Stigma and Mental Well-Being among Teenage Mothers in the Rural Areas of Makhado, Limpopo Province

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Abstract: Adolescent mothers experience psychological challenges, such as social withdrawal and rejection by their communities. Assuming the role of motherhood is associated with emotional and mental distress, such as fear and worry, regret and frustration, guilt and shame, and social isolation. This study adopted a qualitative critical participatory action research approach. Purposive and snowballing recruitment were employed to recruit 11 teenage mothers, and semi-structured face-to-face interviews and focus group discussions were employed to generate data. All sessions were audio recorded and transcribed verbatim. Data were analysed using qualitative thematic analysis. Teenage mothers in this study reported experiencing humiliation and being subjected to degrading remarks and judgement by schoolmates. The experience of being rejected, teased, and labelled made participants feel that they were not accepted as part of their community. It was concluded that teenage mothers experienced inconsistent support from parents and community members, which led to social isolation and feeling rejected; hence, teenage mothers lacked a sense of belonging to and acceptance by their communities. Policymakers and authorities in education and healthcare should encourage social change and transformative learning and address the issue of stigma and social isolation experienced by teