al. 2021) and the IYDS Consultation Report (NYDA 2021) affirm that youth empowerment programs foster confidence, skill application, and future planning. The categories brought together to display the relationship between them have been designed in 5.10 diagram underneath.

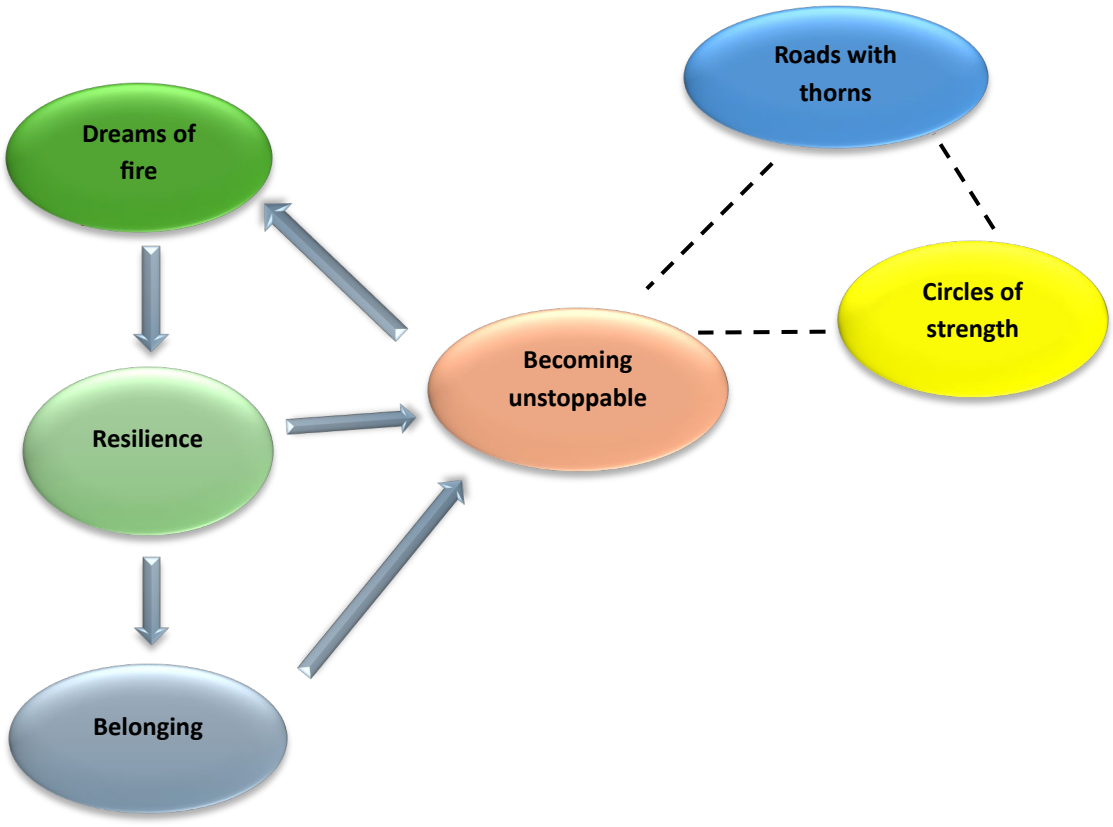


Figure 5.10 The ultimate expression of empowerment

- Categories:
    - *Dreams on Fire* → feeds into *Resilience* and ultimately *Becoming Unstoppable*
    - *Belonging Beyond Walls* → reinforces *Confidence* and strengthens *Becoming Unstoppable*
    - *Roads with Thorns* → shown as barriers cutting across all categories, representing systemic challenges
    - *Circles of Strength* → supports Becoming *Unstoppable*
    - *Becoming Unstoppable* → positioned as the culmination of aspirations, support, and resilience

This design makes it clear that Dreams and Belonging, Circles of Strength are support, while Roads with Thorns represent barriers. Together, they converge into Becoming Unstoppable, the ultimate expression of empowerment.

5.12 CHAPTER SUMMARY

This study offers a multidimensional exploration of teenage motherhood in rural South Africa, revealing how trauma, stigma, support, resilience, and institutional responses intersect to shape young mothers' psychosocial wellbeing and educational trajectories. Through participatory visual narratives and focus group dialogues, the findings illuminate both the structural constraints and relational possibilities that define teenage mothers lived experiences. Thematic analysis underscores the pervasive impact of gender-based violence, familial rejection, and institutional stigma, which collectively compound vulnerability and disrupt developmental pathways. Yet, the data also reveals remarkable resilience and agency, particularly where supportive relationships—maternal, intergenerational, peer, and professional—serve as protective buffers. The thematic matrix further demonstrates that resilience is not an inherent trait but a relational construct, nurtured through affirmation, inclusion, and opportunity. Family dynamics emerged as a critical pivot: maternal rejection and paternal denial intensified trauma, while grandmothers and empathetic caregivers facilitated emotional recovery and educational reintegration. Institutional responses were inconsistent, oscillating between ridicule and encouragement, highlighting the urgent need for youth-sensitive training across health and education sectors.

These findings align with national and global evidence that teenage mothers require integrated, trauma-informed, and community-driven support systems (Sibeko et al. 2023; Ndlovu et al. 2023; Mkhize 2024). Importantly, the study affirms that teenage mothers are not passive recipients of care but active agents of transformation. Their aspirations—toward teaching, nursing, and higher education—reflect a reclaiming of identity and dignity in the face of adversity. As Rabie and Damons (2024) argue, such aspirations are not merely personal goals but symbolic acts of resistance against stigma and exclusion. This research calls for a paradigm shift in how teenage motherhood is understood and addressed. Interventions must move beyond punitive and moralistic framings toward holistic, rights-based approaches that center adolescent voices, foster relational resilience, and dismantle systemic stigma. By integrating psychosocial, educational, and community support, stakeholders can co-create pathways that honor teenage mothers' dignity, potential, and transformative capacity. The coming chapter will concentrate on conceptual analysis.

CHAPTER 6

CONCEPTUAL ANALYSIS

6.1 INTRODUCTION

The current chapter discussed the conceptual analysis using the steps recommended by Walker and Avant (2014). This chapters identifies the central concept to be focused on in this research study. Theoretical and dictionary definitions were provided to clarify the concept. The study conducted derived interest from the stigmatisation and marginalisation of teenage mothers. The aim of the study was to develop a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities of Sekhukhune district, Limpopo Province, South Africa. After analysing the findings of the study, support emerged as a concept of interest as it was frequently mentioned and described by the participants. The related concepts were identified and then classified.

6.2 BACKGROUND

The study conducted revealed that teenage mothers indicated that they had lack of support from their parents, teachers and father of the baby. Teenage mothers in the study were affected mentally which resulted in them feeling hurt and depressed, experiencing emotional distress; they were also not able to cope with parenting and schooling, and not able to cope with stigma and marginalisation. The pain that teenage mothers had to endure in this study through all these overwhelming experiences ultimately led to poor academic performance, as some mothers reported to have become slow learners and being insane. The research conducted by Muthelo, Mbombi and Mphekgwana et al (2024) revealed that pregnant and parenting adolescents in rural regions encounter numerous mental health issues, including depression. These hurdles stem from social issues including stigmatisation, insufficient support from family and friends, and parental expectations that hinder academic advancement.

Ngqola and Prinsloo (2025) agreed that teenage mothers have substantial difficulties, such as societal stigma, insufficient support, and poor healthcare services, which negatively impact their well-being and parenting abilities. Teenage mothers felt very hurt because the fathers of the babies ruined their lives and that the fathers are not assisting in supporting the babies; though, some teenage mothers received some little support from significant others and father of the baby. Gray and Grove (2021) defined concept analysis as a strategy through which the set of characteristics essential to the connotative meaning or conceptual definition of a concept is identified. Support will be discussed and explored in the healthcare setting with professional nurses, midwives and other members of the multidisciplinary team.

6.3 METHODS

The researcher reviewed the literature after identifying the concept of interest. EBSCO, Google Scholar, Semantic Scholar, Springer, Winley Online Library and Science Direct provided a range of peer-reviewed articles and studies which were relevant to help in the accomplishment of the purpose of concept analysis which are utilised broadly. The abovementioned databases were chosen as optimal to provide adequate information on the concept support. The researcher began the search by typing keywords “concept analysis” and “support” looking into articles with these key terms either in the abstract or titles. The first search yielded 25750 results; thus, the limits were set (narrowed down) to English peer reviewed papers. The modified search yielded 443 articles, which were then filtered by relevance rather than year, because the researcher, who is familiar with and oriented to the nursing sector, wanted to know how the phrase "SUPPORT" has evolved as an intrinsic element of nursing practice.

The abstracts were separately evaluated for relevancy, and 38 publications were selected. Nonetheless, the screening was halted after 15 additional papers were discovered to be relevant and appropriate. The researcher followed Walker and Avant's (2014) procedures to read and re-read independently in order to obtain important information on the concept of interest. This study adopted Walker and Avant’s (2014) technique: selecting a concept, determining the purpose of concept analysis, identifying the scope of use of concept, defining the attributes of the concept, selecting the model case, identifying additional cases (borderline, contrary, and related cases), determining antecedents and consequences, and defining empirical referents (see Fig. 6.1) (Choi, Park & Noh 2024).

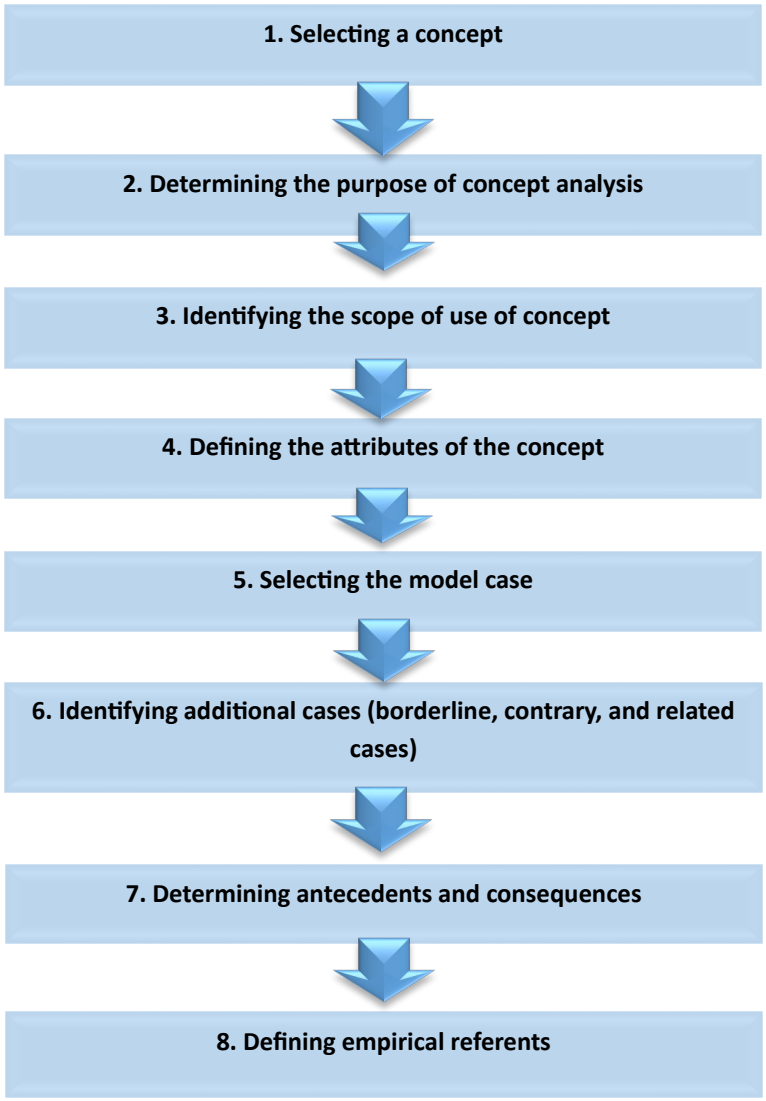


Figure 6.1 Walker and Avant's (2014) technique

6.4. DEFINITION OF A CONCEPT

A concept is a term that abstractly describes and names an object, a phenomenon, or an idea, thus providing it with a distinct identity or meaning (Gray & Grove 2021). According to Botma et al (2022), a concept is viewed as an abstract idea representing a real phenomenon. According to Walker and Avant (2014), it is paramount to have a clear and strong concept because the concepts are the basic components of program development.

6.4.1 Selecting the concept

The concept “support” was chosen and depicted in the introduction section of this chapter. Support was selected as the main concept to develop a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities of Sekhukhune district, Limpopo Province, South Africa.

6.4.2 Determining the purpose

The purpose of concept analysis is to explore the attributes of and dimensions of support to clarify its meaning and comprehend its use.

6.4.3 Identifying the scope of use of the concept

6.4.3.1 Definition of support

(i) Dictionary definitions

Support is to give assistance to, especially financially (Oxford Dictionary 2022). According to Cambridge Dictionary (2024), support is to agree with and give encouragement to someone or something because you want him/her or it to succeed.

- To help someone emotionally or in a practical way
- To give a person the money they need in order to buy food and clothes and pay for someone to live
- To provide the right conditions, such as enough food and water, for life
- To hold something firmly or carry its weight, especially from below to stop it from falling
- To help show something to be true

According to Merriam Webster Dictionary (2022), support implies:

- To promote the interests or cause of, especially by action or aid
- Assistance or aid provided to one in need of help
- Something that holds up or serves as a foundation

As a verb, some support synonyms include help, aid, assist and hold up. Support as a noun synonym includes pillar, base, keep, foundation and sustenance (Oxford Dictionary 2022). According to Collins Dictionary (2022) supporting someone means, supporting their ideas or aims, agreeing with them, and perhaps help them because you want them to succeed. According to Scott (2025), support refers to the evidence, reasoning, or examples that reinforce a claim, idea, or argument in writing.

The defining characteristics and types of support according to Nadeau (2025) include the following:

- Instrumental support: concrete things like resources, materials, training, and finances
- Emotional support: encouragement, respect, and appreciation that build up self-esteem
- Social support: the overall interaction process with relationships that exchange physical or psychological resources
- Responsiveness, provision, reciprocity, and integration: key characteristics identified in some analysis of support

(ii) Literature definitions

Drageset (2021) and Rosales, Labrague, Arteche, Santos et al (2025) state that support enhances individuals' coping mechanisms, promotes health, bolsters resilience, and improves quality of life in the face of stress. Emotional support, social community affiliation, recognition, practical aid, and information and guidance exemplify social support (Drageset 2021). According to Jolly, Kong and Kim (2021), social support can lead to better relationships, pleasant affective reactions, improved individual performance, and can mitigate the negative impacts of stressful demands. There are four universal types of support: emotional, instrumental, informational, and appraisal (Nadeau 2025). Social support might be familial, or within a family. Furthermore, an example of social support may be found in schools. Teachers, counsellors, and administration provide feedback, corrections, and after-school activities, such as support groups, in which children can feel accepted. Social support includes feeling loved, valued, and being part of a network that provides reciprocal assistance (Oliveira, Palma-Moreira & Au-Yong-Oliveira 2025; Acoba 2024; Rosales, Labrague, Arteche, Santos, de Leon Calimbas, Yboa et al. 2025).

As per Acoba (2024), it is a ***multifaceted*** concept generally assessed through either the structure (quantity of relationships) or the function (such as informational, instrumental, and emotional) of social networks. According to Ruihua, Hassan, Qiuxia, Sha and Jingyi (2025), social support is characterised as assistance throughout challenging life circumstances. The term is typically comprehended intuitively as assistance from others throughout challenging life circumstances (Acoba 2024). Social support is intricately connected to the notion of a social network, encompassing relationships with family, friends, neighbours, colleagues, and significant others (Drageset 2021).

Social support constitutes a ***fundamental*** requirement for all individuals within society, facilitating the acquisition of care and attention from family and friends. This support enhances feelings of satisfaction, confidence, and self-esteem, while also addressing various issues, including the inability to fulfil essential human needs such as love, respect, communication, and the provision of both material and moral support (Hamza & Kadhem 2022). As noted by Jolly et al (2021), it pertains to the psychological or material resources that are afforded to a central individual by associates within a particular social relationship. Social support concerns the assistance offered by one's network of social connections, encompassing familial ties, friendships, and community relationships. This support is crucial for navigating challenges and overcoming adversity, fostering a sense of safety and security for individuals (Hamza & Kadhem 2022).

According to Scott (2025) in Verywellmind.com, there are four types of support namely:

- Emotional support
- Esteem support
- Informational support
- Tangible support

In their study, Santiago, Smithers, Roberts and Jamieson (2020; 2023) identified four types of social support: *emotional support*, which involves listening to someone else's problems (e.g., a friend, family member, or colleague going through a tough time), *appraisal/esteem support,* which refers to how well individuals were evaluated (e.g., getting constructive criticism from a boss or teacher about how well they were doing), *instrumental/tangible support,* which involves specific actions taken to meet specific needs (e.g., borrowing money from a friend to cover a bill), and *informational support,* which involves receiving information that can assist in problem-solving (e.g., a friend telling someone about a job opportunity or providing advice on how to improve one's own performance).

In ***theoretical assumption,*** Kort-Butler (2018) posits that social support is often understood as the social resources available to an individual when navigating life's challenges and stressors. Social support is characterised as a mechanism for the exchange of human, cultural, material, and social capital, occurring either among individuals or within communities and their constituents (Kort-Butler 2018). Kort-Butler (2018) delineates multiple dimensions of social support. Initially, support can be understood in terms of perception, encompassing the sensation of being supported or the belief that support is accessible, as opposed to the actual receipt of assistance, which involves reporting that help was rendered. According to Khan et al (2017) & Kort-Butler (2018), assistance may manifest in various forms, including instrumental, informational, or emotional support.

Emotional support encompasses the provision of advice, guidance, or information that may assist an individual in addressing a particular issue (Kort-Butler 2018). The provision of emotional support encompasses the articulation of sympathy, care, esteem, value, or encouragement (Khan et al. 2017; Kort-Butler 2018; Drageset 2021). Furthermore, social support can be categorised according to its origin (Kort-Butler 2018). Moreover, members of an individual’s family members and friends are frequently considered as sources of support. Individuals may also draw support from their secondary groups, in which relationships are more regulated or hierarchical and less personal, such as schools and churches (Kort-Butler 2018; Oliveira et al. 2025; Daly & Baumeister 2024).

Garmendia, Fernández-Salinero, Holgueras González and Topa (2023) assert that social support encompasses the ***social and psychological assistance*** an individual receives or perceives from their surroundings. Received support denotes the extent of help an individual has obtained from their surroundings, whereas perceived social support pertains to the individual's impression and accessibility of such support (Drageset 2021; Garmendia et al. 2023). Social support aids individuals in managing challenges, enhancing good psychological and behavioral reactions (Garmendia et al. 2023). Feeney and Collins (2014) ***theoretically*** postulate that social support in the context of one’s close relationships is considered to promote thriving. Furthermore, this perspective requires individuals to take a new look at social support in terms of the elevation of positive well-being as an alternative of only buffering stress-and to view it as an interpersonal process that unfolds over time instead of an expectancy or attitude.

Feeney and Collins (2014) assert that the word “social support” consistently denotes the provision or pursuit of instrumental or emotional assistance in reaction to stressful or adverse life circumstances. Feeney and Collins (2014) argue that, from an attachment perspective, effective support providers can re-establish a sense of security for the attached individual, when necessary, by offering emotional relief and facilitating the resolution of issues. Within the realm of ***healthcare and nursing*****,** social support manifests through the existence of a social network. This concept is frequently employed in an expansive manner, encompassing any mechanism by which social relationships may contribute to health and wellbeing (Warren-Leahy 2014; Drageset 2021).

Drageset (2021) identifies various specific forms of social support that an individual may encounter, including emotional support (listening, comfort, and security), informational support (advice and guidance), esteem support (enhancing a person’s sense of competence), and tangible support (practical assistance such as providing transportation or financial aid). Junker (2011) in addition to emotional, esteem, informational and tangible support, highlight the fifth type of social support, as network support which does not focus on emotions or self-concept. Network support instead refers to, communication that declares individuals belonging to a network or reminds them of support existing from the network (Junker 2011).

In the ***domain of psychology,*** social support, as articulated by Daly and Baumeister (2024), refers to the sense or experience of being valued and integrated into a social network defined by reciprocal obligations and behaviours. It is a significant phenomenon influencing individuals' relationships throughout their lives (Daly & Baumeister 2024). According to Choi, Park and Noh (2024), social support is a crucial element of human existence and is critical for sustaining psychological well-being, as it enhances a human being’s ability to manage stress or adverse situations. In times of hardship, individuals primarily seek support from families, friends, partners, or other members of their social circle (Morelli, Lee, Arnn & Zaki 2015; Daly & Baumeister 2024). Support may encompass instrumental aid or emotional engagement through empathy and esteem enhancement, and the presence of supportive individuals can mitigate stress effects and reduce the likelihood of developing specific mental disorders, including depression (Morelli et al. 2015; Daly & Baumeister 2024).

Another form of assistance is emotional support, which emphases the individual rather than the external issue or stressor (Daly & Baumeister 2024). Conveying warmth and tenderness, affirming a commitment to a nurturing relationship, engaging in dialogue about emotions, attentively listening to the other person's feelings, and fostering a sense of love, care, and value are all vital components (Daly & Baumeister 2024). According to Daly and Baumeister (2024), instrumental help can lessen the effect of a stressor by disseminating information about appropriate coping mechanisms and by making it easier to take preventive action by providing physical resources. Cederbaum et al (2022) indicate that social support serves as a concrete and attainable intervention target that can facilitate positive transitions for teenage mothers. Nolan, Hendricks, Ferguson and Towell (2017) argue that young mothers frequently experience marginalisation from mainstream society in their pursuit of social support, a situation exacerbated by existing and persistent social and economic disadvantages.

6.4.4 Determining the defining attributes

According to Walker and Avant (2014), identifying the defining attributes of a concept is central to concept analysis. Khalili and Heydari (2022) assert that the defining attributes are those that most effectively elucidate the intended concept. Walker and Avant (2014) observe that these attributes consistently appear within a concept and are crucial for differentiating it from others. The researcher listed the defining attributes of support (Table 6.1 below) that appeared recurrently in this study and created interrelated attributes for each one. Section 6.4.3.1 above discussed the concept support identifying its uses and examples, however, there are some uniformities identified in the attributes in Table 6.1.

TABLE 6.1 COMPARISION OF SUPPORT ATTRIBUTES

Concept analysed	Source	Attribute	Explanation
Protection against the health consequences of life stress	Cobb (1976)	"Informational"	"Making the subject feel like he is cared for, respected, and valued, and like he is part of a network of trust and communication."
Gender is significantly correlated with patterns of support	Reevy & Maslach (2001)	"Femininity"	"Associated with seeking and receiving emotional support (in both sexes)"
		"Masculinity"	"Linked only with receiving tangible support (in both sexes)".
Social support requires the existence of social relationships	Williams *et al.,* (2004)	"Emotional resources"	"Take the form of emotional expression which may sustain an individual in the short or long-term".
		"Instrumental emotional support"	"Help the individual master their emotional burdens".
		"Coherence support"	"Support may be overt or covert information resulting in confidence in an individual's preparation for a life event or transition". "Validation and inclusion".
		"Intimate resources"	"Sharing of oneself".
		"Material resources"	"Provision of goods, money or tools".
		"Time resources"	"Providing companionship, accompaniment or extended care".
		"Cognitive resources"	"Direct or indirect cognitive guidance regarding a specific problem".
Social support in the natural environment arises from the conduct of personal relationships	Gottlieb & Bergen (2010)	"Social integration, network and support"	"The relationship itself gives supportive meaning to behaviour and supportive behaviours can bring relationship meaning to interactions".
			"Network perspective can provide instruction about social integration".
			"Close ties with romantic partners and family members provide bonding".
Social support and health	Junker (2011)	"Emotional"	"Expressions of care and concern, such as telling a person 'I am here for you'".
		"Esteem"	"To persuade people to take action and believe in their own abilities to face difficult circumstances".
		"Network"	"A form of communication that serves to remind individuals that they are not alone in whatever circumstance they are currently encountered with."

		"Informational" "Tangible"	"Making choices need information whenever a person is confronted with a difficult scenario". "Taking on responsibilities for someone else so they can deal with a problem".
Support is a relational process	Feeney & Collins (2014)	"Thriving"	"The promotion of positive well-being instead of only buffering stress".
Support in nursing and midwifery	Warren-Leahy (2014)	"Social relationships and interactions"	"Social relationships might enhance health and well-being".
Social support has several dimensions	Kort-Butler (2018)	"Perceived" "Received"	"Feeling supported or feeling that support is available". "Reporting that assistance was provided"
Social support in healthcare	Visvalingam *et al.,* (2019)	"Esteem" "Emotional" "Informational" "Network" "Tangible"	"The ability of a message to elevate the positive behaviour of a person or boost his self-esteem to make some progress". "Physical affection, encouragement, understanding, confidentiality, prayers and sympathy". "Encourages the person to carry out a task more confidently; without experiencing doubts about its outcome". "Helps one to get introduced to people whom he is facing at the moment". "Involves a third person who provides physical help to the person at the moment".
Support in healthcare and nursing	Drageset (2021)	"Emotional, informational, esteem and tangible"	"Social support occurs in the presence of a social network; referring to any process through which social relationships might provide health and wellbeing".
Support is a basic demand of an individual	Hamza & Kadhem (2022)	"Care and attention from family and friends"	"Helps to get out of adversity and address the problems facing individuals and make them feel safe and secure". "Support and attention from family and friends to increase the feeling of satisfaction, confidence, self-esteem, love, respect and providing moral support".
Social support in reproductive health	Cederbaum *et al.,* (2022)	"Tangible and achievable intervention target"	"Promote positive transitions for others".

Social support and resilience	Andrade *et al.,* (2022)	"Family and partner support"	"Provide financial support and help to adolescent mothers in the daily care of the child, so that they can experience taking care of their baby in a more peaceful way".
Support is social and psychological	Garmendia *et al.,* (2023)	"Received or perceived from its environment"	"Aids individuals to cope with problems, improving positive psychological and behavioural responses".
Support is multidimensional	Acoba (2024)	"Structure, informational, instrumental, and emotional"	"Social support means feeling cherished, appreciated, and connected to a group that provides help to one another".

After reviewing the literature from articles, dictionaries, and theoretical perspectives regarding the attributes of support, these were synthesised to identify key features, namely emotional support, esteem support, informational support, and tangible support. These attributes are deliberated and demonstrated in table 6.1.

Emotional support

Emotional support often involves physical or emotional comfort such as hugs or pats on the back, as well as listening and empathising. According to Junker (2011) and Cederbaum, Yoon, Leen, Desai, Brown and Clarke (2022), emotional support is communication that meets an individual's emotional or affective needs. These needs are expression of concern such as telling someone "I am here for you". Expressions of emotional support do not try to solve a problem but serve to elevate an individual's mood (Junker 2011). With emotional support, a friend or spouse might give a person a big hug and listen to their problems or challenges, letting them know that they have felt the same way, too (Visvalingam, Dhillon & Gunasekaran 2019; Scott 2025). Emotional support is important when a person is dealing with a tough situation and need someone else to help them feel less alone (Cederbaum et al. 2022; Scott 2025).

Teenage mothers in this study frequently faced mockery and rejection rather than direction and assistance, which resulted in psychological suffering, suicidal thoughts, and disengagement from health and educational resources. Emotional support for teenage mothers is very important as they have experienced the psychological trauma that came with stigma and rejection; they need to feel as being valued as individuals. Teenage mothers should be able to express themselves without being judged by others. They also need to be cared for by significant others and father of the baby and feel loved and accepted.

Examples of emotional support can include:

- Listening without judgement
- Acknowledging and validating someone's emotions
- Providing words of comfort and reassurance
- Being physically present with someone
- Offering physical contact such as hugs
- Checking in with someone to show that you care

Esteem support

This type of social support is shown in expressions of confidence or encouragement (Scott 2025). Esteem support according to Junker (2011), is the communication that strengthens an individual's beliefs or self-esteem in their ability to tackle a problem or execute a demanding task. Someone offering esteem support might point out the strengths a person is forgetting or just let a person know that they believe in them (Visvalingam, Dhillon & Gunasekaran 2019; Scott 2025). This type of support implies to encouraging individuals to take necessary actions and convincing them that they could confront difficult situations (Junker 2011). Teenage mothers in this study were subjected to gossip; degrading remarks and their names being tarnished at school and in the public but persevered to upgrade their marks to be promoted to the next grade and aiming at sustaining a better future for themselves and their babies. They need to know that teachers and parents believe in them that they can be successful despite having babies at an early age.

Other examples of esteem support include:

- Providing affirmations to boost someone's confidence
- Giving compliments
- Acknowledging and recognising someone's accomplishments
- Celebrating successes
- Encouragement
- Reminding people about their strengths
- Challenging negative self-talk

Informational support

Those offering informational support do so in the form of advice-giving or in gathering and sharing information that can help people know of potential next steps that may work well (Junker 2011; Visvalingam, Dhillon & Gunasekaran 2019; Scott 2025). An individual just diagnosed with an illness or health problem often needs more information about their condition and treatment options and can be supported by those who provide useful information (Junker 2011). Such support can help a person feel less anxious when dealing with a problem and it also helps people make better decisions. Teenage mothers in this study expressed being depressed because parents and others did not accept the pregnancy and fathers of their babies abandoned them when they needed them the most, which led to some participants attempting suicide more than once.

This shows that young mothers lacked informational support. Informational support could help teenage mothers to make better decisions about their lives than giving up. Participants in this study highlighted that they are not getting adequate financial support from the government and healthcare professionals; rather, they scolded and passed negative remarks on teenage mothers instead of offering them with information and health advice. The fact that teenage mothers were discriminated upon by the teachers and peers at school indicate that they were not offered an environment for teaching and learning like any other learner.

Examples of informational support include:

- Offering facts or other relevant information
- Providing guidance on how to solve a problem
- Teaching someone about a topic
- Directing someone to a resource that can help them
- Giving step-to-step instructions
- Giving financial, legal, health, or career advice
- Describing your lived experience to help someone better understand your perspective

Tangible/instrumental support

Tangible support also known as instrumental support, includes taking on responsibilities for someone else so they can deal with a problem (Scott 2025). It can also involve taking stance to help someone manage a problem they are experiencing (Visvalingam, Dhillon & Gunasekaran 2019; Scott 2025).

According to Junker (2011) and Cederbaum, Yoon, Lee, Desai, Brown and Clarke (2022), tangible support can range from making a meal for someone who is sick to driving that person to a doctor's appointment. Support may encompass instrumental assistance or emotional attention through empathy and esteem enhancement, and the presence of supportive individuals can mitigate stress effects and reduce the risk of certain mental disorders, including depression (Daly & Baumeister 2024). Participants in this study said that they faced difficulties in balancing childcare responsibilities with academic pursuits. Some teenage mothers felt overwhelmed when their infants required care and nourishment, which hindered their ability to manage academic responsibilities, leading to grade repetition and subsequent emotional discomfort. Participants in this study emphasised the insufficiency of financial help from the government to aid them in caring for their infants while pursuing their education.

Examples of tangible support include:

- Lending someone money
- Loaning someone your car or offering to drive them somewhere
- Doing chores or housework for another person who needs help
- Providing childcare, such as babysitting or helping with school pick-ups and drop-offs
- Running errands or doing other tasks like mailing packages or picking up prescriptions
- Helping someone move

6.4.5 Construction of a model case

A model case should include all attributes or properties of the concept (Choi et al. 2024). This case is fictional and only for illustrative purposes. A model case for teenage mothers with all attributes is as follows:

17-year-old Lerato is a young mother who meets with friends attending lessons on a daily basis at school doing grade 10. Lerato lives with her parents and three (3) siblings, her mother is unemployed and babysit the baby so that her daughter can attend school without worries **(tangible/instrumental support).** Lerato's parents have accepted the baby with love **(emotional support)** and assist with buying baby's needs and clothing **(tangible/instrumental support).**

Lerato missed on a lot of lessons while she was pregnant and taking the baby to the clinic for immunisation jabs, so her friends Lethabo and Joyce who are in the same grade as her, would bring notes and activities to Lerato's house so that she catches up with schoolwork **(informational support).** Though Lerato was ashamed about teenage motherhood especially in front of her Life Orientation teacher, the teacher would encourage her to commit more time on her schoolwork, and her parents motivate her to attend extra lessons on weekends **(esteem support).** Sometimes Lerato would experience isolation and degrading remarks from community members when she passes by; this would leave her feeling stressed and afraid to go to public spaces, her friends would express words like "don't worry friend ignore them everything will be fine" **(emotional support).**

6.4.6 Construction of a borderline, related and contrary case

6.4.6.1 Identifying a borderline case

According to Choi et al (2024), a borderline case is one that includes some but not all the attributes of the concept. Tang, Klunklin, Lirtmunlikaporn and Wang (2024) assert that borderline case contains most defining attributes of the concept being examined. This case is a fictional case for illustrative purposes only. An example for a teenage mother (which does not include esteem and tangible support) is as follows:

19-year-old Sinkie is a mother of twins who lives with her single parent in the rural village of Reymond. The father of her babies abandoned her from the moment he found out she was expecting. Sinkie had a mental breakdown because of this situation and ended up dropping out of school for a year and was reintegrated the following year. She was attending sessions with a psychologist in order to overcome depression **(informational support).** Sinkie couldn't focus on her schoolwork and ended up failing her grade dismally. Sinkie's parent and siblings assist her to cope by listening to her concerns **(emotional support).**

6.4.6.2 Identifying a related case

According to Tang et al (2024), a related case is associated to and similar to the concept but not the concept itself. A related case is similar to the concept being analysed, but distinct and it doesn't include the main attributes of the concept (Chio et al. 2024). For example, ***empowerment*** can be considered similar to social support. However, it lacks the key attributes of social support. This case is fictional and only for illustrative purposes.

Nancy, an 18-year-old teenage mother in grade 11 from Dynamics secondary school attended an awareness campaign at her school. The presenters were invited by Life Orientation teachers which included social workers among others to address the issue of substance abuse and teenage pregnancy and their effects on the quality of life of an individual. The aim of this event was to teach learners about life skills in order to empower them. In this case, Nancy was embarrassed as she is a young mother, this made her to reflect on the hardships she faced regarding teenage motherhood, she left the event early and her friends found her crying in the toilets. Nancy was proud of herself as she was working hard to excel and get good marks.

6.4.6.3 Identifying a contrary case

A contrary case does not include any attribute of the social support concept (Walker and Avant 2014). According to Khalili et al (2023), contrary case includes none of the main attributes of the concept and specifies what the concept is not. This case is a fictional case for illustrative purposes only. An example for teenage mother is as follows:

Sylvia, a 19-year-old teenage mother in grade 12 whose parents did not accept her pregnancy and even after the birth of her baby, they remained cold and disappointed. Sylvia's parents disowned her and constantly reminded her that she ruined their reputation. At school she was rejected and isolated by peers as if she is an outcast. In the community, no one of her age wanted to associate with her and parents of her peers didn't want their children to befriend her as she is a bad influence. Nevertheless, Sylvia is struggling to study on her own and taking care of her baby at the same time, her marks were dropping, and this made her to lose confidence and lowered her self-esteem. Sylvia is always attacked and scolded by teachers at school.

6.4.7 Identification of antecedents and consequences of the concept

Understanding the antecedents and consequences of a concept is a central step in concept analysis, as it clarifies the conditions under which a concept emerges and the outcomes that follow from its presence. Walker and Avant (2014) define antecedents as events, situations, or conditions that must occur prior to the manifestation of the concept. Similarly, Schultz, Corbett and Hughes (2022) describe antecedents as prerequisite circumstances that set the stage for a concept to arise. Khalili et al (2023) further add that antecedents encompass behaviours, conditions, or contextual factors that precede the concept and may contribute to its absence or presence. Within the context of this study, which focuses on teenage mothers, a synthesis of the reviewed literature reveals several antecedents associated with the emergence or need for social support. These include:

- **Emotional distress:** Many teenage mothers experience anxiety, stress, and psychological strain prior to seeking or requiring social support.
- **Coping demands:** The need to manage new responsibilities often triggers the need for supportive networks.
- **Love and care needs:** Adolescents may require nurturing, affirmation, and maternal or family warmth as precursors to perceiving social support as essential.
- **Academic performance pressures:** Balancing schooling and motherhood creates challenges that precede the need for support structures.
- **Personal needs:** These include physical, emotional, and developmental needs unique to teenage mothers.
- **Financial hardship:** Limited income and dependence often heighten the need for social and material support.
- **Social climate:** Environmental factors, including stigma and community norms, influence the conditions that lead teenage mothers to seek support.
- **Social network characteristics:** The quality, size, and accessibility of the teenage mother's network shape the emergence of the need for social support.

Collectively, these antecedents represent the conditions that give rise to the emergence of social support as a critical concept in the lives of teenage mothers. According to Schultz et al (2022), **consequences** are the events or outcomes that follow from the presence or activation of a concept. Walker and Avant (2014) similarly describe consequences as the results that occur because the concept has taken place.

In this study, the consequences of receiving adequate **social support** for teenage mothers were identified as overwhelmingly positive and multi-dimensional. These include:

- **Improved maternal and mental health:** Social support is associated with reduced stress, decreased depressive symptoms, and enhanced emotional well-being.
- **Improved quality of life:** Supported mothers tend to experience greater life satisfaction and overall well-being.
- **Positive coping strategies**: Access to support enhances adaptive coping and problem-solving abilities.
- **Improved learning and academic outcomes:** When teenage mothers receive support, they are more likely to remain in school and achieve better academic performance.
- **Enhanced childcare practices:** Support enables young mothers to provide better nurturing, safety, and developmental stimulation to their infants.
- **Increased resilience:** Social support strengthens the capacity of teenage mothers to navigate adversity and recover from challenges.
- **Healthier behavioural patterns:** Supported teenage mothers are more likely to engage in health promoting and safer behaviours.

These consequences illustrate the transformative role that social support plays in shaping the well-being and developmental pathways of teenage mothers. Understanding both the antecedents that create the need for support and the consequences that follow its provision provides conceptual clarity and strengthens the theoretical foundation for the development of interventions aimed at this population. The consequences of receiving social support are improved maternal and mental health, improved quality of life, positive coping strategies, improved learning and academic outcomes, enhanced childcare practices, increased resilience and healthier behavioural patterns (Figure 6.2 below).

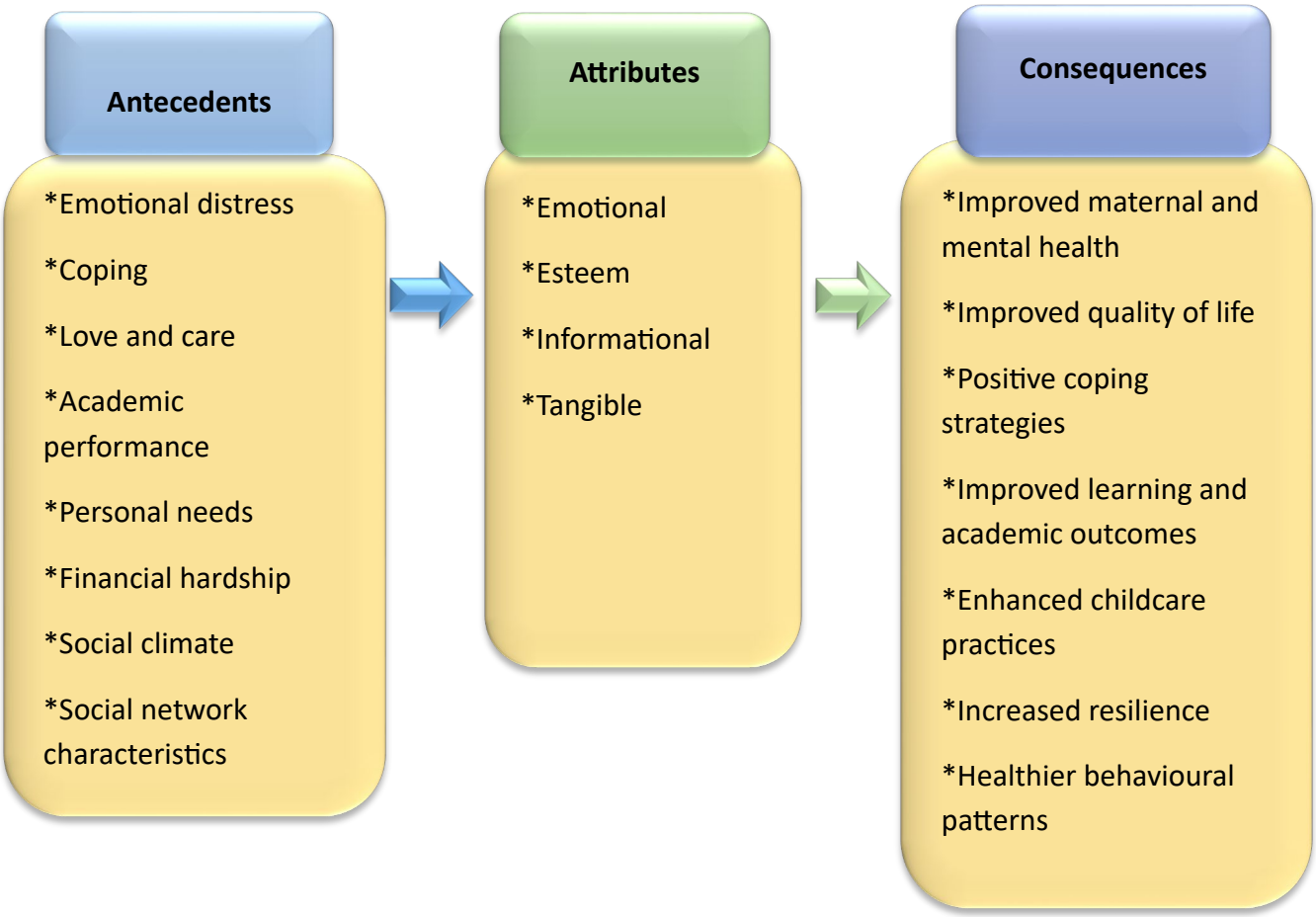


Figure 6.2 Conceptual diagram of social support for teenage mothers

6.4.8 Defining empirical referents of the concept

According to Schultz et al (2022), empirical referents are traits that demonstrate the notion. According to Jaunamasta, Aungsuroch and Gunawan (2021), empirical referents are phenomena that plainly demonstrate the concept's existence. Zanini, Peixoto and Nakano (2018) propose that the Social Support Scale (SSS) can be used to assess an individual's perceived availability of social support. The Social Support Scale (SSS) assesses the amount to which a person has the support of others in stressful situations (Zanini, Peixoto & Nakano 2018). According to Santiago, Smithers, Roberts and Jamieson (2020; 2023) & Zanini et al (2018), the Social Support Scale (SSS) was initially developed by Peeters et al (1995) to evaluate emotional (e.g., "There are people in my life who pay attention to my feelings and problems"), appraisal ("There are people in my life who appreciate what I do"), instrumental ("There are people in my life who I can get help from when I need it"), and informational ("There are people in my life who I can talk to about how to handle things").

The SSS was composed of 4 items responded according to 5 response categories (0=Strongly disagree; 1=Disagree; 2=Neutral; 3=Agree; 4=Strongly agree) (Santiago et al. 2023). Total scores range from 0 to 16 and higher social support (Santiago et al. 2023). Santiago et al (2020; 2023) indicated that in the original validation of the SSS, the questionnaire was applied to a sample of 41 female secretaries in the Netherlands. A Principal Component Analysis (PCA) was performed, yielding three components (Zanini et al. 2018; Santiago et al. 2020). The initial component, encompassing the instrumental and informational support items, was designated "Instrumental Support"; the subsequent component, comprising the emotional and appraisal items, was labelled "Intimate Support" (Santiago et al. 2020). Santiago et al (2020) posit that these two primary dimensions, Instrumental and Emotional support, have consistently been identified in empirical investigations. The SSS tool's findings aligned with this research, which aimed to explore the support received by teenage mothers, concurrently seeking to delineate the four attributes of social support—emotional, esteem, informational, and tangible/instrumental support—previously discussed in section 6.4.4.

1) Emotional support

This attribute can be assessed by statements consisting of empathy, concern, affection, care, comfort, understanding, active listening and encouragement.

2) Esteem/appraisal support

Statements which can measure this attribute consist of provision of feedback, reminding people about their strengths, giving compliments, providing affirmations to boost confidence, making someone feel worthy and elevating a positive behaviour.

3) Informational support

This attribute can be measured by statements such as motivation, advice, guidance, making suggestions and giving useful information or facts.

4) Tangible/instrumental support

This attribute can be assessed by statements like lending or giving money, practical help, favours, household chores, childcare, personal physical tasks, providing essential equipment or resources for schoolwork.

6.5 CHAPTER SUMMARY

The objective of this concept analysis was to examine the characteristics and dimensions of social support to elucidate its meaning and comprehend its application, so establishing a shared understanding of the support for young mothers within healthcare environments. Furthermore, the analysis yielded the following: the applications of social support; characteristics; a model case; supplementary cases; antecedents and effects; along with empirical referents, in addition to the selection of the concept and its objective. The concept analysis was applied to the identified concept “support” as described primarily by the teenage mothers who participated in the study that aimed to develop a support program to reduce stigmatisation and marginalisation. Review of the literature was conducted to obtain the relevant information and as portrayed in the literature provided, there are numerous dissenting views of support.

The conceptual definition of support the researcher adopts for this study is **“strengthening the individuals’ coping abilities and quality of life while facing stressful situations, by offering them emotional support, being valued, having a sense of belonging and receiving practical help, information and guidance from social networks”.** Support also refers to an individual’s feeling of acceptance without judgement, discrimination and marginalisation. The upcoming chapter will discuss procedures and processes of development of a support program.

CHAPTER 7

DEVELOPMENT OF A SUPPORT PROGRAM FOR TEENAGE MOTHERS

7.1 INTRODUCTION

In the previous chapter, the conceptual analysis was described based on the process of Walker and Avant (2014). Dickoff et al (1968)'s survey list is described in this chapter based on the findings from Phase one (1) of the study. Dickoff et al (1968)'s conceptual framework and Phase one (1) provided the underpinning for developing a program to support teenage mothers experiencing stigmatisation and marginalisation. Social Support Theory (1981) was also used in this study to formulate the support program because it emphasises on the types of social support teenage mothers require such as emotional, informational and instrumental support. The development of a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities is explained in this chapter. Program development is a systematic process of creating and implementing educational programs designed to fulfill specific needs, goals, and objectives (Fiveable 2025).

Kawata (2015) asserts that program development is a continuous and comprehensive planning process aimed at establishing projects. The process includes needs assessment, curriculum framework design, instructional material selection, and outcome evaluation to guarantee the effectiveness and relevance of educational programs (Fiveable 2025). Program development serves as a strategic framework, offering a structured plan that directs the creation and implementation of effective community programs (Kawata 2015).

7.2 DEVELOPMENT OF THE CONCEPTUAL FRAMEWORK

A conceptual framework describes the interconnections between the study's variables and its building blocks (Botma et al. 2022). In a less formal setting than a theory, Polit and Beck (2021) define a conceptual framework as "a collection of related ideas organised in a logical and, frequently, explanatory scheme" that sheds light on relationships.

The study followed the survey list of Dickoff et al (1968) practice-oriented theory to identity and classify the concepts, and analyse the prescribed activities that are intended at understanding the goals of the program namely:

- Who or what is doing the action (the agent)?
- Who or what is receiving the action?
- What is the setting for the activity?
- What is the method or protocol guiding the activity?
- What energy sources power the activity?
- What is the final result of the activity?

7.2.1 THE AGENT

A person who acts in pursuit of a purpose is called an agent (Dickoff et al. 1968). The one who has the specific beliefs, attitudes, and actions needed to help bring about change is called an agent, according to Legodi (2022). In the context of this study, the researcher facilitated the development of a support program aimed at offering support to teenage mothers who are stigmatised and marginalised. The researcher was accountable for designing, organising, and implementing the support program intended to assist teenage mothers (recipients) by enhancing their knowledge and skills to be able to develop resilience and self-efficacy in dealing with emotional distress brought about by the effects of stigma and marginalisation (Dickoff et al. 1968). Trained facilitators, nurses, social workers and school liaisons as agents are involved in provision, planning, organising and monitoring of the support program for young mothers. The agent needs to possess the required attributes such as knowledge, skills and values to develop the support program for teenage mothers are illustrated in Figure 7.1 below.

Figure 7.1 Characteristics of the agent

7.2.1.1 Knowledge

According to Oxford dictionary (2022), knowledge implies facts, information, and skills acquired through experience or education; the theoretical or understanding of a subject. The agents in this study possessed specialised knowledge on the subject matter to successfully design, plan and evaluate the support program to support teenage mothers who are stigmatised and marginalised. The trained facilitators, nurses, social workers and school liaisons had the scientific knowledge in the field of nursing and mother and child health, learning theories and knowledge regarding program development and implementation. The findings from Phase one (1) of the study allowed the agent to accomplish a thorough understanding of the following:

- The experiences of teenage mothers facing challenges of stigmatisation and marginalisation.
- The support needs of teenage mothers who experience stigma in rural communities.

7.2.1.2 Skills

Reyes and Alvarez (2022) state that nurses' interpersonal skills include the following: the ability to recognise and empathise with the other person; the ability to communicate and understand the values and beliefs of the other person; and the ability to engage in genuine encounters with patients that foster healing, personal development, and growth for both parties. The interpersonal skills of the agent were essential to establish rapport and interact with teenage mothers. The agent facilitated active engagement, collaboration, and exhibited leadership skills during the management of the support session.

Effective communication

Clear communication is defined as the effective and direct transmission of information that ensures all parties understand the message being given (Fivable 2025). Communication is more than just speaking; it also includes how people comprehend, express, and respond to information (Immerse Education 2025). Communication can be categorised into five major types: verbal, nonverbal, written, visual, and active listening.

Verbal communication employs words to express ideas, whereas nonverbal cues, such as gestures and posture, communicate emotions and attitudes (Immerse Education 2025). Written communication provides clarity by employing structured formats and appropriate tone, while visual communication facilitates the understanding of complex concepts using imagery or design (Immerse Education 2025). Effective communication necessitates attention to the entire process, rather than solely the content of the message (Pang, Zhou & Chu 2024). People from diverse cultural backgrounds may interpret facial expressions, spatial usage, and gestures in significantly varied ways (Pang et al. 2024). It is critical that the agent is aware of the verbal and nonverbal cues of teenage mothers, and that culturally people attach different meanings to them. Both verbal and non-verbal skills were utilised during in-depth interviews and focus group discussions. These methods facilitated increased levels of active engagement and relaxed expressions from the individuals who were being interviewed. The agents should therefore speak or communicate with the recipients (teenage mothers) in a respectful and polite manner.

Problem-solving

Problem-solving skills refer to an individual's capacity to engage in cognitive processing to understand and resolve situations where a method or solution is not immediately obvious (OECD 2024). According to OECD (2024), problem-solving is related to creativity, critical thinking, growth mind-set, goal orientation and completion, and self-efficacy. The agents should be willing to assist in resolving problems that may arise and interfere with the coordination and planning of a support program for teenage mothers in the healthcare services to achieve quality care and support they need.

Empathy

According to the Merriam-Webster dictionary (2022), empathy denotes "the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another. The agents should display an attitude of caring, showing an understanding and being sensitive to the recipients in the support program sessions.

Patience

Oxford dictionary (2022) defines patience as the capacity to accept or tolerate delay, problems, or suffering without becoming annoyed or anxious. Patience refers to the inclination of individuals to remain calm while facing frustration, difficulty, or suffering (Al-Ajar 2023).

The agents should be able to exercise patience without being annoyed when dealing with differences of opinions among recipients when implementing the support program.

7.2.1.3 Values

A person's values are the guiding principles by which he/she judges the merits of various options (Nadeau 2025). Values are the beliefs people have, especially about what is right and wrong and what is most important in life, that control their behaviour OR the principles that help a person to decide what is right and wrong, and how to act in various situations (Cambridge dictionary 2024) The values the agent should possess are in line with the American Nurses Association (ANA) (2025) which emphasises core nursing values like caring, compassion, social justice, human dignity, commitment to integrity and respect.

Compassion and caring

Recognising suffering, comprehending the universality of human suffering, feeling for the person suffering, tolerating uncomfortable feelings, and motivation to act to alleviate suffering are the five components that make up compassion, according to Strauss, Taylor, Gu, Kuyken, Baer, Jones and Cavanagh (2016). People also feel better about themselves and their mental health when they treat others and themselves with compassion (Strauss et al. 2016). According to Merriam-Webster dictionary (2022), compassion means “sympathetic consciousness of others’ distress together with a desire to alleviate it”. The HPCSA (2020) states that healthcare professionals must be attuned to and empathise with the personal and societal needs of their clients, striving to establish mechanisms for delivering comfort and assistance when suitable. The trained facilitators, nurses, social workers and school liaisons should possess a feeling of compassion and care and a desire to alleviate emotional trauma and suffering towards teenage mothers (recipients). The agent should feel for teenage mothers who are suffering mentally to be able to understand their experiences and challenges of going through emotional distress related to rejection, isolation and prejudice.

Commitment to integrity

According to Mohi and Zang (2023) & Saleem (2024), a commitment to integrity consistently upholding a vigorous moral and ethical standard, ensuring that an individual's actions are congruent with their words and principles, even in the absence of observation. This value is fundamental to ethical conduct and includes several other essential principles such as honesty, responsibility, trustworthiness, loyalty, and courage.

It is critical that the agent commits to the highest levels of personal integrity by consistently adhering to ethical beliefs and a code of conduct.

Human dignity

Perrin, Wozniak, Lande, Morris, Kozybay, Soriano et al (2023) proclaim that the foundation for universal human rights and ethical treatment is the idea that every person has inherent worth and value just because they are human. Furthermore, every individual deserves respect, self-respect, and treatment that does not humiliate them, regardless of their actions, status, or background. The work of Steinmann (2016) argues that human dignity embodies the fundamental worth of mankind; as an acknowledgment of human right, it legitimises the principle that the essence of humanity must be acknowledged and honoured equally. The agents should treat recipients with respect and dignity and ensure that he/she does not humiliate them.

Social justice

Varkey (2020) asserts that justice is commonly understood as the fair, equitable, and appropriate treatment of individuals. The South African Nursing Council (2021) code of ethics mandates that nurses consistently act with fairness and equity in situations involving competing interests among parties, groups, or individuals. During sessions, the agents should treat recipients fairly without showing favouritism or taking sides. Moreover, the agent needs to make sure that the teenage mothers can get the information they need from the support program.

Respect

HPCSA (2020) & SANC (2021)'s code of ethics mention respect for persons as one of the fundamental principle of ethics which highlight that "health care professionals should respect clients as persons, and recognise their intrinsic worth, self-esteem and sense of value". The agent is obliged to show respect to teenage mothers regardless of what they say. It is required that the agent respect teenage mothers' decisions, autonomy and confidentiality throughout the process and procedures of this study.

7.2.2 RECIPIENTS

The individual who gets the action from the agent is called the recipient, according to Dickoff et al (1968). The recipients of the support were teenage mothers in the rural communities of Sekhukhune district. Figure 7.2 below illustrates the attributes of a recipient.

Figure 7.2 The attributes of a recipient

7.2.2.1 Characteristics of the recipients

The recipients of this study were teenage mothers who would benefit from participating in the support program by receiving the relevant skills, knowledge and capabilities to improve their mental wellbeing and emotional status in the healthcare facilities, schools and the community. The teenage mothers are the recipients who obtain guidance and support from trained facilitators, nurses, social workers and school liaisons on maintaining empowering experiences while they energetically engage themselves and portray a vital role in the facilitation of the support program.

7.2.2.2 The role of recipients

Teenage mothers during the program development included the needs assessment through data collected using data gathered in the form of semi-structured interviews, focus group discussions and art-based methods, whereby they expressed the experiences they encountered and their support needs. Then a support program was developed based on the participants' responses provided during the need analysis which helped the researcher in planning the consolidative support program.

The contents of the program were shaped by the knowledge, experiences, and support needs of the recipients.

7.2.2.3 Skills of the recipients

The recipients need to possess skills such as responsibility, readiness to learn, motivation, self-confidence and self-esteem to be empowered and capacitated. The recipients also need to have skills such as good communication skills, active listening, flexibility, and able to be free to voice out their concerns and experiences they faced as individuals.

THE RELATIONSHIP OF THE AGENT AND RECIPIENT

The trained facilitators, nurses, social workers and school liaisons, acting as agents, and the teenage mothers, as recipients, are involved in a mutually influential relationship that shapes the support program designed for stigmatised and marginalised teenage mothers (refer to Figure 7.3 below). The agent's responsibilities encompass offering **emotional support, guidance,** and **resources** to combat stigma and marginalisation. Furthermore, the agent establishes a **secure environment** for the sharing of experiences and concerns, thereby **empowering** teenage mothers to cultivate **coping mechanisms** and **foster resilience**. Conversely, the recipient's role involves active participation in the support program, which includes sharing **their experiences and needs**, applying **learned skills** to their specific circumstances, and **developing self-care and problem-solving abilities.** The agent also contributes feedback to enhance the support program's effectiveness.

Reciprocal relationship

The agent adjusts its support based on the experiences of the recipients. Teenage mothers develop skills, confidence, and a sense of empowerment to navigate stigma and marginalisation. This mutually beneficial relationship cultivates shared development, empowerment, and effective assistance for teenage mothers facing stigma and marginalisation. It recognises teenage mothers as active agents, rather than passive recipients, thereby fostering a sense of ownership, belonging, and control over their lives.

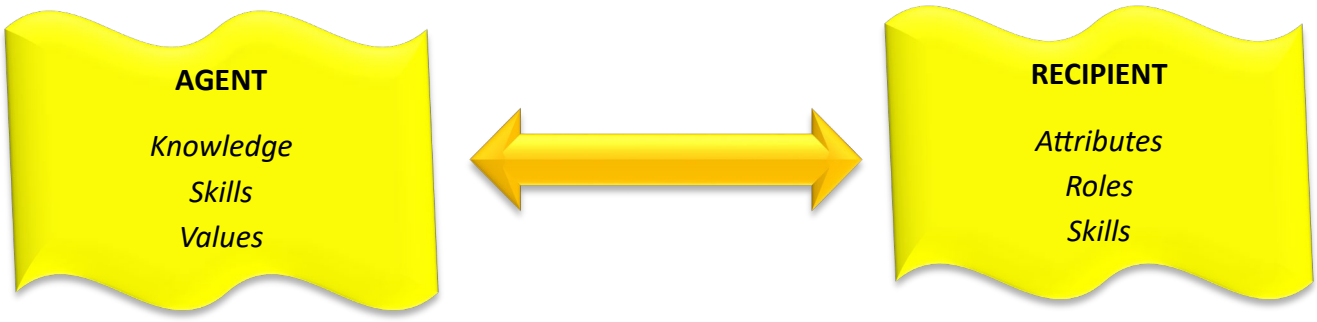


Figure 7.3 The relationship of the agent and recipient

7.2.3 CONTEXT

According to Dickoff et al (1968)'s practice-oriented theory, the context implies the environment where the activity will take place. The context of this study is the PHC, mobile clinics and district hospitals in the Sekhukhune area, Limpopo Province, where they offer unique services focusing on maternal and child health and mental health. The program was designed for healthcare facilities, schools, community organisations and family systems where support is enacted. The support program was developed grounded on the data collected which indicated the support needs of teenage mothers. Figure 7.4 below illustrates the context of the support program.

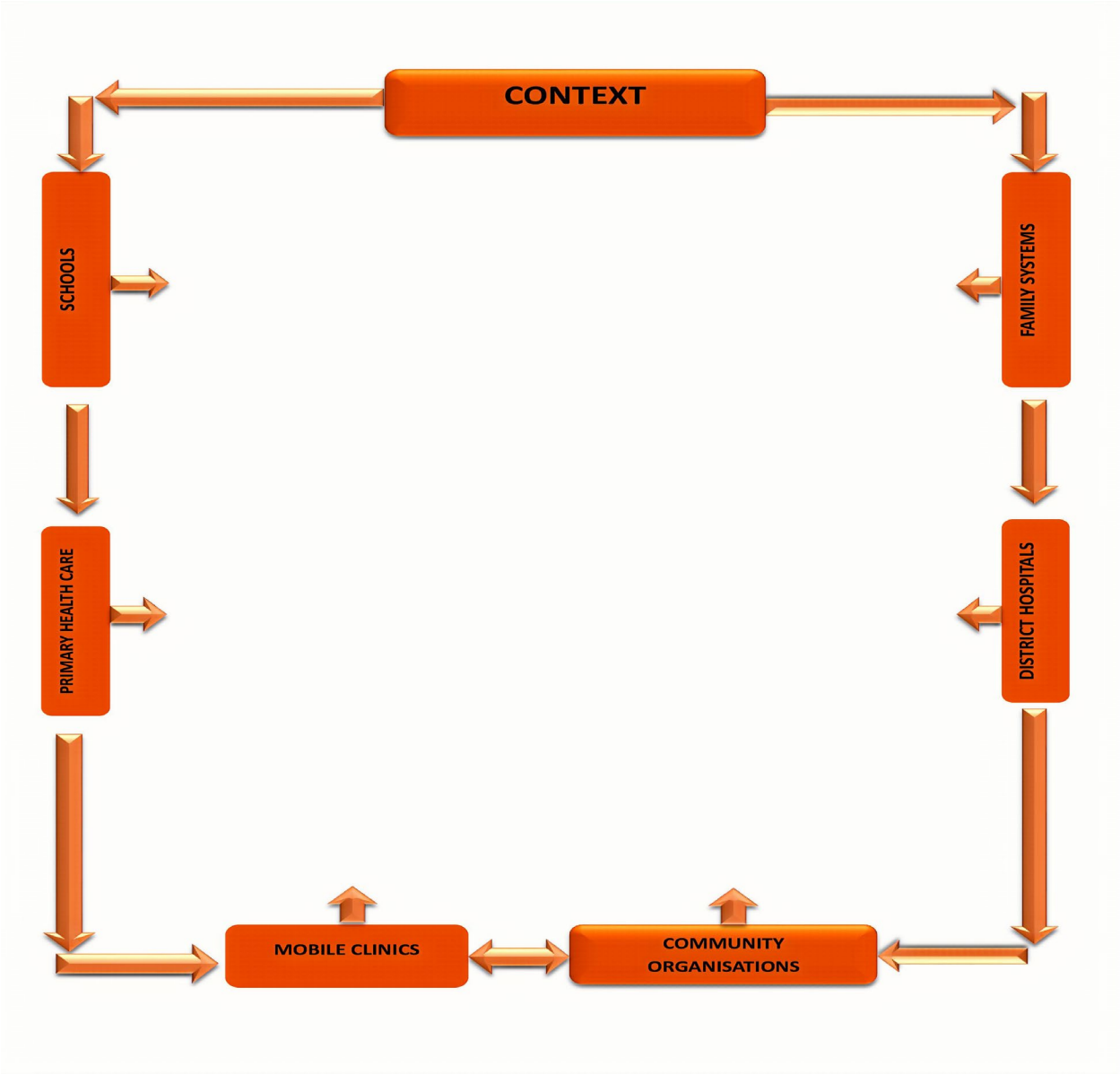


Figure 7.4 Context of the support program

7.2.3.1 Primary health care

Care that is ongoing and focuses on promoting health, teaching people how to care for themselves, and managing chronic conditions is known as Primary Health Care (PHC) (Abrahams, Thani & Kahn 2022). PHC encompasses a wide range of health services delivered by community-based medical practitioners (Behera, Prasad & Shyambhavee 2022). This means that universal health care is available to all individuals and families. The primary health-care team includes only general practitioners, nurses, pharmacists, and allied health-care providers.

Fundamentally, PHC service is the method and practice of providing emergency health services, such as diagnosis and treatment of health condition, as well as assistance in managing long-term health care, including chronic illnesses like hypertension and diabetes mellitus (Behera, Prasad & Shyambhavee 2022). PHC offers teenage girls with Sexual Reproductive Health services such as family planning, Sexual Transmitted Infections prevention and treatment, mother and child services including well baby clinic and immunization, and youth services.

7.2.3.2 District hospitals

According to Ngoie, Jenkins and Schoevers (2025), district hospitals can act as a first point of contact for patients with less common health issues. A hospital that accepts referrals and provides generalist assistance to clinics and community health centers, with health care provided by general health care practitioners or primary care nurses (UKZN DoH 2025). These district hospitals provide a range of services, including diagnosis, treatment, care, counseling, and rehabilitation. Services are offered by generalist healthcare professionals in areas like family medicine, general medicine, primary healthcare, obstetrics, mental health, eye care, rehabilitation, surgery, pediatrics, and geriatrics (Ngoie et al. 2025).

District hospitals play a crucial role in bolstering Primary Health Care within the district health system (Azreena, Arinah, Noor Haslinda, Intan Syafinaz et al. 2016). District hospitals now play an increasingly important role in primary health care, encompassing not only curative and rehabilitative services but also promotion, prevention, and education (Mash & Nash 2024). District hospitals render services such as antenatal and postnatal care, counselling services and infant care for young pregnant and motherhood care. It also offers mental health care, emotional and psychological support.

7.2.3.3 Mobile clinics

According to Spratt (2025), a mobile clinic is a medical facility that is constructed inside of a vehicle and is designed to offer medical treatment to people wherever they live, work, or congregate. World Health Organization (2026) posits that mobile clinics provide a variety of viable and flexible treatment alternatives for people who have recently been relocated, as well as for vulnerable and isolated groups.

Mobile health clinics (MHCs) provide a practical and flexible alternative to traditional healthcare delivery model to reach vulnerable and underserved groups, particularly those in rural areas, (Nkosi 2024). Primary care (checkups, screenings, and continuous care), behavioural health (counseling, diagnosis, treatment, and evaluation), immunizations, prenatal care, management of chronic diseases, healthcare for children, disease prevention, and health education are all services provided by mobile clinics (Spratt 2025).

7.2.3.4 Schools

Education is a key driver in eradicating poverty, generating shared prosperity, and enhancing health, gender equality, peace, and stability (Kurangking 2023). Secondary education is a vital part of everyone's life (Cahill 2019). It can also help to empower girls, improve people's economic standing, and lower infant mortality rates (Kellard, Makhlouf, Sarkisyan, Vinogradov 2024). According to Merriam-Webster (2022), a school is the organisation that provides instruction.

7.2.3.5 Family systems

According to Bayba (2024), individuals of family systems frequently take on duties that are not explicitly stated, which assist the system in managing elements such as stress, conflict, or emotional overwhelm. These roles are rarely intentionally allocated; rather, they grow over time as adaptive reactions to relational requirements, developmental demands, or continuous causes of worry. Rather than being assigned consciously, they emerge over time (Bayba 2024). Bowen (2025) states that families significantly influence their members' thoughts, emotions, and behaviours, creating an impression that individuals share a common "emotional skin." Individuals seek one another's attention, acceptance, and support, while responding to each other's wants, expectations, and distress (Bowen 2025). According to van Schalkwyk (2025) the family component helps since teenage mothers, like children, develop, surround themselves with others, and interact with family members on a regular basis. It is a foundation from which individuals can take positive elements useful for increasing their well-being and resilience development.

7.2.3.6 Community organisations

Community organisation denotes the process by which individuals and groups unite to define shared objectives and actively pursue social change or enhancement within their community (Fivable 2025). Young mothers require support that encompasses health, education, social development, and community-based services in order for them to be able to complete their high school education, advance their careers, and be able to provide for themselves and their children (RHAP 2024). According to van Schalkwyk (2025), community structures comprise of government departments such as the Department of Health, the Department of Social Development, local clinics, the South African Schools Act (SASA), Non-governmental organizations (NGOs), churches, and faith-based organisations. These are sources of support that exist beyond the educational context. Teenage mothers can access several valuable support resources within, outside, and throughout the community to enhance their well-being and resilience (van Schalkwyk 2025).

7.2.4 DYNAMICS

Dynamics according to Dickoff et al (1968) denote the steering or energy force of the activities within the individual and they are internal motivational factors of the support program. The dynamics, in the context of this study, were resulting from data collected from Phase one (1) which are the experiences and challenges of teenage mothers. The dynamics refer to the energy source that stirred the path towards social change and development. The dynamics of this study are in accordance with the themes and sub-categories originated and are illustrated in Figure 7.5 below.

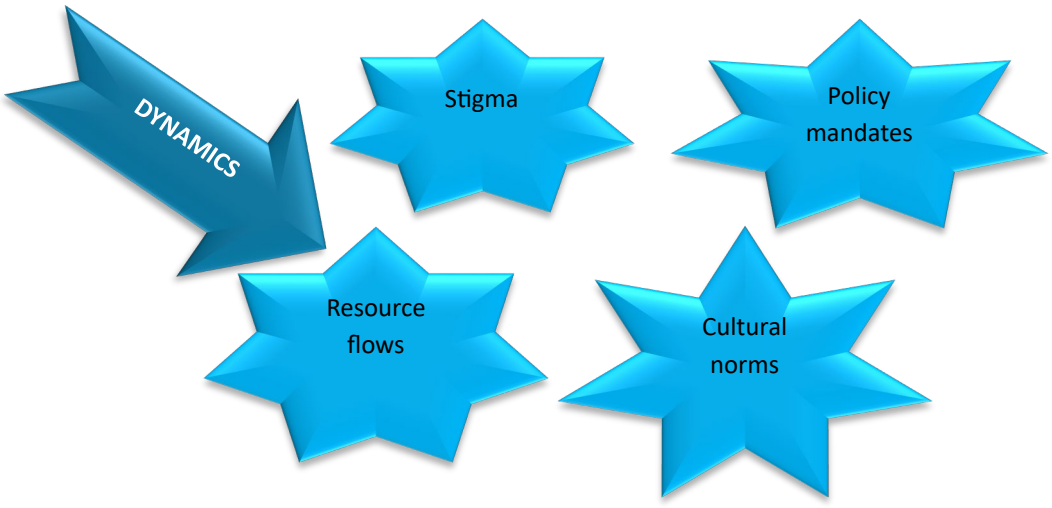


Figure: 7.5 Dynamics of the support program

Stigma (isolation, rejection, humiliation and social exclusion)

Teenage mothers in this study mentioned that they often encounter stigma and discrimination from those in positions of authority being parents, teachers, health professionals, and community members whose words and actions can profoundly shape their self-worth and trust in institutions. This study reveals how authority figures, instead of offering guidance and care, sometimes reinforce shame and exclusion, exacerbating vulnerability and undermining teenage mothers' confidence in health and education systems. Humiliation was both direct such as verbal insults and indirect namely gossip, jokes, and neglect. Confidentiality violations, public humiliation, and disparaging remarks that minimised the students' situations as young mothers were examples of teacher ridicule. Such behaviours not only reinforced stigma but also produced hostile learning environments where students felt devalued and alienated. Participants describe being told they had "embarrassed" their families, judged as if they had "married themselves," and excluded from social interactions by relatives who feared they would be a "bad influence."

Policy mandates

Teenage pregnancy and motherhood regulations serve as the driving force in helping them and their newborns. Policies aimed at promoting learners' constitutional right to basic education by ensuring that they are not excluded due to pregnancy or childbirth (DBE-Policy on the Prevention and Management of Learner Pregnancy in Schools 2022). This policy aims to guarantee that schools offer a stigma-free, non-discriminatory, and non-judgmental atmosphere to pregnant learners and those with infants, thereby supporting their physical and psychological well-being and dignity (DBE-Policy on the Prevention and Management of Learner Pregnancy in Schools 2022). The National Adolescent Sexual and Reproductive Health initiative provides guidance and assistance for young mothers, emphasising access to healthcare, education, and support services (DoH 2019). According to Letsike (2025), South African Schools Act facilitates the reintegration of teenage mothers into the educational system, hence fostering continuity in their education. The South African Department of Health has implemented Adolescent- and Youth-Friendly health services policies alongside the National Adolescent and Youth Health Policy to enhance the accessibility of clinics for young individuals (Letsike 2025).

Resource flows

The Department of Social Development (DSD) and numerous NGOs offer psychosocial support, parenting programs, and interventions for at-risk youth. Drop-in centers, youth clubs, and NGO initiatives, such as those of LoveLife and Soul City, concentrate on youth empowerment and sexual health (Letsike 2025). The government's social protection system, encompassing child allowances, mitigates certain financial burdens for young mothers (Letsike 2025).

Cultural norms

- **The stigma that surrounds teen pregnancy**: In some communities, being pregnant at a young age is frequently considered to be a source of shame or dishonour.
- **Gender roles:** Expectations of parenting in comparison to desires for a career regarding gender roles.
- **The dynamics of the family**: Some families are supportive of young mothers, while others are not; this can be attributed to some cultural or religious views.
- **The perceptions of the community:** Teenage mothers may be subjected to criticism and social isolation, as well as pressure to either give up the baby or terminate the pregnancy.

7.2.5 PROCEDURE

Dickoff et al (1968) defines procedure as the activity's guiding protocol. This outlines the general guidelines that regulate the activity and clarifies the measures that will be taken to attain the program's aims and objectives (see Figure 7.6 below). The procedure described in this study speaks to how teenage mothers will be helped. The protocol that outlined the procedures that would be taken throughout the development of the support program in order to achieve the support goals was described. Findings from the qualitative study and the development of a conceptual framework were utilised to enhance the program's content. The support program was facilitated by the researcher and the agents who are knowledgeable about maternal health and mental health.

The procedure has eight (8) structured set of components as follows:

- Stigma-safe counselling
- Peer support
- Academic integration pathways
- Linkage to financial support
- Childcare coordination
- Service navigation
- Rights-based advocacy training
- Referral pathways

7.2.5.1 Stigma-safe counselling

Facilitators and counsellors who have received training offer emotional support that is free from judgment and address the issue of internalised stigma. For the purpose of fostering self-esteem and developing coping mechanisms, sessions will be held either individually or in groups to address feelings of shame, anxiety, and despair that are associated with stigma.

7.2.5.2 Peer support

Facilitation of group sessions conducted by peer mentors involving teenage mothers to exchange experiences and provide mutual support, thereby alleviating isolation and fostering solidarity.

7.2.5.3 Academic integration pathways

Collaboration and building connections with local schools for re-entry strategies, flexible learning for teenage mothers, and homework assistance. Coordination of childcare support throughout school hours to help teenage mothers complete their secondary school education.

7.2.5.4 Linkage to financial support

The application for the SASSA Child Support Grant and assistance in connecting with non-governmental organizations (NGOs) for bursaries or financial aid, as well as skills training for the purpose of generating revenue.

7.2.5.5 Childcare coordination

Helping with referrals to daycare centers and community-based childcare networks, as well as providing support to teenage mothers in their pursuit of early childhood development (ECD) programs (Department of Education 2026). Early Childhood Development (ECD) is a holistic strategy for programs and policies aimed at children from birth to seven years, designed to safeguard their rights to achieve optimal cognitive, emotional, social, and physical development (DBE 2026).

7.2.5.6 Service navigation

Case managers should be assigned to assist and direct teenage mothers in efficiently accessing health, education, and social assistance from the appropriate sources.

7.2.5.7 Rights-based advocacy training

Providing education to young mothers on their rights, protection from abuse, and the process of seeking medical treatment, as well as equipping them with the skills necessary to advocate for themselves and demand resources in their communities.

7.2.5.8 Referral pathways

Forming collaborations with clinics, social workers, legal aid, and psychologists to provide holistic and ongoing support.

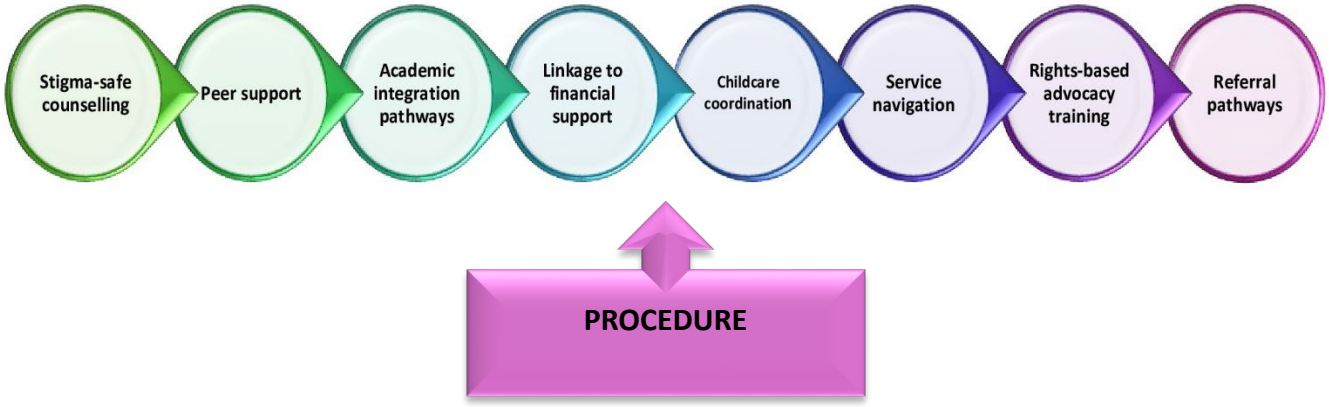


Figure 7.6 Procedure of the support program

7.2.6 TERMINUS

According to Dickoff et al (1968), the terminus is described as the outcome of the process. It is the outcome or goal of the practice, what is intended to be achieved by the actions of the agent (Dickoff et al. 1968). The findings from the current study reveal that teenage mothers lack the skills and knowledge to be able to cope with motherhood and stigma and marginalisation. The terminus in this study, refers to the teenage mothers who will be supported through a program to equip them with the necessary skills and knowledge, and competencies to improve their mental well-being (see Figure 7.7 below). Through the support program, teenage mothers may receive the complete financial, social, and emotional support from significant others, healthcare providers and educators in promoting the mental well-being of teenage mothers. It is expected that the program will benefit teenage mothers in reducing enacted stigma, improved psychosocial wellbeing, enhanced service uptake, sustained school retention and strengthened parenting self-efficacy. Furthermore, the program can help them to accept themselves and achieve their future aspirations despite all the emotional trauma they face because of stigmatisation and marginalisation.

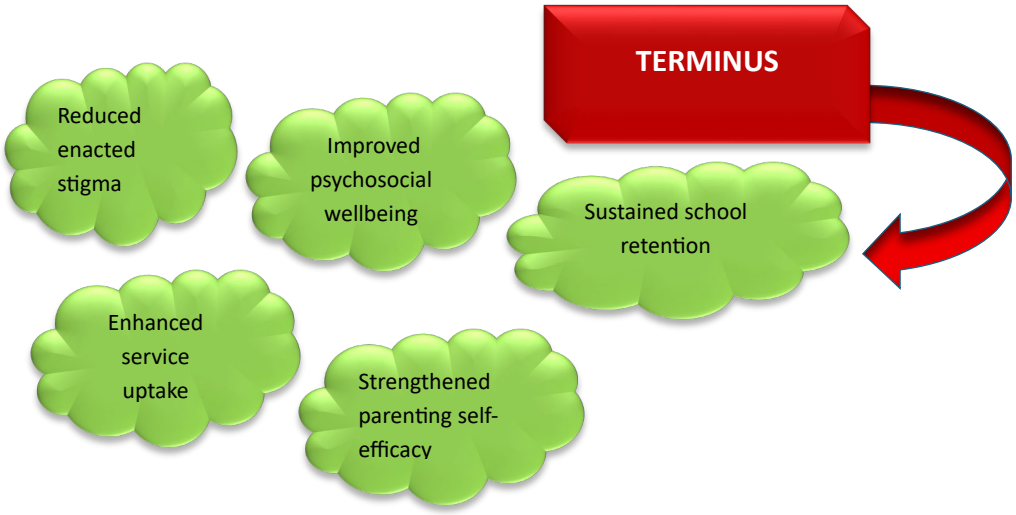


Figure: 7.7 Terminus

7.3 THE SUPPORT PROGRAM FOR TEENAGE MOTHERS

The program was designed to be **practice-oriented and participatory**, with teenage mothers actively involved in shaping its content and delivery. The **agent-recipient relationship** was framed to promote mutual respect and empowerment, while the **contextual analysis** addressed barriers in education, health, and community settings. The **procedural design** incorporated activities that were both therapeutic and skill-building, and the **dynamics** emphasised relational trust and resilience. Finally, the **product** was conceptualised not merely as service delivery, but as transformation—of identity, opportunity, and social perception. **The developed support program for teenage mothers is illustrated in Figure 7.8 below**

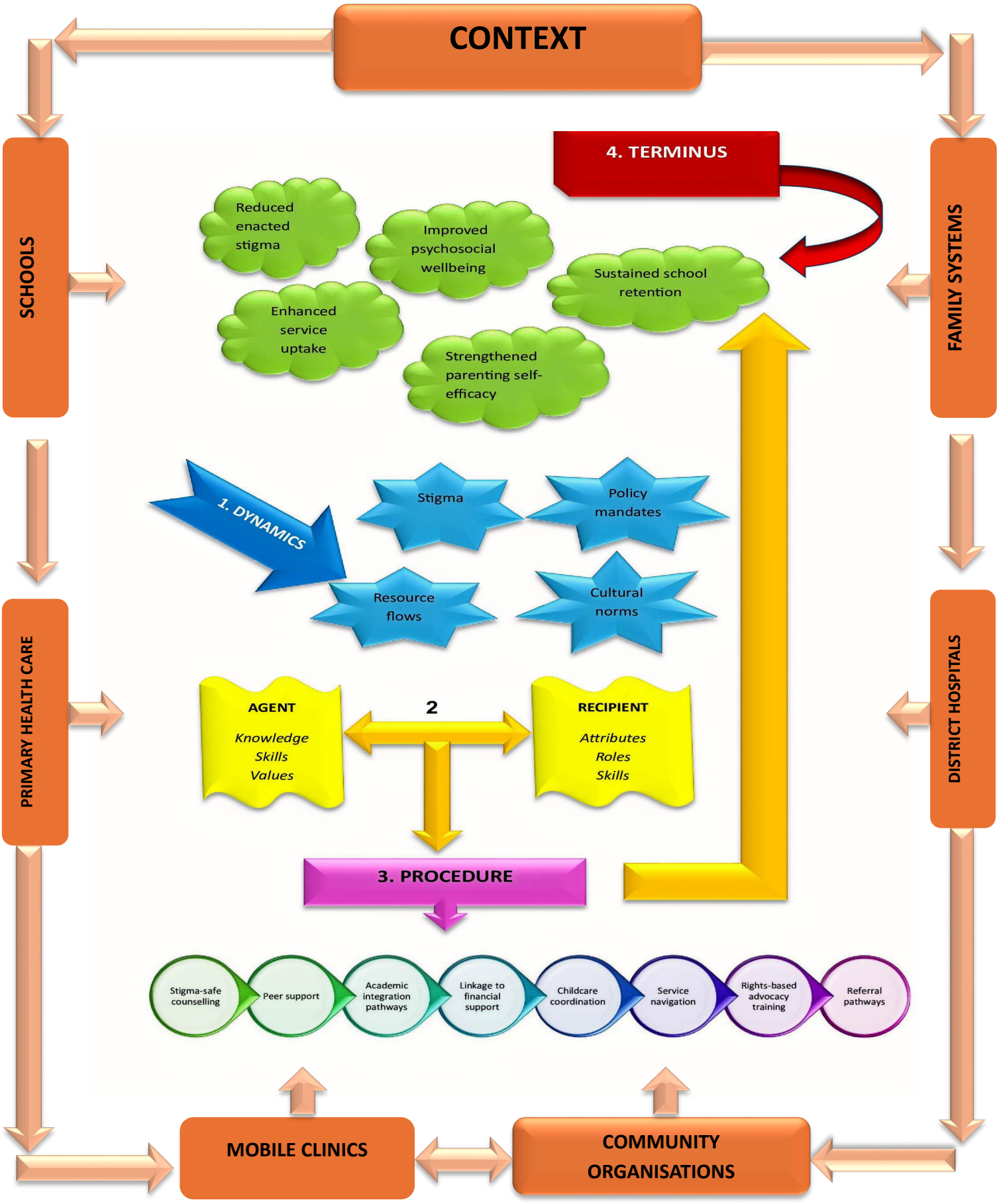


Figure 7.8 Support program to reduce stigmatisation and marginalisation among teenage mothers

The association between the concepts in the above program for teenage mothers were erected as follows:

- The dynamics (motivating and constraining forces) identified as stigma, policy mandates, resource flows and cultural norms.
- The act of providing support is a reciprocal relationship between the agent (trained facilitators, nurses, social workers and school liaisons) and the recipient (teenage mothers) and it involves the establishment of psychological equilibrium.
- The support procedure and the reciprocal relationship between the agent and recipient will result in accomplishments such as reduced enacted stigma, improved psychosocial wellbeing, enhanced service uptake, sustained school retention and strengthened parenting self-efficacy.
- Various contexts, including healthcare facilities (PHC, mobile clinics and hospitals), schools and family systems may facilitate the support transmission between teenage mothers and agents.

7.4 CHAPTER SUMMARY

The discussion concerning the aforementioned conceptual framework outlines the process employed in the development of the support program for teenage mothers experiencing stigmatisation and marginalisation in Sekhukhune district, Limpopo Province, South Africa. The six aspects of Dickoff et al (1968) Practice-Oriented Theory—namely, agent, recipient, context, dynamics, procedure, and terminus—were employed to guide the design process of the support program. The agents were qualified nurses and midwives providing nursing care as well as maternal and child health services and trained facilitators, social workers and school liaisons. The researcher oversaw the development of the support program and delineated its structure and session content. The program will be presented to the young mothers, those who faced stigma and exclusion in schools, healthcare settings, and within their communities. The support program will be offered in healthcare facilities that provide services for mothers and child, including primary healthcare centres, mobile clinics, and hospitals, and schools.

The ultimate goal was to develop a support program. This program is to be designed to bolster the mental well-being of teenage mothers, while helping them navigate the challenges of stigma and marginalisation.

The elements of the support program include:

- Teenage mothers as the recipient of support
- The agents are trained facilitators, nurses, social workers and school liaisons.
- The motivating and constraining forces (dynamics) such as stigma, policy mandates, resource flows and cultural norms.
- The context includes health facilities (PHC, mobile clinics and hospitals), schools and family systems.
- The procedure encompasses stigma-safe counselling, peer support, academic integration pathways, linkage to financial support, childcare coordination, service navigation, rights-based advocacy training and referral pathways.
- The outcomes namely reduced enacted stigma, improved psychosocial wellbeing, enhanced service uptake, sustained school retention and strengthened parenting self-efficacy.

The next chapter summarises the research, highlighting the conclusions and recommendations based on the findings and emphasised study's limitations.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

The former chapter developed a support program for teenage mothers who faced stigmatisation and marginalisation. This chapter completes the study report and provides a synopsis of research design and methods, a synopsis of research, summary and interpretation of the research findings, conclusions and recommendations, limitations and concluding remarks.

8.2 RESEARCH DESIGN AND METHODS

The study followed a qualitative participatory action research design. The study was conducted in three (3) phases namely qualitative approach, conceptual framework and development of a support program. The setting were schools situated at Sekhukhune district Limpopo Province, South Africa. Teenage mothers aged between 17 to 19 formed parts of the population for this study and those who met the inclusion criteria were sampled through non-probability purposive sampling supplemented with snowballing sampling. Data saturation determined the sample of the study across 44 participants who were currently attending schools and are mothers. Thirteen (13) semi-structured interviews were conducted utilising an interview guide consisting of open-ended questions, art-based methods with six (6) teenage mothers and four (4) focus group discussions consisting of twenty-five (25) plus thirteen (13) from interviews. Moreover, field notes were taken to add of the data, participatory art-based methods in the form of drawings, collage and narratives were also methods of data collection which yielded in-depth richness of data. Interviews and focus group discussions were conducted in Sepedi and English and audio-recorded then transcribed verbatim and analysed.

8.3 OVERVIEW OF THE STUDY

The researcher discussed and presented the responses provided to each research question before collaboratively interpreting the overall findings. The background of the study was done through reviewing of the appropriate literature on stigma and marginalisation among teenage mothers, their experiences and the support they received from significant others, fathers of the babies, school, healthcare facilities and from the community. Previous studies focused mostly on the challenges and experiences of teenage mothers, but the researcher did not come across any support program designed to reduce stigmatisation and marginalisation among teenage mothers. The study was therefore conducted to develop a support program for teenage mothers to reduce stigmatisation and marginalisation. The objectives of the study were to:

- Establish the experiences of teenage mothers who face stigma and marginalisation in rural communities of Sekhukhune district.
- Assess the interaction between the stigmatised mothers and peers, teachers and the healthcare providers.
- Identify the extent to which teenage mothers faced stigmatisation, marginalisation and discrimination in the community, school and healthcare facilities.
- Identify the coping mechanisms used by teenage mothers who encounter stigma and marginalisation.
- Ascertain how much knowledge teenage mothers have regarding their rights and responsibilities as young parents in schools and in the community.
- Identify the support needs of teenage mothers who experience stigma in rural communities of Sekhukhune district.
- Develop a support program for stigmatised teenage mothers in selected PHC facilities, schools and families in rural communities of Sekhukhune district.

8.4 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS

The findings of the study will be summarised according to the broad themes that emerged from the study which are as follows:

8.4.1 THEMES FROM INDIVIDUAL INTERVIEWS

8.4.1.1 THEME 1: The Family as a site of stigma and Support

The findings of the study revealed that teenage mothers' parents uttered negative words towards them, felt like they treated them as if they are not their children because the treatment was indifferent as compared to their siblings. Parents did not express empathy towards teenage mothers as they scolded them in front of their babies. The scolding by parents led to teenage mothers leaving their homes to stay with their siblings. Teenage mothers reported that their parents attacked them with words, conniving and siding with the nurses instead of supporting them.

Participants poured their hearts regarding their experiences in relation to family support. Families in this study appeared as both sources of denunciation and support, reflecting inconsistency in their responses to teenage motherhood. Teenage mothers reported that their mothers were very upset with them in such a way that they gave them silent treatment until the birth of their babies. The participants also revealed that the attitude of the fathers was good as they offered moral support to their children without judgement, and they seemed to be very calm about the situation of pregnancy and teenage motherhood.

Participants described more accepting and encouraging attitudes from their relatives. These stories show situations in which parents accepted the pregnancy as a reality to be addressed jointly, provided emotional support, or acknowledged the situation without passing judgement. Some participants remarked on the strength and resilience demonstrated by maternal figures in their families. These experiences highlight the conflicting roles that mothers frequently play in giving care and authority, as well as the silent perseverance of grandmothers who, despite their hurt feelings, refrained from reprimanding or becoming angry.

8.4.1.2 THEME 2: Social marginalisation and Gossip

Several of the participants described negative social reactions from their communities and peers. These accounts describe experiences of stigmatisation, gossip, and mockery, including cruel words, sarcastic remarks, and laughing directed at individuals both during and after pregnancy. The participants discussed how society reacted to their pregnancies and motherhood based on their personal experiences. Communities emerged as both sources of ridicule and rejection, while in some circumstances offering acceptance. These reports highlight the duality of societal reactions, as gossip, laughter, and unfavourable remarks typically reinforced stigma, although occasional acts of support revealed moments of inclusion. Participants also reported witnessing harsh and stigmatising remarks from neighbours within their communities. Feelings of shame and social alienation were exacerbated by judgemental attitudes, gossip, and even angry remarks, as these accounts demonstrate. Some of the participants reported positive and encouraging responses from their communities and schools in addition to stories of stigma and reproach.

8.4.1.3 THEME 3: Interrupted learning pathways

Participants considered how their educational paths were hindered by teenage pregnancy. It was reported in this study that schooling appeared as a site of both hardship and obstinacy, with experiences ranging from academic decline and absence to outright expulsion. Several participants highlighted the unfavourable influence of pregnancy on their academic performance. Teenage mothers' testaments highlight hitches focusing, deteriorating grades, and repeating school years. Participants described the institutional difficulties they had while pregnant, pointing out that former school had severe policies prohibiting pregnant learners to continue with learning. Several participants provided heart-warming stories of tenacity and determination. The views of young mothers highlight efforts to improve performance, dedication to learning, and a strong motivation to continue schooling for the sake of their children's future.

8.4.1.4 THEME 4: Living through hardship

Participants spoke about how they overcame challenging situations while becoming mothers. Their stories showed how adversity took many forms, such as self-motivation and resilience, endurance and silence, and unhealthy coping mechanisms. These stories show the resilience and fragility of young mothers as they battled to overcome hardship and find practical and emotional means of survival. Participants also shared reflections of perseverance and determination in the face of challenges. Participants in this study deliberated about coping mechanisms for hurtful comments and criticism. Young mothers' stories demonstrated a propensity to keep quiet, steer clear of conflict, and deliberately decide not to think nor be shaken by other people's remarks by choosing to be calm, which indicates self-regulation. Some participants reported using harmful coping strategies to deal with the difficulties they encountered throughout pregnancy, which was quite unsettling. Teenage mothers' insights highlight the extreme mental suffering they endure by revealing issues with substance abuse, suicide thoughts, and self-destructive behaviours.

8.4.1.5 THEME 5: Fragile bonds and gendered power

Participants' reflections on their interactions with partners revealed how gendered dynamics influenced their experiences of vulnerability and support. Participants' accounts of abuse and extortion in more concerning situations highlighted the unequal power dynamics that frequently characterised their close relationships. Some participants highlighted the supportive role of their partners in caring for the child. Participants emphasised how their partners helped with childcare and others revealed instances of violence and coercion in their relationships.

8.1.4.6 THEME 6: Intersecting trajectories of abuse and stigma

Participants talked about how their lives as young mothers were shaped by the interplay between abuse and stigma. Teenage mothers' stories shed light on the various forms of violence they experienced, including direct abuse, stigmatising treatment in medical facilities, and ensuing emotional distress. Participants also recounted experiences of abuse and humiliation within their relationships.

Participants revealed instances of physical threats, sexual coercion, and public shaming, underscoring the serious forms of violence and mistreatment they endured. Negative experiences with healthcare personnel during pregnancy and labour were also reported by participants. According to the teenage mothers' statements, nurses and hospital employees have yelled at them, made fun of them, and publicly humiliated them. Some participants reported using detrimental coping strategies to deal with the difficulties they encountered throughout pregnancy, which was quite unsettling. Young mothers' insights highlight the extreme mental suffering they endure by revealing issues with substance abuse, suicide thoughts, and self-destructive behaviours.

8.4.1.7 THEME 7: Reclaiming identity through education

Participants in this study emphasised how education might help them restore their sense of identity and redefine themselves. Their experiences demonstrate how education is seen as a tool for future stability and empowerment, revealing great intentions to pursue professional careers and more education. Participants stated that they had specific goals for their future jobs, with a particular desire to become educators and nurses. Despite the difficulties of being a young mother, several participants talked about their perseverance and optimism in continuing their education. Teenage mothers' thoughts reveal a strong desire to ensure a better future for their babies, pride in academic progress, and hopes to pursue higher education. These stories highlight a sense of resiliency, self-efficacy, tenacity, and the conviction that being a parent shouldn't stop people from reaching their goals.

8.4.2 THEMES FROM FOCUS GROUPS

8.4.2.1 THEME 1: Stigma and humiliation

Stigma and humiliation were reported to be pervasive from teachers, peers, neighbours, and healthcare workers. Humiliation was both direct such as verbal insults and indirect namely gossip, jokes, and neglect. All groups in this study reported institutional stigma such as schools, clinics and community-level stigma. The experiences of learners who reported being subjected to derision, dismissive attitudes, and stigmatising statements by their teachers was very offensive and unbearable.

Confidentiality violations, public humiliation, and disparaging remarks that minimised the students' situations as young mothers were examples of teacher ridicule. The study shows how teachers' behaviour can exacerbate the difficulties vulnerable students already have in juggling parenting and education by causing shame, undermining trust, and compromising their educational experience. The findings revealed the lived experiences of young mothers who are subjected to ridicule, teasing, and dismissive remarks within their social and educational environments. The narratives reveal how peers and community members trivialise their circumstances whether by mocking the receipt of child grants, making funny comments about their children's physical features, or using humour to highlight perceived poverty and dependency. The young mothers faced unpleasant, unfavourable and frequently dehumanising experiences with medical professionals during their pregnancies and deliveries. The stories show how the difficulties of young motherhood are exacerbated by critical comments, disregard, and contemptuous behaviours. Participants reported being told to give birth on their own, stigmatised as "disgrace," and ignored when in agony rather than given sympathetic treatment.

8.4.2.2 THEME 2: Educational disruption

Education was disrupted by young mothers' responsibilities such as feeding, sleepless nights, illness directly conflicted with schooling, leading to absenteeism and poor performance, or dropout. One focus group emphasised psychological impact which slows learning thus creating stress and suicidal thoughts. The participants have highlighted the ways in which the demands of childcare and the physical effects of pregnancy directly interfered with young mothers' ability to pursue their education.

8.4.2.3 THEME 3: Family and relational dynamics

Participants stated that families wavered between support and rejection. It was reported that some family members offered care, while others distanced themselves, suggested abortion, or cursed pregnancies. All the groups reported that family disappointment and strained relationships are more prevalent; however, one group highlighted extreme rejection and curses from relatives/neighbours. Focus groups reflected the ways in which teenage mothers experience stigma, rejection, and moral judgment from their immediate families and broader communities.

The narratives of the groups reveal how parents, relatives, and neighbours often respond with disappointment, shame, or hostility, framing teenage pregnancy as an embarrassment or moral failure. Participants describe being told they had “embarrassed” their families, judged as if they had “married themselves,” and excluded from social interactions by relatives who feared they would be a “bad influence.”

8.4.2.4 THEME 4: Relationships with fathers of babies

The relationship of young mothers with the fathers of babies was not good as they were often absent, exploitative, or accused of harmful practices. Teenage mothers relied heavily on their own families for financial support and nurturing the baby. The narratives highlight how paternal neglect manifests in different ways: fathers refusing to provide financial or emotional support, withdrawing communication after conflict, or abandoning caregiving responsibilities altogether. In some cases, participants described coercive dynamics, where fathers demanded sex in exchange for money to support the baby, reflecting exploitative power relations. Cultural stigma and harmful practices were reported in this study, such as accusations of witchcraft directed at baby clothes and formula by the father of the baby, which further compounded their vulnerability.

8.4.2.5 THEME 5: Emotional impact and resilience

The findings highlighted the immersed emotional effect of teenage pregnancy and motherhood, as well as the resilience demonstrated by young mothers in navigating these challenges. Participants described feelings of hurt, sadness, and isolation, often triggered by rejection, stigma, and the overwhelming burden of caregiving. At the same time, they expressed determination to continue their education and resist dropping out, reflecting resilience and agency in the face of adversity. Crying, keeping quiet, and feeling burdened were common responses, illustrating the psychological toll of teenage motherhood.

8.4.2.6 THEME 6: Prevention and advice to peers

Teenage mothers emphasise the significance of awareness, prevention strategies, and responsible decision-making. The study highlights the voices of teenage mothers who, reflecting on their own experiences, give advice to their peers about precluding early pregnancy.

Participants caution against repeating their mistakes, stress the need for government-led prevention programs in schools, and advocate for parental involvement in health decisions.

8.4.2.7 THEME 7: Expectations of government support

This theme depicts participants' expectations of substantial, systemic support from government to alleviate the burdens of teenage motherhood. Young mothers' voices call for stronger financial protection, accessible contraception, and pathways to education and livelihoods. The emphasis is practical: increase child-related financial support, expand adolescent-friendly reproductive health services (including long-acting methods- IUD), and create occupational and school re-entry opportunities that do not depend on social associates. Participants in this study also emphasized that current child-related financial support feels insufficient against the real costs of caring for infants, especially when paternal support is absent. Their expectation is straightforward: government should "give enough money," reflecting the gap between monthly grants and essentials like food, transport, clothing, and healthcare. Participants also articulated skepticism that "jobs are afforded to those with connections," indicating distrust in fair access to career prospects.

8.4.2.8 THEME 8: Voices that illuminate change

This theme showcases the aspirational, reflective, and transformative narratives of young participants from different focus groups. Young mothers' expressions illuminate the lived realities of striving for education, navigating systemic barriers, and finding strength in community.

8.4.3 THEMES FROM PARTICIPATORY ARTS

8.4.3.1 THEME 1: Experiences of violence and trauma

The theme accounts of sexual violence, rejection, and emotional distress experienced by teenage mothers which revealed the profound impact of trauma on the young mothers' mental health and sense of self. Participants' narratives reveal sexual violence at a very young age, which heightened by maternal blame. This led to anger, depression, and suicidal ideation.

8.4.3.2 THEME 2: Supportive relationships versus stigma

The narratives reveal how family members, peers, and health professionals can either provide encouragement and acceptance or reinforce shame and exclusion. This duality underscores the importance of relational contexts in shaping psychosocial wellbeing and educational reintegration. For some participants, stigma was experienced as a deeply traumatic rejection.

8.4.3.3 THEME 3: Stigma and discrimination from authority figures

The participants indicated that young mothers often encounter stigma and discrimination from those in positions of authority being parents, teachers, health professionals, and community members whose words and actions can profoundly shape their self-worth and trust in institutions. The participants' presentation illustrates how stigma from both family and healthcare professionals' compounds peer ridicule, leaving her isolated and undervalued.

8.4.3.4 THEME 4: Family responses-rejection versus acceptance

Family responses to adolescent pregnancy are pivotal in shaping young mothers' coping strategies, mental health, and educational continuity. The narratives revealed that, rejection from parents and denial of paternity by partners often deepened feelings of shame and despair, while acceptance and reassurance from other family members offered critical emotional support and pathways to resilience. The participants account reveals how maternal rejection exacerbated trauma and suicidal ideation, while her grandmother's acceptance offered a lifeline of enthusiasm and strength. Although some participants in this study encountered gossip and judgment from peers and community members, the encouragement from their mothers and teachers provided a protective buffer, enabling teenage mothers to continue with their studies and maintain a sense of pride.

8.4.3.5 THEME 5: Resilience and agency in adversity

Participants in this study demonstrated a sense of resiliency and self-efficacy despite trauma and stigma they encountered. Participants also expressed gratitude for support that encouraged them to continue schooling. This indicates that resilience is relational, nurtured through supportive networks, and reflects teenage mothers' determination to protect themselves and their children while pursuing education.

8.5 CONCLUSIONS

It was concluded by the researcher that teenage mothers went through emotional trauma of being constantly reminded that they have babies at a young age, meaning that they rushed into sexual activities. They were treated as an outcast, rejected, isolated, discriminated upon and side-lined at school by teachers and schoolmates. It was concluded that teenage mothers were ridiculed and bullied by the schoolmates and teachers. It was also concluded that teenage mothers were abandoned by the fathers of the babies who denied the babies. It was concluded that some teenage mothers received emotional, moral, social and financial support from the parents, relatives and fathers of the babies. It was also concluded that teenage mothers experienced emotional distress and would not cope with schooling and motherhood, and not able to cope with stigma and marginalisation as some attempted suicide.

It is evident that in this study, teenage mothers frequently faced mockery and rejection rather than direction and assistance, which result in psychological suffering, suicidal thoughts, and disengagement from health and educational resources. It was also concluded by the researcher that teenage mothers' voices revealed a sense resiliency, self-efficacy, tenacity and self-regulation to ensure a better future for their children, pride in academic progress, and hopes to pursue higher education despite all the emotional trauma and stigmatisation they faced. Teenage mothers displayed determination in pursuing a positive future for themselves and their babies.

8.6 RECOMMENDATIONS

8.6.1 Recommendations for research in nursing

It is suggested by the researcher that by examining and characterising the effects of stigma and marginalisation among teenage mothers, the study can close the scientific gap. It is also suggested that future nurses and public health researchers use the study's conclusions and suggestions as a guideline to conduct follow-up research to provide continuing support for teenage mothers who are stigmatised and marginalised in the community, on school premises, and healthcare facilities. It is suggested by the researcher and participants in this study that further research should be conducted to assist teenage mothers to be accepted and have a sense of belonging by the public. It is also suggested that the support program for teenage fathers would be helpful as they seem to be neglected because they might be going through the same treatment and social injustice and judgement as young mothers.

8.6.2 Recommendations for nursing practice

Participants in the study made recommendations that the government should equip doctors and nurses on how to assist teenage mothers without being judgemental and rude. It is suggested by the researcher that the findings of the study when scrutinising the inputs from teenage mothers in this study would assist healthcare professionals to treat all clients without discrimination, with respect and dignity.

8.6.3 Recommendations for nursing education

The issue of teenage pregnancy and motherhood should be incorporated in the nursing education curriculum so that students in the institutions of higher learning can be able to be knowledgeable on how to treat and care for teenagers holistically like any other client at the healthcare facilities when they complete their training. The curriculum should include the content on sociology and psychology related to support for teenage mothers.

8.6.4 Recommendations for formulating policies

The researcher suggests that the policies related to teaching and learning should be reviewed because there is an internal rule at schools that emphasise that when a female learner falls pregnant, she should be accompanied by parents or care givers every day at school to guard her in case she falls into labour while in the school premises. The South African Schools Act (SASA 84 of 1996) and the Policy on the Prevention and Management of Learner Pregnancy in Schools (published in December 2021) are two of the laws and regulations that protect pregnant learners. These laws forbid excluding pregnant girls from school and protect their fundamental right to a basic education. To provide pregnant learners with a supportive environment, schools must permit them to stay in the classroom and return after giving birth (SASA Act 84 of 1996). It is suggested that school health nurses to be available at school to be able to monitor and care for teenage pregnant learners.

It is suggested that policy makers, healthcare experts, community leaders, and the department of education utilise the study findings to review the policies to add the areas that cover the promoting of social justice, inclusion, and equity, for teenage mothers to be treated fairly in respecting their rights especially to basic education. It is also suggested that policies for creating safe space for teenage mothers to continue with learning after childbirth should be reviewed and implemented effectively. As stated by the United Nations Educational, Scientific, and Cultural Organization in 2024, the purpose of Sustainable Development Goal 4 (SDG4) is "to guarantee inclusive and equitable quality education and promote lifelong learning opportunities for all." UNESCO (2024) identified a number of other significant objectives, including the elimination of gender disparities in education and the promise that all students will acquire the knowledge and skills necessary for sustainable development.

8.7 CONTRIBUTIONS OF THE STUDY

The findings of the study will contribute to the body of knowledge for future researchers by referring and utilising the data to develop guidelines and strategies to curb stigmatisation and marginalisation of teenage mothers.

The development of a support program to reduce stigmatisation and marginalisation among teenage mothers can also be useful and implemented locally, nationally and internationally by schools, healthcare providers, parents, and community members to support teenage mothers in their areas. It is anticipated that the support program will assist affected teenage mothers to be empowered, accepted by the community and develop resilience and self-efficacy to cope, and continue with their studies to fulfil life aspirations.

8.8 LIMITATIONS OF THE STUDY

This study adopted a qualitative research approach and employed non-probability sampling procedure limiting the generalisation of the findings; if mixed method could be followed it can yield rich results. The study obtained data only from one district in the Limpopo Province, South Africa. A study conducted at various districts within the same province could reveal more hidden challenges that affect the lives of young mothers. Data was collected during term three (3) assessment period of learners whereby the researcher would have to wait for the participants to be free for interviews especially those in Matric.

8.9 CONCLUDING REMARKS

The study found the need for social, emotional, financial support for teenage mothers to assist them to cope with motherhood and continuing with their studies. The developed support program for teenage mothers who encountered stigma and marginalisation will positively contribute to the reduction of such negative treatment by ensuring that young mothers are treated fairly without prejudice, isolation and rejection at schools, home, healthcare facilities and in the community. Therefore, the findings of the study can significantly be valuable to the body of knowledge in nursing education and formulation of school policies regarding teenage pregnancy and motherhood. The considerable delay in schooling among young mothers reflects insufficient socioeconomic support during pregnancy and childbirth, which correlates with school dropout rates and the challenges of re-entering formal education to finish secondary school, significantly affecting the lives of these teenage mothers (Andrade, Assis, Lima, Neves, Silva, Silva et al. 2022).

With the hope that their children would be better off in the long run, teenage mothers are still committed to their education, employment, and the health of their mother-child bond (Andrade et al. 2022; Kelly, Ornellas, Coakley, Jochim et al. 2022). Andrade et al (2022) states that teenage mothers need social support from their families and partners to assist with financial matters and everyday childcare so that they can have a more pleasant time caring for their infant.

REFERENCES

Abotsi, P. 2020. Experiences and coping mechanisms of adolescent mothers and intervention programmes to reduce adolescent pregnancy in Lower Manya Krobo Municipality, Ghana. Master's thesis, University of Bergen. https://hdl.handle.net/1956/22847

Abrahams, G.L, Thani, X.C. & Kahn, S.B. 2022. South African healthcare services and challenges. https://journals.co.za/doi/pdf/10.10520/ejc-adminpub_v30_n2_a7

Acoba, E.F. 2024. Social support and mental health: the mediating role of perceived stress. *Frontiers in Psychology*. https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2024.1330720/full

Adangabe, A.A. 2020. Challenges facing teenage mothers in school, teachers' perspective: The case of Wa West District. *South Asian Journal of Social Sciences and Humanities*, 1(3), 1–16. https://doi.org/10.48165/sajssh.2020.1301

Adangabe, A.A, Emmanuella, D & Tigtig, J. 2021. Exploring the challenges facing teenage mothers in school and how they cope in the Wa West district. *International Journal of Multidisciplinary Applied and Educational Research*, 2(8), 689–698. http://dx.doi.org/10.11594/ijmaber.02.08.07

Adekola, A.P & Ikhile, I.A. 2025. Harnessing e-health for adolescent sexual health in Sub-Saharan Africa: A systematic review. *Open Public Health Journal*, 18, e18749445379892.

African Population and Health Research Center (APHRC). 2025. Peer to peer support for adolescents to cope with the stress of pregnancy and motherhood. https://aphrc.org

Ahinkorah, B.O, Kang, M, Perry, L, Brooks, F & Hagen, A. 2021. Prevalence of first adolescent pregnancy and its associated factors in sub-Saharan Africa: A multi-country analysis. *PLoS ONE*, 16(2), e0246308. https://doi.org/10.1371/journal.pone.0246308

Ahmed, S.K. 2024. The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 2, 100051. https://doi.org/10.1016/j.glmedi.2024.100051

Al-Arja, N.S. Patience and its relationship to stress tolerance in relation to demographic factors of the medical system in Bethlehem Governorate during the COVID-19 pandemic. Front Psychol. 2023 Feb 2;14:1059589. doi: 10.3389/fpsyg.2023.1059589. PMID: 36818063; PMCID: PMC9932893. https://pmc.ncbi.nlm.nih.gov/articles/PMC9932893/

Ainembabazi, B. 2021. Social support and resilience among teenage mothers in Uganda (Unpublished undergraduate dissertation). Makerere University, Kampala, Uganda.

Ajayi, A.I, Athero, S, Muga, W & Karibu, C.W. 2023. Lived experiences of pregnant and parenting adolescents in Africa: A scoping review. *Reproductive Health*. https://doi.org/10.1186/s12978-023-01654-4

Alyamani, A.M, Elewa, H.A & Newira, F.A. 2021. Maternal and neonatal outcome of teenage pregnancy at Al-Galaa Maternity Teaching Hospital, Cairo, Egypt. *Open Journal of Obstetrics and Gynecology*, 11(5), 591–601. https://doi.org/10.4236/ojog.2021.115055

American Nurses Association. 2025. *Code of ethics provisions*. https://www.nursingworld,org

Amod, Z & Halana, V & Smith, N. 2019. School-going teenage mothers in an under-resourced community: lived experiences and perceptions of support. *Journal of Youth Studies.* 22. 1-17. 10.1080/13676261.2019.1571177. https://www.academia.edu/115648785/School_going_teenage_mothers_in_an_under_resourced_community_lived_experiences_and_perceptions_of_support

Anakpo, G. & Kollamparambil, U. 2021. Teenage motherhood and child outcomes: Evidence from South Africa. *South African Journal of Childhood Education*, 11(1). https://doi.org/10.4102/sajce.v11i1.972

Andrade, B.G, Assis, C.A, Lima, D.C.M, Neves, L.F, Silva, L.A, Silva, R.C, Fracolli, L.A. & Chiesa, A.M. 2022. Social support and resilience: A look at adolescent motherhood. *Acta Paulista de Enfermagem*, 35, eAPE03341. http://dx.doi.org/10.37689/acta-ape/2022AO03341

Archibald, M.M, Makinde, S & Tongo, N. 2024. Arts-based approaches to priority setting: Current applications and future possibilities. *International Journal of Qualitative Methods.* https://doi.org/10.1177/16094069231223926

Asmamaw, D.B, Tarefe, T.Z & Negash, W.D. 2023. Prevalence of teenage pregnancy and its associated factors in high fertility sub-Saharan Africa countries: A multilevel analysis. *BMC Women's Health*, 23, 23. https://doi.org/10.1186/s12905-023-02169-7

Azreena, E, Arinah, W.D.S, Noor Haslinda, I, Intan Syafinaz, S, Muhamad Hanafiah, J & Rosliza, A.M. 2016. Principles of district hospital planning. *International Journal of Public Health and Clinical Sciences*, 3(4). https://www.researchgate.net/publication/308325242_PRINCIPLES_OF_DISTRICT_HOSPITAL_PLANNING

Babedi, M.R. 2021. A psychosocial support framework for reintegrating teenage mothers back into the school system. PhD thesis, Central University of Technology. http://ir.cut.ac.za/bitstream/handle/11462/2532/MR%20BABEDI%20D.Ed%20FINAL%209%20October.pdf?sequence=1&isAllowed=y

Bah, Y.M. 2016. Teenage pregnancy: Teenage mothers' experiences and perspectives: A qualitative study. *Journal of Health, Medicine and Nursing*. https://www.semanticsholar.org

Baney, L, Greene, A, Sherwood-Laughlin, C. et al. 2022. "It was just really hard to be pregnant in a smaller town …": Pregnant and parenting teenagers' perspectives of social support in their rural communities. *International Journal of Environmental Research and Public Health*, 19(24), 16906. https://doi.org/10.3390/ijerph192416906

Barron, P, Subedar, H, Letsoko, M, Makua, M & Pillay, Y. 2022. Teenage births and pregnancies in South Africa, 2017–2021: Analysis of public sector data. *South African Medical Journal*, 112(4), 252–258. https://pubmed.ncbi.nlm.nih.gov/35587803/

Baur, P. & de Bruyn, C. 2025. Mentoring strategy adjustments during COVID-19. *International Journal of Education and Educational Development.*

Bayba, M. 2024. *Family systems theory in recovery*. Addiction Group. https://www.addictiongroup.org/treatment/therapies/family-systems/

Behera, B.K, Prasad, R & Shyambhavee. 2022. Primary health-care goal and principles. In *Healthcare strategies and planning for social inclusion and development*, pp. 221–239. https://pmc.ncbi.nlm.nih.gov/articles/PMC8607883/

Beukes, S.M. 2024. Exploring capability sets for educators for the implementation of the Policy on the Prevention and Management of Learner Pregnancy in Schools (2021). University of the Free State. https://scholar.ufs.ac.za/items/76dd5858-b615-41ad-a3e3-d79ac2fb65b5

Beukes, S.M, Barnett, E.P & Tsotetsi, C. 2025. Teachers' capability sets for implementing the teenage pregnancy policy in two selected high schools in the Tshwane district, South Africa. *International Journal of Studies in Psychology*, 5(3), 11–18. https://doi.org/10.38140/ijspsy.v5i3.1279

Bohren, M.A, Vazquez-Corona, M, Odiase, O.J, Wilson, A.N, Sudhinaraset, M, Diamond-Smith, N, Berryman, J, Tunçalp, Ö & Afulani, P.A. 2022. Strategies to reduce stigma and discrimination in sexual and reproductive healthcare settings: A mixed-methods systematic review. https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000582

Bortie, P.N.A & Ewusie, E.A. 2023. Social support, stress and birth outcomes among Ghanaian teenage mothers. *Korean Journal of Physiology and Pharmacology*, Volume 27, Issue 4, 2023. Doi: 10.25463/kjpp.27.4.2023.4

Bos, S. 2024. A race against time: How SECTION27 helped a pregnant teen restore her right to education. *SECTION27*. https://section27.org.za

Botma, Y, Greeff, M, Makhado, L & Mulaudzi, F.M. 2022. *Research for health sciences* (2nd ed.). Pearson South Africa.

Bowen, C. 2019. Teenage motherhood: An insight into the discourses concerning teenage mothers as expressed in popular media. Prof Doc thesis, University of East London. https://doi.org/10.15123/uel.883y3

Bowen, M. 2025. Introduction of eight concepts. The Bowen Center. https://www.thebowencenter.org/introduction-eight-concepts

Brink, H. & van Rensburg, G. 2022. *Fundamentals of research methodology for healthcare professionals* (5th ed.). Juta.

Buckner, C, "Teen mothers' management of stigma". 2016. Graduate Research Theses & Dissertations. 5250. https://huskiecommons.lib.niu.edu/allgraduate-thesesdissertations/5250

Burkholder, G.J, Cox, K.A, Crawford, L.M & Hitchcock, J.H. (2020). *Research design and methods: An applied guide for the scholar-practitioner*. SAGE. https://play.google.com/store/books/details/Gary_J_Burkholder_Research_Design_and_Methods?id=DgKPDwAAQBAJ

Cahill, K. 2019. Adolescent Literacy, Identity and School (ALIAS): Positions, pedagogies and spaces for learning. Available at: https://www.researchgate.net/publication/323219730_Adolescent_Literacy_Identity_and_School_ALIAS_Positions_pedagogies_and_spaces_for_learning

Cambridge Learner's Dictionary. 2024. *4th ed.* https://play.google.com/store/apps/details?id=org.cambridge.dictionary.advanced.learners.fourth&pcampaignid=web_share

Campbell, C.D. 2023. Mental health utilization among former pregnant parenting teen mothers. Walden University. https://scholarworks.waldenu.edu/dissertations/14029/

Campboli, A. 2022. Arts-based research methods, STE(A)M and global challenges. https://www.open.ac.uk>blogs>design>arts-based-res

Carter, B.M, Sumpter, D.F & Thruston, W. 2023. Overcoming marginalisation by creating a sense of belonging. https://doi.org/10.1177/10784535231216464

Cederbaum, J.A, Yoon, Y, Lee, J.O, Desai, M, Brown, K & Clarke, L. 2022. AIM for teen moms: Social support's role in contraception use among young mothers. *Journal of Adolescent Health*, 71, 78–85. https://doi.org/10.1016/j.jadohealth.2022.01.225

Chigona, A & Chetty, R. 2022. Teen mothers and schooling in South Africa: Support and resilience pathways. *Education as Change*.

Chiya, W.H & Mudau, T.S. 2023. Educational strategies during COVID-19 lockdowns among black students in low- and middle-income countries. https://doi.org/10.4018/978-1-6684-7090-9.ch005

Chiyota, N. 2020. Implementation of re-entry policy for teenage mothers in Zambian secondary school. Thesis PhD University of Pretoria. https://repository.up.ac.za/bitstreams/d551dbe1-b309-4232-8681-c1ee009d8707/download

Choi, M.Y, Park, S & Noh, G.O. 2024. Social support for nursing students: A concept analysis study. *Nurse Education Today*, 132, 106038. https://doi.org/10.1016/j.nedt.2023.106038

CIOMS (Council for International Organizations of Medical Sciences). 2016. *International ethical guidelines for health-related research involving humans* (4th ed.). Geneva: CIOMS. https://cioms.ch/publications/product/international-ethical-guidelines-for-health-related-research-involving-humans/

Citizen.co.za. 2025. Mentorship and youth unemployment. https://www.citizen.co.za/tag/youth-unemployment/

Clarke, V & Braun, V. 2013. Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120–123. https://www.semanticscholar.org/paper/Teaching-thematic-analysis%3A-Overcoming-challenges-Clarke-Braun/2901ca4762196c5410082d235cda8dd3e1315a08

Clayton, C. L. 2015. The Lives of Young Fathers: A Review of Selected Evidence. *Social Policy and Society*, *15*(1), 129. https://doi.org/10.1017/S1474746415000470

Cobb, S. 1976. Social support as a moderator of life stress. *Psychosomatic Medicine*, 38(5), 300–314. https://doi.org/10.1097/00006842-197609000-00003

Collins English Dictionary. 2024. *14th ed.* https://play.google.com/store/apps/details?id=com.mobisystems.msdict.embedded.wireless.collins.englishfreemium&pcampaignid=web_share

Commission for Gender Equality. 2021. Teenage pregnancy as the leading cause of school dropout among girls. Johannesburg.

Congo, O, Otieno, G, Wakhungu, I, Harrington, E.K, Kimanthi, S, Biwott, C, Leingang, H, Mugo, N, Barnabas, R.., Bukusi, E.A & Onono, M. 2020. Pregnancy trends and associated factors among Kenyan adolescent girls and young women pre- and post-COVID-19 lockdown. *Advances in Global Health*. https://doi.org/10.1525/agh.2022.1811306

Conn, B.M, Figueiredo, S, Sherer, S, Meray, M & Iverson, E. 2018. “Our lives aren’t over”: A strengths-based perspective on stigma, discrimination, and coping among young parents. *Journal of Adolescence*. https://doi.org/10.1016/j.adolescence.2018.05.005

Cornish, F, Breton, N, Moreno-Tabaraz, U, Delgado, J, Rua, M, Aikins, A & Hodgetts, D. 2023. Participatory action research. https://doi.org/10.1038/s43586-023-00214-1

Cowling, N. 2023. Share of teenage pregnancies in South Africa 2018–2022. Statista. https://www.statista.com/statistics/1115755/

Creswell, J.W. 2022. *A concise introduction to mixed methods research* (2nd ed.). SAGE. https://play.google.com/store/books/details/John_W_Creswell_A_Concise_Introduction_to_Mixed-Me?id=2s0IEAAAQBAJ

Creswell, J.W & Creswell, J.D. 2023. *Research design: Qualitative, quantitative and mixed methods approaches* (6th ed.). SAGE. https://play.google.com/store/books/details/John_W_Creswell_Research_Design?id=Rkh4EAAAQBAJ

Creswell, J.W & Poth, C.N. 2023. *Qualitative inquiry and research design: Choosing among five approaches* (5th ed.). SAGE. https://play.google.com/store/books/details/John_W_Creswell_Qualitative_Inquiry_and_Research_D?id=pwjMEAAAQBAJ

Daly, M & Baumeister, R.F. 2024. Social support and mental health. *EBSCO Research Starters*. https://www.ebsco.com/research-starters/consumer-health/social-support-and-mental-health

Degge, H.M, Olorunsaiye, C.Z, Achema, T.A, Ubanyi, T.O & Yada, F.N. 2022. Adolescent pregnancy outcomes in Jos, Nigeria: The roles of disclosure and social support systems. *Global Public Health*, 18(1), 2129724. https://doi.org/10.1080/17441692.2022.2129724

Department of Basic Education (DBE). 2026. What is early childhood development? https://www.gov.za/faq/education/what-early-childhood-development

Department of Health. 2019. National Adolescent Sexual and Reproductive Health and Rights Framework Strategy. https://srjc.org.za/wp-content/uploads/2019/10/02-National-Adolescent-Sexual-and-Reproductive-Health-and-Rights-Framework-Strategy-pdf-003.pdf

Department of Social Development (DSD). 2025. DSD services that ensure protection of vulnerable children. https://www.westerncape.gov.za/article/dsd-services-ensure-protection-vulnerable-children

Denzin, N.K, Lincoln, Y.S & Giardina, M.D. 2024. *The SAGE handbook of qualitative research* (6th ed.). SAGE. https://play.google.com/store/books/details?id=8XmCEAAAQBAJ

de Vos, A, Presier, R & Masterson, V.A. 2021. Participatory data collection. In *The Routledge handbook of research methods of social-ecological systems*. Taylor & Francis. https://www.taylorfrancis.com/chapters/oa-edit/10.4324/9781003021339-10/participatory-data-collection-alta-de-vos-rika-presier-vanessa-masterson

Diabelkovà, J, Rimàrovà, K, Dorko, E, Urdzik, P, Houžvičkovà, A & Argàlašovà, L. (2023). Adolescent pregnancy outcomes and risk factors. https://doi.org/10.3390/ijerph20054113

Dickoff, J, James, P & Wiedenbach, E. 1968. Theory in practice discipline. II. Practice-oriented research. *Nursing Research*, 17(6), 545–554. https://pubmed.ncbi.nlm.nih.gov/5187315/

Dlamini, N. 2016. Teenage mothers' experiences of motherhood—schooling, stigma and learned responsibility: A case study in peri-urban KwaZulu-Natal. MA thesis, Stellenbosch University. https://scholar.sun.ac.za

Drageset, J. 2021. Social support: Health promotion in health care. In *Health promotion in health care – Vital theories and research*. https://www.ncbi.nlm.nih.gov/books/NBK585650/

Drew, C. 2023. 25 marginalization examples. Helpful Professor. https://helpfulprofessor.com/marginalization-examples/

Duby, Z, Bunce, B, Fowler, C, Bergh, K, Jonas, K, Slingers, N, Mathews, C, & Abdullah, F. 2025. Who is to blame for the 'problem' of teenage pregnancy? Narratives of blame in two South African communities. *Reproductive Health*, *22*, 18. https://doi.org/10.1186/s12978-025-01958-7

Duea, S.R, Zimmerman, E.B, Vaughn, L.M, Dias, S & Harris, J. 2023. A guide to selecting participatory research methods based on project and partnership goals. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9258244/

Dutta, K, Naskar, S, Das, D.K & Banerjee, N. 2022. Exploring challenges of teenage pregnancy and motherhood: A qualitative study in rural West Bengal. *Journal of Family Medicine and Primary Care*, 11(11), 7272–7279. https://pmc.ncbi.nlm.nih.gov/articles/PMC10041328/

Dzotsi, H.T, Asante, K.O & Osafo, J. (2020). Challenges associated with teenage motherhood in Ghana: A qualitative study. *Vulnerable Children and Youth Studies*, 15(1), 85–96. https://doi.org/10.1080/17450128.2020.1719251

Eboreime, E, Ezeokoli, A, Adams, K & Banke-Thomas, A. 2022. Prioritizing the mental health needs of pregnant adolescents in sub-Saharan Africa. *Journal of Global Health: Reports*, e2022006. https://doi.org/10.52872/001c.34646

Edberg, J. 2019. Stigma of adolescent pregnancy and motherhood in Bolivia: Examining how pregnant and mothering adolescents experience stigma in the city of Cochabamba, Bolivia. https://lup.lub.lu.se/student-papers/record/8976076/file/8976080.pdf

Eldh, A, Årested, L & Berterö, C. 2020. Quotations in Qualitative Studies: Reflections on Constituents, Custom, and Purpose. *International Journal of Qualitative Methods.* Volume 19:1-6. https://doi.org:10.1177/1609406920969268

Erfina, E, Widyawati, W, McKenna, L, Reisenhofer, S & Ismail, D. 2019. Adolescent mothers' experiences of the transition to motherhood: An integrative review. *International Journal of Nursing Sciences*, 6(2), 221–228. https://doi.org/10.1016/j.ijnss.2019.03.013

Erfina, E, Widyawati, W, McKenna, L, Reisenhofer, S & Ismail, D. 2021. Becoming an adolescent mother: The experiences of young Indonesian new mothers living with their extended families. *Midwifery*, 140, 104170. https://pubmed.ncbi.nlm.nih.gov/34736015/

Eyeberu, A, Getachew, T, Sertsu, A, Sisay, M, Baye, Y, Debella, A & Alemu, A. 2022. Teenage pregnancy and its predictors in Africa: A systematic review and meta-analysis. *International Journal of Health Sciences (Qassim)*, 16(6), 47–60. https://pubmed.ncbi.nlm.nih.gov/36475034/

Feeney, B.C & Collins, N.L. 2014. A new look at social support: A theoretical perspective on thriving through relationships. *Personality and Social Psychology Review*, 19(2), 113–147. https://doi.org/10.1177/1088868314544222

Feingold, J & Drossman, D. 2021. Deconstructing stigma as a barrier to treating DGBI: Lessons for clinicians. *Neurogastroenterology & Motility*, 33. https://doi.org/10.1111/nmo.14080

Fine, M & Torre, M.E. 2021. *Essentials of critical participatory action research.* American Psychological Association. Washington, DC 20002

Field, S, Abrahams, Z & Honikman, S. 2020. Adolescent mothers: A qualitative study on barriers and facilitators to mental health in a low-resource setting in Cape Town, South Africa. *African Journal of Primary Health Care & Family Medicine, 12*(1), 9 pages. doi:https://doi.org/10.4102/phcfm.v12i1.2279

Fiveable. 2025. Program development—curriculum development. https://fiveable.me/key-terms/curriculum-development/program-development

Flick, U. 2020. *Introducing research methodology*. SAGE. https://play.google.com/store/books/details?id=_Em3DwAAQBAJ

Frimpong-Manso, K, Bukuluki, P, Addy, T.N.A, Obeng, J.K & Kato, F. 2022. Pregnancy and parenting experiences of care-experienced youth in Ghana and Uganda. *Child and Adolescent Social Work Journal*, 39(6), 683–692. https://pmc.ncbi.nlm.nih.gov/articles/PMC8917472/

Fouché, C, Hermanus, S & Willem, R. 2021. *Research at grass roots: For the social sciences and human services professions* (5th ed.). Van Schaik.

Garmendia, P, Fernández-Salinero, S, Holgueras González, A.I & Topa, G. 2023. Support and its impact on job satisfaction and emotional exhaustion. *European Journal of Investigation in Health, Psychology and Education*, 13, 2827–2840. https://doi.org/10.3390/ejipe13120195

Gatsinzi, P. 2022. Case study of out-of-school teenage mothers' lived experiences and perceptions on education in Rusororo Sector, Rwanda: A back-to-school framework. *Educational Research and Reviews*, 17, 120–130. http://www.academicjournals.org/ERR

Gbogbo, S. 2020. Early motherhood: Voices from female adolescents in Hohoe Municipality, Ghana. *International Journal of Qualitative Studies on Health and Well-being*, 15, 1716620. https://doi.org/10.1080/17482631.2020.1716620

Goffman, E. 1963. *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.

Goldaber, J. 2022. Young parents' stress and how society responds. Undergraduate thesis, Union College, New York. https://digitalworks.union.edu/cgi/viewcontent.cgi?article=3611&context=theses

Gottlieb, B.H & Bergen, A.E. 2010. Social support and measures. *Journal of Psychosomatic Research*, 69(5), 511–520. https://doi.org/10.1016/j.jpsychores.2009.10.001

Govender, D, Naidoo, S & Taylor, M. 2020. "I have to provide for another life": Understanding pregnancy, motherhood and future aspirations of adolescent mothers in KwaZulu-Natal, South Africa. *BMC Pregnancy and Childbirth*, 20, 620. https://doi.org/10.1186/s12884-020-03319-7

Gray, J.R & Grove, S.K. 2021. *Burns and Grove's practice of nursing research: Appraisal, synthesis, and generation of evidence* (9th ed.). Elsevier.

Grove, S.K & Gray, J.R. 2023. *Understanding nursing research: Building evidence-based practice* (8th ed.). Elsevier. https://play.google.com/store/books/details?id=XspxEAAAQBAJ

Gupta, A, Deshpande, S & Gupta, N. 2022. *Research methodology*. SBD Publications. https://play.google.com/store/books/details?id=PzSYEAAAQBAJ

Guraya, S.S, Harkin, D.W, Yusoff, M.S.B & Guraya, S.Y. 2023. Paradigms unfolded: Developing, validating, and evaluating the medical education e-professionalism framework. *Frontiers in Medicine*, 10, 1230620. https://doi.org/10.3389/fmed.2023.1230620

Haipinge, R & Namakula, H. 2025. "I believe it is important and best to stay in school": Resilience in teenage mothers attending school in Omusati Region, Namibia. *E-Journal of Humanities, Arts and Social Sciences*, 6(6), 818–830. https://doi.org/10.38159/ehass.20256612

Hamley, J. 2025. Former teenage mothers: Challenging "your life is over" discourse and showcasing strengths. *Australian Social Work*. https://doi.org/10.1080/0312407X.2025.2498947

Hamza, J.F & Kadhem, T.R. 2022. The social support manifestations, functions and sources. *Journal of Positive School Psychology*, 6(5), 6355–6361. https://journalppw.com

Harrison ME, Clarkin C, Rohde K, Worth K, Fleming N. Treat me but don't judge me: A qualitative examination of health care experiences of pregnant and parenting youth. *J Pediatr Adolesc Gynecol.* 2017 Apr; 30(2):209-214. doi: 10.1016/j.jpag.2016.10.001. Epub 2016 Oct 11. PMID: 27742428. https://doi.org/10.1016/j.jpag.2016.10.001

Hendrick, C.E & Maslowsky, J. 2019. Teen mothers' educational attainment and their children's risk for teenage childbearing. *Dev Psychol.* 2019 Jun; 55 (6):1259-1273. Doi: 10.1037/dev0000705

Hill, A. L, Jones, K. A, McCauley, H. L, Tancredi, D. J, Silverman, J. G & Miller, E. 2019. Reproductive Coercion and Relationship Abuse Among Adolescents and Young Women Seeking Care at School Health Centers. *Obstetrics and Gynecology*, *134*(2), 351. https://doi.org/10.1097/AOG.0000000000003374

Hoffmann, H, Lam, J & Baxter, J. 2021. Young mothers in Australia: Prioritising motherhood and resisting stereotypes. *Journal of Youth Studies*. https://colab.ws/articles/10.1080%2F13676261.2022.2130685

Hoffmann, H, Olson, R.E, Parales, F & Baxter, J. 2020. New mothers and social support: A mixed-methods study of young mothers in Australia. *Journal of Sociology*, 57(4). https://journals.sagepub.com/doi/abs/10.1177/1440783320978706

House, J.S. 1981. Work stress and social support. Addison-Wesley.

HPCSA. 2020. Ethical and professional rules of the Health Professions Council of South Africa. https://www.hpcsa-blogs.co.za/wp-content/uploads/2020/12/Ethics_Booklet-2.pdf

HSRC. 2022. The first South African national gender-based violence study, 2022. https://www.sahivsoc.org/Files/SA%20GBV%20Study%202022.pdf

Human Rights Watch. 2022. Across Africa, many young mothers face education barriers. https://www.hrw.org/news/2022/08/30/across-africa-many-young-mothers-face-education-barriers

IDP/Budget Review. 2024/25. Draft Framework Process Plan. Sekhukhune District Municipality. https://www.sekhukhunedistrict.gov.za

Immerse Education. 2025. How to improve communication skills using 10 TED ideas. https://www.immerse.education/personal-development/communication/how-to-improve-communication-skills/

Issa, F.H & Temu, L. 2023. Enrolling teenage mothers in the formal secondary education system: A new policy implementation assessment. *Research in Educational Policy and Management*, 5(2), 16–33. https://doi.org/10.46303/repam.2023.7

James, T.G, DeJonckheere, M & Guetterman, T.C. 2024. Integrating transformative considerations in explanatory sequential mixed methods studies. *Journal of Mixed Methods Research*, 18(1), 14–30. https://pmc.ncbi.nlm.nih.gov/articles/PMC10857753/pdf/nihms-1866184.pdf

Jochim, J. et al. 2023. Who goes back to school after birth? *Global Public Health*, 18(1). https://doi.org/10.1080/17441692.2022.2049846

Jolly, P.M, Kong, D.T & Kim, K.Y. 2021. Social support at work: An integrative review. *Journal of Organizational Behaviour*, 42(2), 229–251. https://doi.org/10.1002/job.2485

Jones, C, Whitfield, C, Seymour, J. *et al.* 'Other Girls': A Qualitative Exploration of Teenage Mothers' Views on Teen Pregnancy in Contemporaries. *Sexuality & Culture* **23**, 760–773 (2019). https://doi.org/10.1007/s12119-019-09589-4

Jones, A. 2020. The effects of teenage pregnancy on socio-emotional development. Longwood University. https://digitalcommons.longwood.edu/rci_fall/114

Josephine, A.M. 2019. Motherhood among HIV-positive adolescents. *Reproductive Health in sub-Saharan Africa*. https://doi.org/10.1177/2158244019848802

Juanamasta, I.G, Aungsuroch, Y & Gunawan, J. 2021. A concept analysis of quality nursing care. *Journal of Korean Academy of Nursing*, 51(4), 430–441. https://pubmed.ncbi.nlm.nih.gov/34497252/

Junker, N.M. 2011. Social support: Linking health communication with social support. Matton's Health as Communication Nexus. https://share.google/9cRPzPI9zHHvO79HG

Kabiru, C.W. et al. 2023. PROMOTE project protocol. *Reproductive Health*, 20, 166. https://doi.org/10.1186/s12978-023-01706-9

Kawata, P. 2015. *Programme development*. https://www.nmac.org/wp-content/uploads/2015/04/Program-Development.pdf

Kellard, N.M, Makhlouf, Y, Sarkisyan, A & Vinogradov, D.V. 2024. Women's empowerment and child mortality. https://www.sciencedirect.com/science/article/pii/S0305750X24001827

Kelly, J.F. et al. 2022. Investing in our future: Supporting pregnant and mother learners' return to school. UCT. http://cssr.uct.ac.za/pub/wp/471

Kemmis, S, McTaggart, R & Nixon, R. 2014. *The action research planner*. Springer. http://dx.doi.org/10.1007/978-981-4560-67-2

Kerobo, S. 2022. Experiences of teenage mothers. Walden University. https://scholarworks.wadenu.edu/dissertations

Ketye, T.J, Babatunde, G.B & Akintola, O. 2024. Policy analysis: contraception for adolescents. *African Journal of Primary Health Care & Family Medicine*, 66(1). https://phcfm.org/index.php/phcfm/article/view/3966

Keyl, S. 2022. *Development, education, and participatory action research*. Routledge. https://www.taylorfrancis.com/books/mono/10.4324/9781003166566

Khalili, H & Heydari, A. 2022. Poor care: A concept analysis. *Journal of Caring Sciences*, 12(1), 25–32. https://pubmed.ncbi.nlm.nih.gov/37124408/

Khan, K & Hasan, B. 2017. Social support scale development. *International Journal of Indian Psychology*, 4, 138–149. https://www.researchgate.net/publication/318084767

Kivunja, C. 2018. Distinguishing between theory, theoretical framework, and conceptual framework: A Systematic Review of lessons from the field. *International Journal of Higher Education.* Vol 7, no 6; 2018. https://doi.org/10.5430/ijhe.v7nbp44

Kola, L. et al. 2020. Stigma and treatment utilisation for adolescent perinatal depression. *BMC Pregnancy & Childbirth*, 20, 294. https://doi.org/10.1186/s12884-020-02970-4

Kort-Butler, L. 2018. Social support theory. University of Nebraska–Lincoln. https://digitalcommons.unl.edu/sociologyfacpub/774/

Korving, C. 2020. Young mothers' experiences of stigma. MA thesis, UKZN. https://researchspace.ukzn.ac.za/handle/10413/17912

Kotoh, A.M. et al. 2022. Lived experiences of pregnant adolescents. *BMC Public Health*, 22, 901. https://doi.org/10.1186/s12889-022-13318-2

Kreider, C. M, Medina, S, Judycki, S, Wu, C. Y & Lan, M. F. 2024. Stigma and Stigma Resilience: Role of the Undergraduate and the Campus Environment. *OTJR : Occupation, Participation and Health*, *44*(3), 500. https://doi.org/10.1177/15394492241246233

Kubeka, C.C. 2016. Student mothers at UKZN. MA thesis. https://researchspace.ukzn.ac.za/handle/10413/15940

Kumar, M & Huang, K.Y. 2021. Impact of adolescent motherhood on maternal health and child development. *PLoS ONE*, 16(4). https://doi.org/10.1371/journal.pone.0248836

Kurangking, J.A. 2023. *Empowering nations through education*. https://www.researchgate.net/publication/379655233

KwaZulu-Natal Department of Health. 2025. Definitions of health facilities. http://www2.kznhealth.gov.za/definitions.htm

Lanwin, T. 2023. The psychology behind ice-breaker activities. https://breaknice.com/blog/the-psychology-behind-ice-breaker-activities/

Leavy, P. 2020. *Methods meets art* (3rd ed.). Guilford Press. https://www.vitalsource.com/za/products/method-meets-art-third-edition-patricia-leavy-v9781462544158

Leavy, P. 2023. *Research design: Quantitative, qualitative, mixed methods…* (2nd ed.). Guilford Press. https://www.routledge.com/Research-Design-Second-Edition-Quantitative-Qualitative-Mixed-Methods-Arts-Based-and-Community-Based-Participatory-Research-Approaches/Leavy/p/book/9781462548972

Legodi, E.M. 2022. Training program for implementing ministerial priorities. University of Limpopo. PhD Thesis. http://ul.netd.ac.za/bitstream/handle/10386/4284

Letsike, M.S. 2025. Teenage pregnancy breakfast engagement. https://dwypd.gov.za/wpcontent/uploads/2025/02

Lim, W.M. 2023. Philosophy of science and research paradigm. *Journal of Trade Science*, 11(2/3). https://www.emerald.com/insight/2815-5793.htm

LoBiondo-Wood, G & Haber, J. (2022). *Nursing research: Methods and critical appraisal*. Elsevier. https://books.google.com/books/about/Nursing_Research_E_Book.html?id=l8M1EAAAQBAJ

Maarman-Afrika, B. 2023. The educational support of teenage mothers at a Western Cape school. Master's thesis. University of Western Cape. http://etd.uwc.za/

Mabila, L.N. et al. 2023. Mental health needs among pregnant adolescents. *African Journal of Reproductive Health*, 27(2), 101–129. https://pubmed.ncbi.nlm.nih.gov/37584945/

Magosho, H, Kaduma, I & Magosho, M. 2026. Power, marginalization, and school re-entry for teenage mothers in Tanzania. *International Journal of Adolescence and Youth*, *31*(1). https://doi.org/10.1080/02673843.2026.2666631

Majola, E. 2025. 'National Certificate Vocational graduates and barriers to progression in South African Technical Vocational Education and Training', *Transformation in Higher Education* 10(0), a579. https://doi.org/10.4102/the.v10i0.579

Makgobatlou, M.D. 2024. Spatial distribution of cardiovascular disease risk factors. PhD Thesis. University of Limpopo.

Maluleke, U, Senekal, J, Munnik, E & Somhlaba, N. 2023. Experiences of student mothers in higher education. *South African Journal of Higher Education*, 37(3). https://www.journals.ac.za/sajhe/issue/view/325

Malatji, H. et al. 2023. Coping strategies and support in township schools. *Journal of Social Sciences and Humanities*, 20(3). https://doi.org/10.17576/ebangi.2003.20

Mampane, R, Omidire, F & Ebersöhn, L. 2021. Framework for youth resilience work. University of Pretoria.

Mangeli, M. et al. 2017. Challenges of adolescent mothers. *Journal of Family & Reproductive Health*, 11(3), 165–173. https://pubmed.ncbi.nlm.nih.gov/30018654/

Mash R & Nash J. District health service delivery and the contribution of family physicians. *S Afr J Sci.* 2024;120(11/12), Art. #18712. https://www.spotlightnsp.co.za/wp-content/uploads/2024/09/district-health-service-delivery-and-the-contribution-of-family-physicians.pdf

Mathebula, R.N. 2019. School-based interventions for schoolgirl pregnancy. PhD Thesis. University of Venda. http://hdl.handle.net/11602/1439

Matjila, N.T & van der Merwe, P. 2022. Transformative research paradigm. University of South Africa. SSRN. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4199257

Mavhandu, A.E. et al. 2022. Sexuality education in rural schools. *Journal of Educational and Social Research*, 12(4), 2239–2240.

Mcambi, S.J. 2021. Teenage pregnancy and motherhood as barriers to girls' access and success in education in a South African township: A Qualitative study. University of KwaZulu-Natal Durban, South Africa. PhD Thesis. https://researchspace.ukzn.ac.za/handle/10413/22172

McGregor, C. M & Arditti, J. A. 2023. The paradox of family support for young mothers: An interpretive phenomenology analysis. *Family Relations,* 72(4), 1859–1874. https://doi.org/10.1111/fare.12800

Menda, D.M. et al. 2023. Socio-Cultural Factors and Experiences of School Going Teenage Mothers in Rural Zambia: A Phenomenological Study. https://doi.org/10.1101/2023.10.13.23296957

Megheirkouni, M. & Moir, J. 2023. Criteria for excellent qualitative research. *The Qualitative Report*, 28(3), 848–864. https://nsuworks.nova.edu/tqr/vol28/iss3/11/

Merriam-Webster Dictionary. 2022. *Support*. https://www.merriam-webster.com/dictionary/support

Mertens, D.M. 2009. *Transformative research and evaluation*. Guilford Publications.

Mertens, D.M. 2018. *Research and evaluation in education and psychology* (5th ed.). SAGE.

Mertens, D.M. 2020. *Research and evaluation in education and psychology* (5th ed.). SAGE. https://books.google.com/books/about/

Mertens, D.M. 2021. Transformative research methods. *International Journal of Qualitative Methods*, 20, 1–9. https://journals.sagepub.com/doi/10.1177/16094069211051563

Mertens, D.M. 2024. *Research and evaluation in education and psychology* (6th ed.). SAGE.

Miller-Brydon, M, Kral, M & Aragón, A.O. 2020. Participatory action research: International perspectives and practices. *International Review of Qualitative Research.* https://journals.sagepub.com

MISTRA. 2021. Youth in South Africa: Agency, (In)visibility and National Development.

Mkhize, T.R & Davids, M.N. 2021. Digital inclusion in township schools. *ERSC*, 10(2).

Mkhize, S. 2024. Resilience strategies among adolescent mothers. *South African Journal of Psychology*.

Mkhwanazi, N. 2022. Adolescent motherhood and layered trauma. *African Journal of Reproductive Health*.

Mkhwanazi, N. & Bray, R. 2022. Intergenerational dynamics and adolescent motherhood. HSRC Press.

Mizero, D. et al. 2024. Teenage mothers' experiences accessing healthcare in Rwanda. *BMC Public Health*, 24, 2309. https://doi.org/10.1186/s12889-024-19769-

Moganedi, S.E. 2023. Teaching and learning coping strategies among teenage mothers. UKZN. Master's Thesis. https://researchspace.ukzn.ac.za

Moganedi, S.E & Mudau, T.S. 2024. Stigma and mental well-being of teenage mothers. *Social Sciences*, 13(1), 18. https://www.mdpi.com/2076-0760/13/1/18

Mohammed et al. 2021. Modeling of 3R (Reduce, Reuse and Recycle) for sustainable construction waste reduction: A partial least squares structural equation modeling (RLS-SEM). *Sustainability* 2021, 13, 10660. https://doi.org/10.3390/su131910660

Mohi Ud Din, Q & Zhang, L. 2023. Mechanisms of ethical leadership. *Behavioural Sciences*, 13(11). https://pubmed.ncbi.nlm.nih.gov/37998675/

Mokganya, M. et al. 2023. Health worker attitudes towards adolescent pregnancy. *BMC Public Health*.

Morgan, A.K. et al. 2022. Teenage motherhood effects in Ghana and Uganda. *Journal of Adolescence*. https://www.tandfonline.com/doi/full/10.1080/02673843.2023.2242476

Morgan, A.K. et al. 2025. Stigma and school re-entry in Ghana. *International Journal of Adolescence and Youth*, 30(1). https://doi.org/10.1080/02673843.2024.2441322

Morelli, S.A, Lee, I.A, Arnn, M.E & Zaki, J. 2015. Emotional and instrumental support. *Emotion*, 15(4), 484–493. https://pmc.ncbi.nlm.nih.gov/articles/PMC4516598/

Mukuna, R.K & Aloka, P.J.O. 2021. Resiliency among teenage mothers. *Problems of Education in the 21st Century*, 79(1), 104–118.

Musyimi, C.W. et al. 2020. Suicidal behaviour risks during adolescent pregnancy. *PLoS ONE*, 15(7), e0236269. https://doi.org/10.1371/journal.pone.0236269

Muthelo, L. et al. 2024. Mental health of adolescent mothers. *BMC Women's Health*, 24, 234. https://doi.org/10.1186/s12905-024-03040-z

Muzingili, T. 2025. Factors predicting the resilience of school re-integrated teenage mothers in Zimbabwe. *Cogent education2025,* vol. 12, no. 1, 2540592. https://doi.org/10.1080/2331186X.2025.2540592

Mwakililo, P.S. 2025. Reintegrating adolescent mothers into secondary education. *International Journal of Adolescence and Youth*, 30(1). https://doi.org/10.1080/02673843.2025.2552335

Nadeau, J. 2025. Social support: definition, types and examples. *Study.com*. https://study.com/learn/lesson/social-emotional-support-theory-examples-benefits.html

Naidoo, J, Muthukrishna, N & Nkabinde, R. 2019. The journey into motherhood and schooling: Narratives of teenage mothers in the South African context. *International Journal of Inclusive Education*. https://doi.org/10.1080/13603116.2019.1600053

Nathan, S, Hodgins, M, Wirth, J, Ramirez, J, Walker, N & Cullen, P. 2023. The use of arts-based methodologies and methods with young people with complex psychosocial needs: A systematic narrative review. *Health Expectations.* 2023:26:795-805. https://wileyonlinelibrary.com

Ncongwane, D.K. 2018. The burden of care experienced by families with teenage mothers in a selected township in Mpumalanga. University of Pretoria. https://repository.up.ac.za/handle/2263/67837

Ndlovu, N, Gray, A, Blose, N & Mokganya, M. 2023. Health and related indicators 2023. *South African Health Review*.

Ngabaza, S & Shefer, T. 2022. Schooling experiences of adolescent mothers in South Africa. *Gender and Education*.

Ngabaza, S. et al. 2023. Institutional responses to adolescent pregnancy in schools and clinics. *South African Review of Education*.

Ngqola, Z.S & Prinsloo, C. 2025. Teen mothers' experiences with youth-friendly health services in Eastern Cape, South Africa. *Journal of Public Health Africa*, 16(1). https://doi.org/10.4102/jphia.v16i1.1151

Nkosi, Z.P. 2024. Patients' experiences in the use of mobile health clinics in KwaMachi, KwaZulu-Natal. *Dialogues in Health*, 4, 100164. https://doi.org/10.1016/j:dialog.2023.100164

Nolan, S, Hendricks, J, Ferguson, S & Towell, A. 2017. SNS use by adolescent mothers: A structured review. *Midwifery*, 48, 24–31. https://pubmed.ncbi.nlm.nih.gov/28324806/

NYDA. 2021. Integrated Youth Development Strategy Consultation Report. https://www.nyda.gov.za

NYDA. 2022. Status of youth report 2022. https://www.nyda.gov.za

Ndwandwe, N.D. 2023. Voices of teenage mothers in Mpumalanga. *Journal of Educational Studies*. https://journals.co.za/doi/abs/10.59915/jes.2023.special.1.15

News24. 2023. Teenage pregnancy rife in SA. https://www.news24.com

Ntinda, K, Thwala, S.K & Dlamini, T.P. 2016. Lived experiences of school-going early mothers in Swaziland. *Journal of Psychology in Africa*, 26(6), 546–550.

Ntini, A.M, Rabie, T, Froneman, K & Smart, K. 2023. Teenagers' perception of contraception and support requirements. *The Open Public Health Journal*. https://openpublichealthjournal.com/VOLUME/16/ELOCATOR/e187494452305150/

Ntshayintshayi, P.N, Leepile, A.S, Isaac, O.M & Sepeng, N.V. 2022. Psychosocial challenges faced by pregnant teenagers in Ditsobotla. *Health SA Gesondheid*, 27, 1880. https://doi.org/10.4102/hsag.v27i0.1880

Nyblade, L. et al. 2019. Stigma in health facilities. *BMC Medicine*, 17, 25. https://doi.org/10.1186/s12916-019-1256-2

OECD. 2024. Problem-solving skills. https://www.oecd.org/content/dam/oecd/en/topics/policy-issues/future-of-education-and-skills/learning-compass-constructs/Problem%20solving.pdf

O'Flaherty, M, Kalucza, S & Bon, J. 2023. Teenage motherhood and mental health in Great Britain. *Demography*, 60(3), 707–729. https://pubmed.ncbi.nlm.nih.gov/37226980/

Okoli, C.J. et al. 2022. Socioeconomic inequalities in teenage pregnancy in Nigeria. *BMC Public Health*, 22, 1729. https://doi.org/10.1186/s12889-022-14146-0

Olajubu, A.O, Omoloye, G.O, Olajubu, T.O & Olowokere, A.E. 2021. Stress and resilience among pregnant teenagers in Ile-Ife. *European Journal of Midwifery*. https://doi.org/10.18332/ejm/134181

Oliveira, M, Palma-Moreira, A & Au-Yong-Oliveira, M. 2025. Social support and well-being. *Social Sciences*, 14(317). https://doi.org/10.3390/socsci14050317

Olorunsaiye, C.Z. et al. 2022. "It's like being involved in a car crash": Teen pregnancy narratives in Nigeria. *International Health*, 14(6), 562–571. https://pubmed.ncbi.nlm.nih.gov/34662897/

Oluseye, A, Waterhouse, P & Hoggart, L. 2024. Stigma management among unmarried young mothers in Nigeria. *Global Public Health*, 19(1). https://doi.org/10.1080/17441692.2023.2291699

Omodan, B.I. 2020. Transformative research trajectory. *African Journal of Social Issues*, 6(3).https://www.semanticscholar.org/paper/50c502c9912c43bb0a9ec24b97ccec84a3854e84

Omodan, B.I & Addam, B. 2022. Transformational teaching. *Journal of Curriculum Studies Research*, 4(2), 15–29. https://curriculumstudies.org/index.php/CS/article/view/126

Owens, R. 2022. Discrimination toward young parents as policy issue. *Children & Society*, 36(6), 1280–1295. https://doi.org/10.1111/chso.12575

Oyamolowo, S.J, Olajubu, A.O & Akintola, F.E. 2019. Social support and depression among pregnant teenagers. *African Journal of Midwifery and Women's Health*, 13(4). https://www.researchgate.net/publication/338027452

Oxford Advanced Learner's Dictionary. 2022. *10th ed.* Oxford University Press. https://www.oed.com

Pasque, P.A & Alexander, E. 2022. *Advancing culturally responsive research and researchers*. Routledge. https://www.routledge.com/Advancing-Culturally-Responsive-Research-and-Researchers

Pang, H.T, Zhou, X & Chu, M. 2024. Cross-cultural differences in nonverbal behaviour. *Journal of Nonverbal Behavior*, 48, 323–344. https://doi.org/10.1007/s10919-024-00454-z

Peeters, M.C, Buunk, B.P & Schaufeli, W.B. Social interactions, stressful events and negative affect at work: A micro-analytic approach. Eur J Soc Psychol. 1995; 25(4):391–401. https://www.wilmarschaufeli.nl/publications/Schaufeli/064.pdf

Perrin, P. et al. 2023. Upholding human dignity: A literature review. University of Notre Dame. https://doi.org/10.7274/76537082b53

Phoobane, J. 2021. The effects of pregnancy on teenage mothers: A case of Ha Lithabaneng in Berea, Lesotho. National University of Lesotho. https://repository.tml.nul.ls/handle/20.500.14155/1738

Pike, C. et al. 2023. Lessons from a school-based sexual health program in Cape Town. *Global Health: Science and Practice*, 11(6). https://doi.org/10.9745/GHSP-D-23-00026

Policy on the Prevention of Learner Pregnancy in Schools. (2022). https://www.gov.za/sites/default/files/gcis_document/201806/41722gon615.pdf

Polit, D.F & Beck, C.T. 2021. *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Lippincott Williams & Wilkins.

Pueyo, J. 2022. Teenage motherhood: Challenges and implications. *Journal of International Women's Studies*, 23(6). https://vc.bridgew.edu/jiws/vol23/iss6/6

Putri, L.P. et al. 2022. Definitions of rural areas in Indonesia. *Health Research Policy and Systems*. https://doi.org/10.1186/s12961-022-00847-w

Quosdorf, A, Peterson, W. E, Rashotte, J, & Davies, B. 2020. Connecting With Adolescent Mothers: Perspectives of Hospital-Based Perinatal Nurses. *Global Qualitative Nursing Research*, *7*, 2333393619900891. https://doi.org/10.1177/2333393619900891

Rabie, T & Damons, B. 2024. Identity formation among adolescent mothers. *Journal of Social Sciences and Humanities*.

Radar, D. 2023. Exploring the psychology and consequences of teenage pregnancy. *Psychreg*.https://www.psychreg.org/exploring-psychology-consequences-teenage-pregnancy/

Rahim, K.A. et al. 2024. Mental health beyond postpartum among adolescent mothers: A systematic review. *Health Psychology and Behavioral Medicine*, 12, 2305741. https://doi.org/10.1080/21642850.2024.2305741

Ramjan, L.M, Maneze, D, Krstevska, E, Pathrose, S.P & Lewis, P. Educational programs to improve nurses' knowledge, attitude, and practice in adolescent and young adult health: An integrative review. *Nurse education today.* Vol. 118, 2022, 105510. https://doi.org/10.116/j.nedt.2022.105510

Reevy, G.M & Maslach, C. 2001. Use of social support: Gender and personality differences. *Sex Roles*, 44, 437–459. https://doi.org/10.1023/A:1011930128829

RHAP. 2024. *Hope and healing for women survivors of GBV*. https://rhap.org.za

Raya-Diez, E. et al. 2024. Risk factors and social consequences of early pregnancy: A systematic review. *SAGE Open*. https://journals.sagepub.com/doi/abs/10.1177/21582440241271324

Rea, C.J & Cox, J. 2021. Social support and depression among adolescent mothers. In Maggino, F. (ed.), *Encyclopedia of Quality of Life and Well-Being Research*. Springer. https://doi.org/10.1007/978-3-319-69909-7_4064-2

Rebello, S. 2021. Youth inclusion in socio-economic programmes. CSVR.

Rejuso, Y.P. et al. 2023. Teenage mothers' coping mechanisms. *Global Journal of Psychology Research*, 13(1), 31–41.

Reyes, J.R & Alvarez, L.N.R. 2022. Concept analysis of interpersonal skills in nursing. *AQUICHAN*, 22(1). https://doi.org/10.5294/aqui.2022.22.1.3

Riazi, A.M, Rezvani, R & Ghanbar, H. 2023. Trustworthiness in L2 writing research. *Research Methods in Applied Linguistics*, 2(3). https://ouci.dntb.gov.ua/en/works/4a5QRqM4/

Rodriquez, R.A. 2023. Adolescent psychology: Development and behaviors. Study.com.https://study.com/academy/lesson/adolescent-psychology-development-behaviors.html

Rosales, R.A. et al. 2025. Social support and psychological distress in nursing students. *Journal of Professional Nursing*, 57, 121–128. https://pubmed.ncbi.nlm.nih.gov/40074374/

Rose, J & Johnson, C.W. 2020. Reliability and validity in qualitative research. *Journal of Leisure Research*. https://www.tandfonline.com/doi/abs/10.1080/00222216.2020.1722042

Ruihua, L. et al. 2025. Social support and wellbeing among students. *PLoS ONE*, 20(7), e0325212.

Ruslin, R. et al. 2022. Semi-structured interviews: Methodological reflections. *IOSR Journal of Research & Method in Education*, 12(1), 22–29.

Ruzibiza, Y. 2021. Stigma, solitude and resilience among pregnant teenagers. *Global Public Health*, 16(5), 763–774. https://pubmed.ncbi.nlm.nih.gov/32264792/

SAAYC. 2025. Empowering digital citizenship. https://saayc.org.za

Saleem, A. et al. 2024. Leader's ethical behaviour and employee wellbeing. *Acta Psychologica*, 249, 104453. https://pubmed.ncbi.nlm.nih.gov/39151216

SANC. 2021. *Code of ethics for nursing practitioners in South Africa*. https://www.sanc.co.za/wp-content/uploads/2021/04/Code-of-Ethics-for-Nursing-in-South-Africa.pdf

Santiago, P.H.R. 2020. Psychometric properties of the PSS, SSS and SPCS. University of Adelaide.

Santiago, P.H.R. et al. 2023. Psychometric properties of the Social Support Scale. *PLoS ONE*, 18(1), e0279954.

Schultz, B.E, Corbett, C.F & Hughes, R.G. 2022. Instrumental support: A conceptual analysis. *Nursing Forum*, 57(4), 665–670. https://pubmed.ncbi.nlm.nih.gov/35133664/

Scott, E. 2025. *The different types of social support*. Verywell Mind. https://www.verywellmind.com/types-of-social-support-3144960

Segalo, L. 2020. Learner pregnancy in South Africa. *Koers*, 85(1). https://doi.org/10.19108/KOERS.85.1.2461

Selebano, N. 2024. Crisis of school dropout among pregnant adolescents. Commission for Gender Equality. https://cge.org.za

Senaratne, P. et al. 2025. Socioeconomic impacts of adolescent pregnancy in Sri Lanka. *BMC Public Health*, 25, 3262. https://pmc.ncbi.nlm.nih.gov/articles/PMC12487213/

Shirima, C.M & Naudé, L. 2024. Identity resilience in under-resourced contexts. *Child & Youth Services*. https://doi.org/10.1080/0145935X.2024.2376638

Shrimpton, L., Addison, M., Cavener, J., Scott, S., & McGovern, W. (2024). Exploring the Impact of Stigma on Health and Wellbeing: Insights from Mothers with Lived Experience Accessing Recovery Services. *International Journal of Environmental Research and Public Health*, *21*(9), 1189. https://doi.org/10.3390/ijerph21091189

Sibeko, G. et al. (2023). Mental health outcomes among adolescent mothers. *Journal of Adolescent Health*.

Simwanza, N.R. et al. 2022. Enablers of teenage pregnancy in Sub-Saharan Africa. *International Journal of Pregnancy & Childbirth*, 8(3). https://doi.org/10.15406/ipcb.2022.08.00265

SmithBattle, L. 2013. Reducing the stigmatization of teen mothers. *MCN: American Journal of Maternal/Child Nursing*, 38(4), 235–241.

SmithBattle, L & Freed, P. Teen mothers' mental health. MCN Am J Marten Child Nurs. 2016 Jan-Feb; 41 (1):31-6; quiz E3-4. doi: 10:1097/NMC.0000000000000198. PMID: 26474475.

SmithBattle, L. 2020. "Walking on eggshells": Update on teen mother stigmatization. *MCN*, 45(6), 322–327.

SmithBattle, L & Phengnum, W. An integrative review of the research on teen mothers' Resilience. West J Nurs Res. 2023 Feb;45(2):161-175. doi: 10.1177/01939459221106989. Epub 2022 Jun 23. PMID: 35746881. https://pubmed.ncbi.nlm.nih.gov/35746881/

Sotonye-Frank, B. D. G. 2024. Gender stereotyping and school exclusion of adolescent Pregnant Girls. *International Journal of Educational Research Open*, *7*, 100354. https://doi.org/10.1016/j.ijedro.2024.100354

South African Schools Act (SASA). 1996. https://www.education.gov.za/LinkClick.aspx?fileticket=aIolZ6UsZ5U%3D

South African Government News Agency. 2025. SA faces teenage pregnancy crisis. https://www.sanews.gov.za

Spratt, M. 2025. What is a mobile clinic? Gauteng Province. https://cmbinary.gauteng.gov.za

Stahl, N.A & King, J.R. 2020. Trustworthiness in qualitative research. *Journal of Developmental Education*. https://www.jstor.org/stable/45381095

Statistics South Africa. 2021. https://www.statssa.gov.za

Statistics South Africa. 2022. *The young and the restless: Adolescent health in SA*.

Statistics South Africa. 2025. *South Africa's youth in the labour market: A decade in review*. https://www.statssa.gov.za

Steinmann, R. 2016. The core meaning of human dignity. *Potchefstroom Electronic Law Journal*, 19(1). https://doi.org/10.17159/1727-3781/2016/v19i0a1244

Strand, M, Rivers, N, Baasch, R & Snow, B. 2022. Developing arts-based participatory research for more inclusive knowledge co-production in Algoa Bay. *Current Research in Environmental Sustainability*. 4(2022) 100178 https://doi.org/10.1016/j.crsust.2022.100178

Strauss, I. et al. 2016. What is compassion? *Clinical Psychology Review*, 47, 15–27.

Subban, P. et al. 2022. Engaging teenage parents back in education. *Frontiers in Education*, 7, 852393.

Sumbane, G.O & Makua, N.M. 2023. Mental health of LGB students. *International Journal of Environmental Research and Public Health*, 20, 4420.

Tahiru, R, Kona, C, Nyari, A, Mohammed, T & Pawmang, D. A. 2024. Exploring the physical and mental health challenges of teenage pregnancy: A Qualitative study in the Tamale Metropolis, Ghana. *Journal of Family & Reproductive Health*, *18*(4), 246. https://doi.org/10.18502/jfrh.v18i4.17425

Tang, J. et al. 2024. Treatment adherence: A concept analysis (Walker & Avant). *Patient Preference and Adherence*, 18, 2067. https://doi.org/10.2147/PPA.S477615

Tenny, S, Brannan, J.M & Brannan, G.D. 2022. Qualitative Study. In: *StatPearls*. https://www.ncbi.nlm.nih.gov/books/NBK470395/

Tinago, C.B. et al. 2021. Development and assessment of feasibility of a community-based peer support intervention to mitigate social isolation and stigma of adolescent motherhood in Harare, Zimbabwe. *Pilot Feasibility Stud* **7**, 110 (2021). https://doi.org/10.1186/s40814-021-00832-0

Tirgari, B. et al. 2019. Parenting stress among Iranian teen mothers. *Comprehensive Child and Adolescent Nursing*, 43(3), 203–216.

Twagirayezu, I. et al. 2024. Consequences of adolescent childbearing in Rwanda. *PLOS Global Public Health*, 4(9), e0003716.

Twalo, T. 2024. Prevention and management of adolescent pregnancy in South Africa. *Research in Educational Policy and Management*, 6(1), 180–196.

Udoh, P. 2024. Challenges faced by teenage mothers: A comprehensive analysis. *Newport International Journal of Current Research in Humanities and Social Sciences*, 4(3).

UNESCO. 2021. Impact of COVID-19 on the education of persons with disabilities. https://unesdoc.unesco.org

UNESCO. 2024. Leading SDG4-Education 2030. https://en.unesco.org/themes/education2030-sdg4

UNFPA. 2021. Adolescent pregnancy: East and Southern Africa. https://esaro.unfpa.org

UNICEF. 2024. Early childbearing: Consequences for adolescent girls. https://data.unicef.org/topic/child-health/adolescent-health/

UNICEF South Africa. 2024. Adolescent health and development: Protect and prioritise SRHR.

Uwimana, E., Nshimiyimana, A., Musafili, A. *et al.* Stress from pregnancy disclosure and its impact on teen mothers' identity in Rwanda: a qualitative study. *BMC Pregnancy Childbirth* **26**, 206 (2026). https://doi.org/10.1186/s12884-026-08688-z

Vaca, M. 2020. *How do mothers who were pregnant as teenagers achieve success?* MA dissertation, California State University. https://scholarworks.calstate.edu/downloads/05741v31z

Van der Waldt, G. 2024. Constructing theoretical frameworks in social science research. *Journal for transdisciplinary research in Southern Africa.* https://doi.org/10.4102/td.v20i1.1468

Van der Walt, C. 2025. Student motivation for volunteering in peer mentorship. *Journal of Student Affairs in Africa*, 13(1).

van Schalkwyk, J.H.D. 2025. Improving the wellbeing of teenage mothers through resilience interventions. *International Journal of Studies in Inclusive Education*, 2(1), 1–11. https://doi.org/10.38140/ijsie.v2i1.1283

van Vugt, E & Versteegh, P. (2020). Vulnerable young mothers' transition to motherhood. *Children and Youth Services Review*, 118, 105318.

Varkey, B. Principles of clinical ethics and their application to practice. *Med Princ Pract.* 2021;30(1):17-28. doi: 10.1159/000509119. Epub 2020 Jun 4. PMID: 32498071; PMCID: PMC7923912. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC7923912/

Vaughn, L & Jacquez, F. 2020. Participatory research methods. *Journal of Participatory Research Methods*. https://jprm.scholasticahq.com

Verma, R, Verma, S & Abhishek, K. 2024. *Research methodology*. Booksclinic Publishing. https://play.google.com/books/reader?id=tWP4EAAAQBAJ

Visvalingam, A, Dhillon, J.S & Gunasekaran, S.S. 2019. Role of social support in health self-management. *Journal of Information Technology Management*. https://jitm.ut.ac.ir/article_73268

Walker, L.O & Avant, K.C. 2014. *Strategies for theory construction in nursing*. Pearson.

Warren-Leahy, P. 2014. Social support theory. In Fitzpatrick, J.J & McCarthy, G. (eds), *Theories guiding nursing research and practice*, pp. 85–101.

WHO. 2009. Definitions of healthcare settings and related terms. https://www.ncbi.nlm.nih.gov/books/NBK144006/

WHO. 2023. Adolescent pregnancy. https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

WHO. 2026. Mobile clinics. https://www.who.int/emergencies/partners/mobile-clinics

Williams, P, Barclay, L & Schmied, V. 2004. Defining social support in context. *Qualitative Health Research*, 14(7), 942–960.

Wittenberg, M.D. 2023. Teen mothers: When stigma trumps compassion. *Psychology Today*.https://www.psychologytoday.com/za/blog/psychiatrys-think-tank/202212/teen-mothers-when-stigma-trumps-compassion-and-research

Woods, M. 2023. Understanding rural communities. https://doi.org/10.4337/9781800370067.00008

World Bank. 2022. The social and educational consequences of adolescent childbearing. https://genderdata.worldbank.org/en/data-stories/adolescent-fertility

Yaseen, A & Lauren, Y. 2020. Religio-cultural beliefs, and children accused of witchcraft: Describing the child-witch phenomenon. 21. 51-60. https://journals.co.za/doi/pdf/10.10520/ejc-carsa-v21-n2-a5?download=true

Zanini, D.S & Peixoto, E.M. 2018. Social Support Scale (MOS-SSS): Psychometric analysis. *Paidéia*, 26(65), 359–368. https://doi.org/10.1590/1982-43272665201612

ETHICAL CLEARANCE

Annexure 1

College of Human Sciences_CREC

NHREC Registration # : (Rec-240816-052)
Ref #: 8016
Name: Mrs Shonisane Emily Moganedi
Student #: 45102937

Date: 09/06/2025

Dear: Mrs Shonisane Emily Moganedi

Decision: Ethics Approval from 09 June 2025 to 08 June 2026

Researcher: Mrs Shonisane Emily Moganedi

R579 Jane Furse Road 1085

Globlersdal

45102937@mylife.unisa.ac.za 0820652848

Supervisor: Prof Patrone Risenga risenpr@unisa.ac.za

Development of a Support Program to Reduce Stigmatisation and Marginalisation among Teenage Mothers in Rural Communities of Sekhukhune District, Limpopo Province, South Africa

Qualification: PhD in Nursing

Thank you for the application for research ethics clearance by the College of Human Sciences_CREC for the above-mentioned research study. Ethics approval is granted for one year.

The **medium-risk application** was **reviewed** by the College of Human Sciences_CREC on **09 June 2025** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College of Human Sciences_CREC.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.

6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.

7. No field work activities may continue after the expiry date (**08 June 2026**). Submission of a completed research ethics progress report will constitute an application for renewal, for Ethics Research Committee approval.

Additional Conditions

1. Disclosure of data to third parties is prohibited without explicit consent from Unisa.
2. De-identified data must be safely stored on password protected PCs.
3. Care should be taken by the researcher when publishing the results to protect the confidentiality and privacy of the university.
4. Adherence to the National Statement on Ethical Research and Publication practices, principle 7 referring to Social awareness, must be ensured: "Researchers and institutions must be sensitive to the potential impact of their research on society, marginal groups or individuals, and must consider these when weighing the benefits of the research against any harmful effects, with a view to minimising or avoiding the latter where possible." Unisa will not be liable for any failure to comply with this principle.
5. Kindly note that the College of Human Sciences_CREC requires the submission of regular progress reports to be submitted {**annually**}. In line with section 7.2 of the Unisa Policy on Research Ethics (2024).

Note

The reference number 8016 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Kind regards,

Prof K J Malesa
Chair of College of Human Sciences_CREC
E-mail: maleskj@unisa.ac.za

Professor Omwoyo Bosire Onyancha
Executive Dean / By delegation from the Executive Dean of College of Human Sciences_CREC
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Annexure 2

ABRIDGED CURRICULUM VITAE

SHONISANE EMILY MOGANEDI
PERSONAL DETAILS
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HIGHER EDUCATION

MASTER OF NURSING (NURSING RESEARCH)
POST-GRADUATE DIPLOMA IN PUBLIC HEALTH
BA CUR (NURSING ADMINISTRATION AND NURSING EDUCATION)
DIPLOMA IN NURSING (GENERAL, PSYCHIATRIC, COMMUNITY) AND MIDWIFERY.
ASSESOR AND MODERATOR
DIPLOMA IN EDUCATION FOR SECONDARY PHASE

EMPLOYMENT HISTORY

PROFESSIONAL NURSE (PRIMARY HEALTH CARE): Mmotwaneng Clinic
PROFESSIONAL NURSE (MATERNITY): Bela- Bela Hospital
NURSE EDUCATOR: R2175 AND R2176: Thuto Bophelo Nursing Academy
FACILITATOR: R425, R880: SG Lourens Nursing College
CLINICAL FACILITATOR: R2175 AND R683: Netcare Academy
FACILITATOR: R.171 Limpopo College of Nursing

I am currently a Senior Lecturer in Nursing facilitating and coordinating Health Unit Management (300), facilitated Non-Communicable Child (200) and Introductory Psychology and Sociology (100) in R.171 (Diploma in General Nursing) at the Limpopo College of Nursing, South Africa. I am also assisting with Clinical Education Teaching Unit (CETU). I am a member of the college quality assurance committee. I am an internal moderator and a member of examination committee.

WORK EXPERIENCE

PROFESSIONAL NURSE: 01 March to August 2006

MIDWIFE: 01 September 2006 to 31 January 2011

NURSE EDUCATOR: (R2175, R2176) 01 October 2012 to 28 February 2014

CLINICAL FACILITATOR: (R2175, R683) 01 March to 30 October 2014

FACILITATOR (R425, R880) 01 November 2014 to 31 January 2016

FACILITATOR: (R425, R171) 01 February 2016 to date

MANAGEMENT SKILLS

Meeting deadlines
Critical skills
Organizational skills
Teamwork
Leadership skills

PUBLISHED EXPERIENCE

I have published an article as a first author in 2024.

Moganedi, Shonisane Emily, and Tshimangadzo Selina Mudau. 2024. Stigma and Mental Well-Being among Teenage Mothers in the Rural Areas of Makhado, Limpopo Province. Social Sciences 13: 18. https://doi.org/10.3390/socsci13010018

Annexure 3

RESEARCHER ACKNOWLEDGEMENT

I, Shonisane Emily Moganedi (7807120412086), as a researcher in my personal capacity, accept that I am cognisant as well as acquainted with terms and contents of the UNISA's

- Research Policy.
- Ethics Policy.
- IP Policy

I will carefully follow and comply with these policy provisions.

Signature: 
Date: 07 March 2026

Annexure 4

AUTHORISATION TO UNDERTAKE THE STUDY

Request to carryout investigation at Sekhukhune District

Honourable Chief

I, Shonisane Emily Moganedi, a student at the University of South Africa; I am pursuing a Doctor of Philosophy (PhD) in Nursing at the University of South Africa under the supervision of Professor P.R Risenga at the Department of Health Studies. We are inviting the community and schools under your jurisdiction to partake in a study entitled "Development of a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities of Makhuduthamaga, Elias Mogale and Ephraim Mogale Municipalities, Limpopo Province, South Africa". The objective of the inquiry is to formulate support program to reduce stigmatisation and marginalisation of teenage mothers in the rural communities in your village.

Your region was chosen because the researcher discovered that young mothers are suffering from emotive distress due to stigma in the community and at school. Due to this undesirable treatment, most of them abandon school owing to a privation of support and rejection, which leads to shame and guilt. The study will have no immediate advantages for the teenage mothers who participate, but the results may help other teenage mothers facing similar issues in the coming future in terms of receiving support.

The outcomes of this study may aid the inquirer to build a support program for the larger community. This program will also help schools, healthcare professionals, and the general public to welcome these young mothers while reducing stigma and marginalisation in the community. Teenage mothers in the area will eventually be able to advance academically and be welcomed as members of their neighbourhood without feeling excluded or alone. There will be no discomforts or hazards involved in this inquiry anticipated though teenage mothers may experience feelings of embarrassment, shame, anxiety and shyness as they will be sharing their personal information.

The researcher confirms that all information will be safeguarded as confidential and treated as private. The learner's identity and the name of the school shall remain confidential. The schools will get feedback on the project's results, and a summary/replica of the outcomes will be made obtainable upon request. The study's outcomes will be incorporated in the thesis and may potentially be put out in an educational publication or presented at research conferences.

Yours sincerely

Shonisane Emily Moganedi

Date: 07 March 2026

……

Signature: Chief

Date: ……..

Annexure 5

PARTICIPANT INFORMATION SHEET

Title: Development of a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities of Sekhukhune district, Limpopo Province, South Africa.

Dear Prospective Participant

My name is Shonisane Emily Moganedi and I am doing research with P.R Risenga, a professor, in the Department of Health Studies. I am studying towards a degree of Doctor of Philosophy in Nursing (PhD) at the University of South Africa. We are inviting you to participate in a study entitled "Development of a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities of Sekhukhune district, Limpopo Province, South Africa". I am conducting this research to formulate a support program to reduce stigmatisation and marginalisation of teenage mothers in the rural communities of Sekhukhune district. You are invited to participate in the inquiry because the study emphasises teenage mothers who are experiencing stigma and marginalisation in the community, school and healthcare services. The researcher will obtain the participants' contact details from community leaders (gate keepers) in your area. The study will have no immediate advantages for the teenage mothers who participate, but the results may help other teenage mothers facing similar issues in the coming future in terms of receiving support.

The total number of 8-20 participants who meet the inclusion criteria will participate in the study. The study involves semi-structured interviews which will be audio taped and focus group discussions. You will be asked questions through face-to-face interviews individually and thereafter you will be required to also be part of the focus group discussion. You will be asked open ended and close questions guided by the interview guide. The focus group will comprise of five (5) or more participants.

The duration of participation and the time needed to complete research activities will be approximately 45 minutes covering both face-to-face interview and focus group discussion. The time allocated to conduct interviews will be 20 minutes for each participant and for focus groups 25 minutes respectively. Your participation in the study is voluntary and there is no penalty or loss of benefit for non-participation. Participation is entirely voluntary. Should you choose to join, you'll receive this information sheet to keep, along with a written consent form to sign. You're welcome to withdraw from the study at any point, and you don't need to provide an explanation. The outcomes of this study may aid the inquirer to build a support program for the larger community. This program will also help schools, healthcare professionals, and the general public to welcome these young mothers while reducing stigma and marginalisation in the community. The findings of this study may assist teenage mothers in the area to eventually be able to advance academically and be welcomed as members of their neighbourhood without feeling left out or alone. There will be no discomforts or hazards involved in this inquiry anticipated though you may experience feelings of embarrassment, shame, anxiety and shyness as you will be sharing your personal information in a focus group.

The researcher confirms that all information will be safeguarded as confidential and treated as private. Your identity and the name of the school where you are currently attending shall remain confidential. Your right to privacy is paramount; you should not be identified in any way, and no one will be able to trace your participation in this study or your responses to it beyond the researcher and the identified members of the inquiry team. You will be recognised through a code number or pseudonym when your responses are recorded in the data, published, or used in other ways to describe the research, including conference proceedings. In order to guarantee the accuracy and reliability of the information you supply, the transcriber and external coder will require access to your data for verification purposes. The researcher will ensure that there is a confidentiality agreement signed by the transcriber and the external coder and in order maintain privacy and confidentiality. The accuracy of the responses will be checked by those responsible for research integrity. This includes the person who transcribed the data, the outside coder, and the members of the Research Ethics Review Committee. Your information will be accessible solely to the research team. Any sharing of data beyond that would require your explicit approval. Your anonymised data could be utilised for other purposes beyond this immediate context. These might include research reports, journal publications, and presentations at conferences.

The researcher will safeguard your privacy in any published work. You may also form part of a focus group interview where participants will be offered an opportunity to voice their concerns, experiences, thoughts and feelings. The researcher will do everything possible to keep your focus group contributions anonymous. However, they can't promise that other participants will keep everything confidential. The researcher will certainly ask everyone to respect their privacy. Because of this, please avoid sharing any personal, sensitive details during the focus group. Your written responses will be kept by the researcher for five years, in a locked cabinet or filing cabinet, for future research or academic use. Any electronic data will be stored on a computer with password protection.

The researcher will ensure that hard copies of data will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer using a relevant software program. There shall be no payment or reward offered to you in exchange for your participation in this study. The interviews and focus groups will be conducted in an area closest to your home e.g. school premises, not to inconvenience you and to cut travel costs. This study has received written approval from the UNISA College of Human Sciences Ethics Committee (CREC) Ref: 8016. A copy of the approval letter can be obtained from the researcher if you wish. If you would like to be informed of the final research findings, please contact Shonisane Emily Moganedi on 0820652848/ 0656463126 or 45102937@mylife.unisa.ac.za/ balshonisane@gmail.com. Should you require any further information or want to contact the researcher about any aspect of this study, please contact 0820652848/ 0656463126 or balshonisane@gmail.com

Should you have concerns about the way in which the research has been conducted, you may contact Prof, PR Risenga on 012 429 6769/ 083341 6000, including email risenpr@unisa.ac.za. Alternatively, contact the research ethics chairperson, Health Research Ethics Committee, Prof. MA Antwi, email address antwima@unisa.ac.za. Thank you for taking the time to read this information sheet and for participating in this study.

Thank you.

Signature: 

Shonisane Emily Moganedi

Annexure 6

CONSENT TO CONTRIBUTE TO THE STUDY

I_____ (the named participant), verify that the individual seeking my permission to contribute to the current study provided me with detailed information regarding the nature, methodology, probable benefits, as well as anticipated inconveniences linked with my involvement.

I have comprehended the inquiry as elucidated in the information flyer.
I had numerous chances to inquire and am prepared to keenly partake in the investigation.

I understand that my participation is optional and that I have the freedom to withdraw at any instant without suffering any punishments (if applicable).

I comprehend that the outcomes of this study could be utilised to build an enquiry report, distributed in papers, and/or present at conferences. However, my partaking will remain confidential until specified otherwise.

I accord to the audio recording of the dialogue using a voice recorder.

I have acquired a duly signed copy of the informed approval agreement.

Participant Name & Surname…….. (Please print)

Participant Signature……..Date……

Researcher's Name & Surname: Shonisane Emily Moganedi

Researcher's signature  Date: 07 March 2026

Annexure 7

ASSENT FOR MINORS TO PARTICIPATE IN THE RESEARCH

I, _____ (participant name), indorse that the person asking my authorisation to take part in this research has told me about the manner, procedure, possible benefits and predicted awkwardness of contribution.

I went through the document several times (or had explained to me) and understood the study as explained in the information pamphlet. I have had sufficient opportunity to ask for clarity and am willing to participate in the study. I understand that my involvement is voluntary and that I am free to pull out at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept private unless indicated as such. I agree to the interview being recorded on a voice recorder. I have received a signed copy of the informed consent agreement. Prior to completing this form, please consult with your parent or guardian. If you desire to partake in this research project, may you please fill out the form? Please keep in mind that a parent or guardian will need to give approval for your participation and be given a duplicate of your signed document.

Parent/guardian Name & Surname…….. (Please print)

Parent/guardian Signature……Date……

Participant Name & Surname…….. (Please print)

Participant Signature……..Date……

Researcher's Name & Surname: Shonisane Emily Moganedi

Researcher's signature  Date: 07 March 2026

Annexure 8

INTERVIEW GUIDE

Participant's age:
Number of babies and their ages?
Marital status?
Educational status?
Current grade?

1. At what age did you fall pregnant with your first baby?
2. What was your reaction and experience when you found out that you are expecting a child?
3. What was the reaction of your parents on discovering that you are pregnant?
4. How did the community members treat you as a young mother? Probe to follow
5. What was the attitude of healthcare professionals at the clinic you went to for a check-up and immunisation of your baby?
6. Tell me about the interaction with your schoolmates, peers and teachers at school while pregnant and as a mother? Probe to follow
7. Did you ever experience any form of stigma, discrimination, isolation or social exclusion at school and in the community? If yes how? Please tell me more.
8. How did all the above make you feel?
9. How did you cope with schoolwork and caring for your baby at the same time?
10. Did you receive any kind of support from your parents?
11. Are you still together with the father of your baby? If yes, is he supporting you and the baby?
12. How can you explain the support, if any, that you received from schoolmates, friends and teachers? Probe to follow
13. Was there ever a moment where you had regrets about being pregnant and being a young mother? If yes, please elaborate?

14. How has having a baby at your age affected your plans for schooling and the anticipated future? Probe to follow

15. What are your future aspirations in terms of your child, academic life and employment?

16. If you could change anything about this situation, what would it be?

17. If you were given an opportunity to address other teenagers regarding teenage motherhood, what would you educate them about?

Addendum 9

FOCUS GROUP DISCUSSION GUIDE

Introduction

Welcome to this group discussion, the purpose of this focus group is to obtain collective experiences in relation to stigma and marginalisation you all encountered as individuals. Every one of you is encouraged to participate fully in this discussion, no teasing and laughing at each other's responses. You are expected to raise your hands if you need clarity and when you want to ask a question. Do you still wish to participate in this group all of you?

Objectives

- To assess the interaction between the stigmatised mothers and peers, teachers and the community.
- To identify the extent to which teenage mothers faced stigmatisation, marginalisation and discrimination in the community, school and healthcare facilities.
- To identify the coping mechanisms used be teenage mothers who encountered stigma and marginalisation.
- To identify the self-efficacy and resilience of teenage mothers regarding academic work after the birth of their children.
- To ascertain how much knowledge teenage mothers have regarding their rights and responsibilities as young parents.
- To determine the support received by teenage mothers from significant others in returning to school.

Questions for discussion

1. What was the attitude of healthcare professionals at the clinic you went to for a check-up and immunisation of your baby?
2. Tell me about the interaction with your schoolmates, peers and teachers at school while pregnant and as a mother? Probe to follow
3. Did you ever experience any form of stigma, discrimination, isolation or social exclusion at school and in the community? If yes how? Please tell me more.
4. How did you cope with schoolwork and caring for your baby at the same time?
5. Did you receive any kind of support from your parents, father of your babies and significant others?
6. What do you think could be done to prevent, eliminate or reduce stigma and marginalisation in the country as a whole?
7. If you were to give a speech to the community about the issue of stigmatising teenage mothers in your community, what kind of topics will you wish to present?
8. What kind of advice will you offer to other teenagers who are still pregnant to cope with the problem of isolation, rejection and exclusion in the community?

Thank you for being part of this discussion!

Annexure 10

SAMPLE INTERVIEW

Keitumetse: 17yrs

Researcher: Eh, hello

Keitumetse: Hello

Researcher: How are you?

Keitumetse: Fine and you

Researcher: My name is Shonisane Moganedi, I am a candidate studying with the University of South Africa. I am going to interview you now that we had an agreement and talked about it. Do you still agree to be interviewed, do you allow me?

Keitumetse: *Yes*

Researcher: How old are you?

Keitumetse: *I am 17yrs old*

Researcher: How many babies do you have?

Keitumetse: I *have one*

Researcher: Are you married?

Keitumetse: *No*

Researcher: In which grade is you?

Keitumetse: *Grade 12*

Researcher: Okay, how old were you when you fell pregnant?

Keitumetse: *16 yrs.*

Researcher: What was your reaction when you found out that you were pregnant? Be honest

Keitumetse: I *felt sad*

Researcher: Why do you say that?

Keitumetse: *I was not ready and what happened is that… is like…I never thought it will happen, but I felt sad*

Researcher: How did your parents feel, upon finding out about your pregnancy?

Keitumetse: *They found out about when I was advanced to with pregnancy, in a few months*

Researcher: Were you hiding it from them

Keitumetse: *Yes*

Researcher: Why did you try to hide?

Keitumetse: I was afraid that they will scold at me and I was also scared that my sister will no longer pay for me transport to come to school, she was also giving me money for food at school

Researcher: For food

Keitumetse: *Yes*

Researcher: Okay, then it came to a point that your pregnancy reveals, what did they say, when they saw that?

Keitumetse: *They were only talking sometimes, maybe asking me 'are you okay' the situation was no longer the same as previously, like we used to chat and sit together*

Researcher: But the time arrived where you needed to talk about the issue now, when that happened, what did they say?

Keitumetse: *As it happened, they just asked me who's baby father is this, where does he live, yeah, things like that.*

Researcher: After telling them did they visit baby daddy's place?

Keitumetse: No, they didn't go

Researcher: Oh, okay, the community……community when the saw you, what did they say as others were passing?

Keitumetse: *Okay, people gossip and when a person gossips you will see*

Researcher: You saw they could be gossiping but you couldn't hear what they were saying?

Keitumetse: *You can't really hear what they were saying, but when they start talking to each other you could see that they are having a conversation about you*

Researcher: Did they ever call you names?

Keitumetse: *No*

Researcher: Alright, then the treatment of nurses, nurses…when you went for antenatal check-up

Keitumetse: *Okay, they treated me well, okay the first time they treated me badly they shouted at me*

Researcher: What did they say?

Keitumetse: *They said I spent a lot of time not going for antenatal care*

Researcher: You didn't go for a booking early? You came late?

Keitumetse: *Yes, I took a lot of time not coming there, they said what if I had diseases that can be transmitted to the baby*

Researcher: Oho

Keitumetse: *And from there the things went well*

Researcher: And now when you were bringing your baby for immunizations, follow-ups and check-ups, how did they treat you nurses? Sometimes you find that there is a different shift of nurses, how did they treat you? Their attitude….

Keitumetse: *I think I took the baby to the clinic twice or thrice*

Researcher: Mhm

Keitumetse: *Most of the time the baby would be accompanied by my mother or sister*

Researcher: The time you took the baby to the clinic what did they say?

Keitumetse: *The first time I took the baby to the clinic, they said they asked me whether the baby was mine looking at my age and height*

Researcher: They couldn't believe!

Keitumetse: *Yes*

Researcher: Then what did they say? When you said the baby is yours?

Keitumetse: *They didn't say anything further from there they assisted me*

Researcher: Okay, okay…your fellow learners, how was their treatment by the time you were pregnant?

Keitumetse: *While preg…*

Researcher: Yes, when they realised that you are pregnant

Keitumetse: *Others judged me (fellow learners)*

Researcher: What did they say, I need you to tell me their exact words

Keitumetse: *(Giggling), they said how could I fall pregnant at the age of 17, such things like that, I am still attending, they were attending school every day, they just wondering when I fell pregnant, we were always at school.*

Researcher: What about your friends

Keitumetse: *My friend didn't say anything. I was confiding with her about everything*

Researcher: Then she gave you support?

Keitumetse: *Yes, she never turned her back on me*

Researcher: How about teachers? Be honest

Keitumetse: *Teachers didn't notice*

Researcher: When they started realising, maybe when you were approaching birth

Keitumetse: *They didn't notice*

Researcher: Then, when you had a baby, they knew and said what?

Keitumetse: *When I had a baby?*

Researcher: Yes

Keitumetse: *It was that thing…. mom reported to them at school that I had a baby because we were attending school every day like I have mentioned earlier, and I had a baby on Saturday*

Researcher: Then you went to school?

Keitumetse: *No, I had to be absent from school Saturday and Sunday, when they started asking her (mom) they requested doctor's note, and when they asked her why I didn't come to school my mom said that I was going to have a baby. Then they were shocked.*

Researcher: But they didn't judge you?

Keitumetse: *Yes*

Researcher: Have you ever found yourself subjected to abuse, isolation. Being rejected at school and in the community?

'Siren noise'…

Researcher: Is it lunch

Keitumetse: *No*

Researcher: Okay, let us continue, did they isolate you?

Keitumetse: *No*

Researcher: Not calling you names?

Keitumetse: *No*

Researcher: Okay, so how did you cope with bad treatment, those who treated you badly? How did you cope?

Keitumetse: *Coping with those who treated me badly, it was that thing of it doesn't matter it was something that already happened*

Researcher: But having a baby yourself looking at you surprised, didn't that affect your learning, the issue of you having a baby didn't it stress you?

Keitumetse: *The issue of having a baby affected my learning, I was stressed because I failed a grade where I was previously schooling*

Researcher: Oho, you were schooling at another school?

Keitumetse: *Then I came here, I came here last year*

Researcher: I need to know whether you left your previous school because you failed or because you had a baby at an early age

Keitumetse: *I did not leave because I failed, my mother shifted me there because she wanted to stay with me*

Researcher: Oho, so that she can be close to you.

Keitumetse: *Yes, to stay with me*

Researcher: So, but this issue of your baby affected your learning

Keitumetse: *Yes*

Researcher: And also, bad treatment from people

Keitumetse: *Yes*

Researcher: Mmm, I am sorry okay

Keitumetse: *Yeah*

Researcher: Have you ever received support from your parents?

Keitumetse: *Yes. I have received support from my parents*

Researcher: Oh, thank you. You and the father of the baby, are you still together, getting along?

Keitumetse: *Yes*

Researcher: Okay, does he take care of the baby?

Keitumetse: *Yes*

Researcher: Alright, is he working?

Keitumetse: *Yes*

Researcher: Okay, and the support that you received from fellow learners, the time you were pregnant and now that you have a baby.

Keitumetse: *Yes, received support from fellow learners, the time you were pregnant and now that you have a baby and they support me even now*

Researcher: Okay, the support you are talking about what are you referring to?

Keitumetse: *Schoolmates never judged me, and we always talked about this issue*

Researcher: Oho, was there ever a time that you regretted having a baby or being a young mother?

Keitumetse: *I regret being a young mother*

Researcher: Why would you say that?

Keitumetse: *Because I didn't plan to have a baby at this age*

Researcher: Having a baby at this age is what you are regretting about?

Keitumetse: I don't regret having a baby just that I became a parent at an early age

Researcher: Why do you regret?

Keitumetse: Because I didn't prepare a better life for this baby

Researcher: Mhmm, okay, then how did it interfere with your learning to have a baby?

Keitumetse: *I couldn't cope with my studies, but it was not the issue of the baby disturbing me*

Researcher: Have you ever found yourself being emotional while still pregnant found yourself crying alone thinking what you have got yourself into?

Keitumetse: *(laughing), yes*

Researcher: Like literally crying with tears?

Keitumetse: *Yes, I cried because I was afraid*

Researcher: Mmm, okay thank you and then your future aspirations, where do you want to see yourself from now?

Keitumetse: *Now, now that I am in grade 12, I made sure that because now I have a baby and I should prepare for a better future so now I plan to study nursing as soon as I finish here*

Researcher: Okay, what is it that you like about nursing?

Keitumetse: *I love it, I like helping people*

Researcher: Mhm, then could you have another baby?

Keitumetse: No

Researcher: So, you have learned

Keitumetse: *Yes, I did learn*

Researcher: So, if you could change anything about this situation, what would it be?

Keitumetse: *What I could change about this situation is that I should just pass with good marks*

Researcher: If you could be offered an opportunity maybe from Life Orientation teacher or people from Love-life requesting you to give speech to the teenage girls who are not pregnant and they gallivanting, or social workers or whomever asking you to encourage and motivate them, what is it that you could tell them looking at your situation?

Keitumetse*: I would tell them that, that okay they can play the way they want but not in such a way that they could find themselves having babies*

Researcher: What is it that they should do to prevent having babies at an early age, maybe what you could have done it yourself?

Keitumetse: *It's just to avoid the issue of boys and just progress there at school. They (boys) are always available, and this you are going to realise upon having a baby that indeed they are always there……now they cannot see that*

Researcher: What more information can you give them? The time you were pregnant and after having the baby.

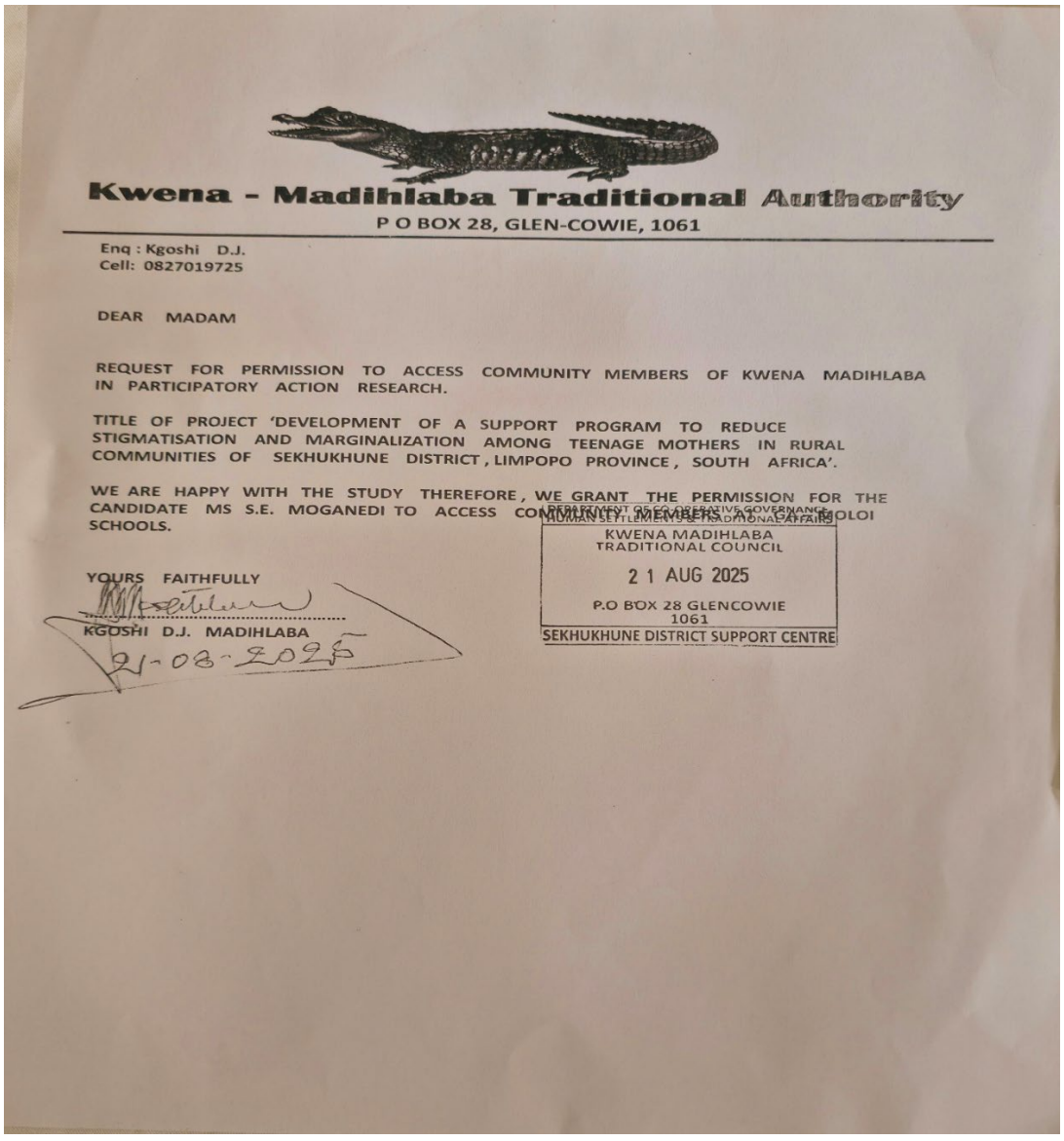
Keitumetse: *It is pregnancy, this abdomen is heavy and tiring. I will tell them…..you see when we look into our phones you see others' parents treating them well, you might think that having a baby, your baby may be the same as that one, and you, when you have that baby you find that your situation compared to that person is not the same. They should give it some thought*

Researcher: Mhmm, hey thank you. Thank you to feel free to answer my questions

Keitumetse: Yes

Annexure 11

Permission to conduct a study 1



Kwena - Madihlaba Traditional Authority

P O BOX 28, GLEN-COWIE, 1061

Enq : Kgoshi D.J.
Cell: 0827019725

DEAR MADAM

REQUEST FOR PERMISSION TO ACCESS COMMUNITY MEMBERS OF KWENA MADIHLABA IN PARTICIPATORY ACTION RESEARCH.

TITLE OF PROJECT 'DEVELOPMENT OF A SUPPORT PROGRAM TO REDUCE STIGMATISATION AND MARGINALIZATION AMONG TEENAGE MOTHERS IN RURAL COMMUNITIES OF SEKHUKHUNE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA'.

WE ARE HAPPY WITH THE STUDY THEREFORE, WE GRANT THE PERMISSION FOR THE CANDIDATE MS S.E. MOGANEDI TO ACCESS COMMUNITY MEMBERS AT MOLOI SCHOOLS.

YOURS FAITHFULLY

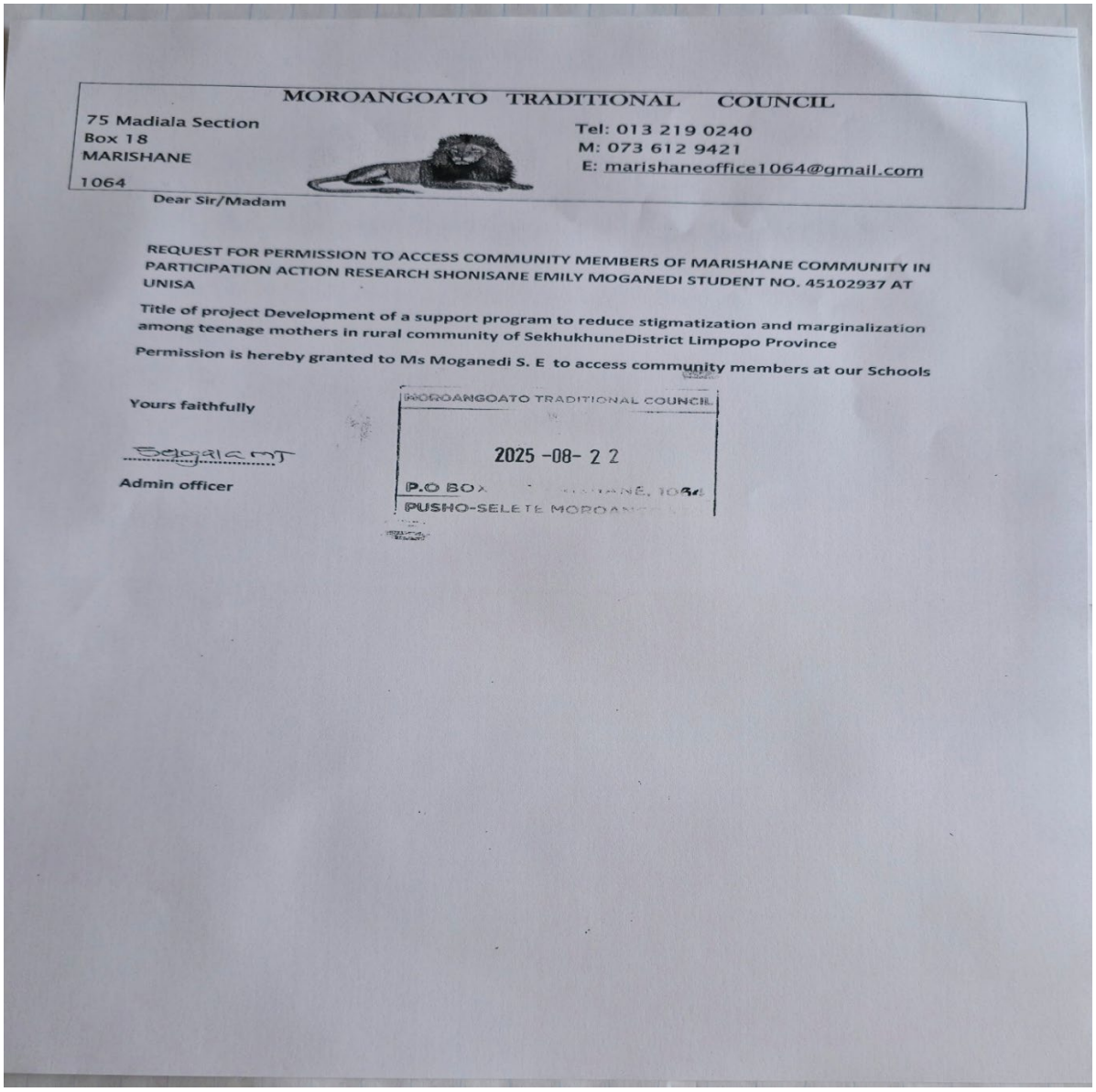
KGOSHI D.J. MADIHLABA

21-08-2025

DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS
KWENA MADIHLABA
TRADITIONAL COUNCIL
21 AUG 2025
P.O BOX 28 GLENCOWIE
1061
SEKHUKHUNE DISTRICT SUPPORT CENTRE

Annexure 12

Permission to conduct a study 2



MOROANGOATO TRADITIONAL COUNCIL

75 Madiala Section
Box 18
MARISHANE
1064

Tel: 013 219 0240
M: 073 612 9421
E: marishaneoffice1064@gmail.com

Dear Sir/Madam

REQUEST FOR PERMISSION TO ACCESS COMMUNITY MEMBERS OF MARISHANE COMMUNITY IN PARTICIPATION ACTION RESEARCH SHONISANE EMILY MOGANEDI STUDENT NO. 45102937 AT UNISA

Title of project Development of a support program to reduce stigmatization and marginalization among teenage mothers in rural community of SekhukhuneDistrict Limpopo Province

Permission is hereby granted to Ms Moganedi S. E to access community members at our Schools

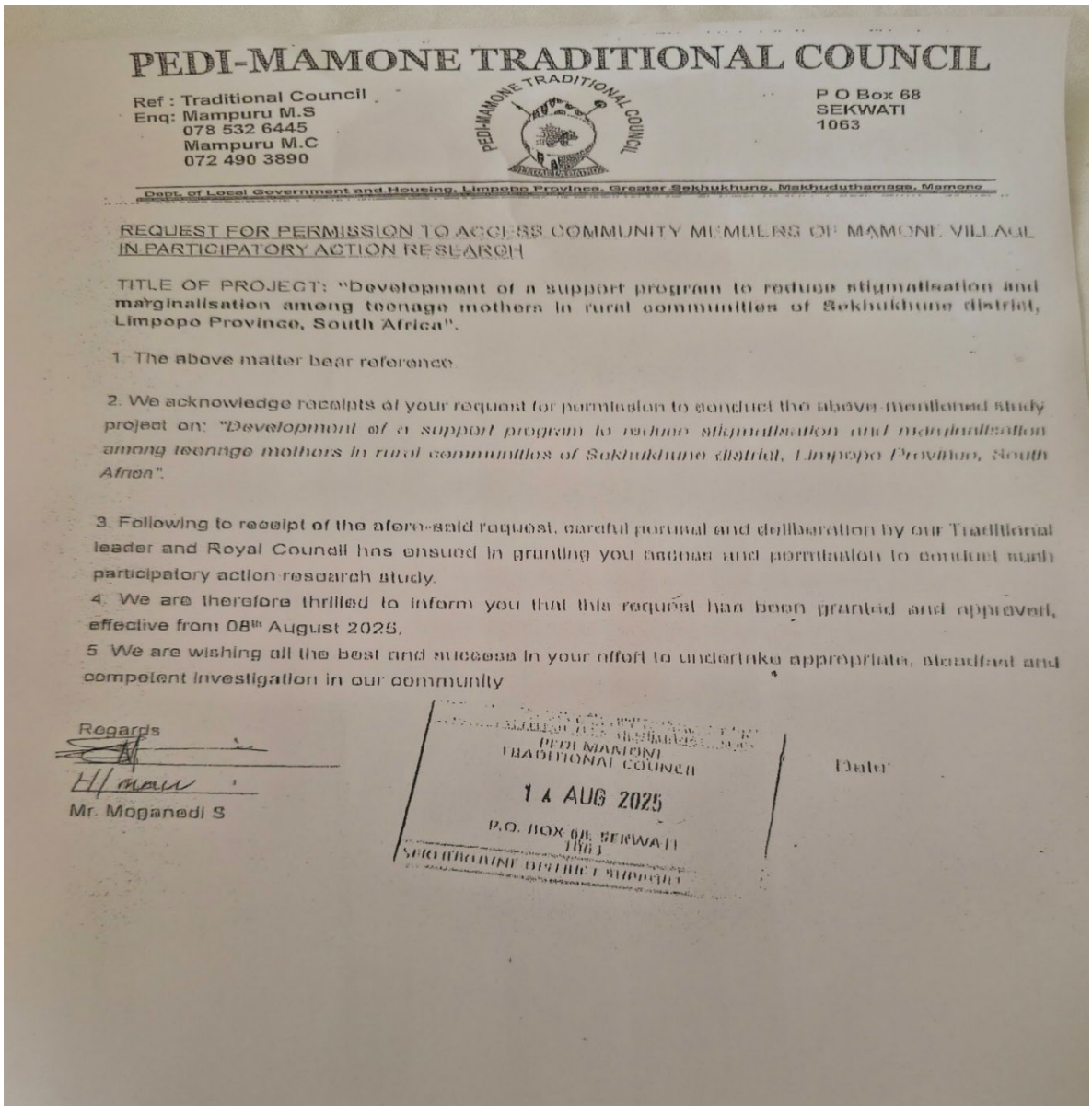
Yours faithfully

Admin officer

MOROANGOATO TRADITIONAL COUNCIL
2025 -08- 22
P.O BOX
PUSHO-SELETE MOROA

Annexure 13

Permission to conduct a study 3



PEDI-MAMONE TRADITIONAL COUNCIL

Ref : Traditional Council
Enq: Mampuru M.S
078 532 6445
Mampuru M.C
072 490 3890

P O Box 68
SEKWATI
1063

Dept. of Local Government and Housing, Limpopo Province, Greater Sekhukhune, Makhuduthamaga, Mamone

REQUEST FOR PERMISSION TO ACCESS COMMUNITY MEMBERS OF MAMONE VILLAGE IN PARTICIPATORY ACTION RESEARCH

TITLE OF PROJECT: "**Development of a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities of Sekhukhune district, Limpopo Province, South Africa**".

1. The above matter bear reference

2. We acknowledge receipts of your request for permission to conduct the above-mentioned study project on: "*Development of a support program to reduce stigmatisation and marginalisation among teenage mothers in rural communities of Sekhukhune district, Limpopo Province, South Africa*".

3. Following to receipt of the afore-said request, careful perusal and deliberation by our Traditional leader and Royal Council has ensued in granting you access and permission to conduct such participatory action research study.

4. We are therefore thrilled to inform you that this request has been granted and approved, effective from 08th August 2025.

5. We are wishing all the best and success in your effort to undertake appropriate, standard and compelent investigation in our community

Regards

Mr. Moganedi S

PEDI MAMONE TRADITIONAL COUNCIL
14 AUG 2025
P.O. BOX 68, SEKWATI
1063
SEKHUKHUNE DISTRICT MUNICIPALITY

Date

Annexure 14

LETTER FROM LANGUAGE EDITOR

ROSEMARY'S PROOFREADING
& EDITING SERVICES

Rosemarys.pes@gmail.com

1 Richards drive
Midrand, 1684

06 March 2026

To Whom It May Concern:

RE: LANGUAGE AND TECHNICAL EDITING

This letter serves as confirmation that language and technical editing was conducted by Rosemary's Proofreading and Editing Services. Further details of the study and the researcher have been provided below.

TITLE OF THE STUDY: "DEVELOPMENT OF A SUPPORT PROGRAM TO REDUCE STIGMATISATION AND MARGINALISATION AMONG TEENAGE MOTHERS IN RURAL COMMUNITIES OF SEKHUKHUNE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA".

Researcher: **SHONISANE EMILY MOGANEDI**
Student number: 45102937

Kind Regards

ROSEMARY MALULEKE

(CODER & LANGUAGE EDITOR)

Annexure 15

TURNITIN DIGITAL RECEIPT

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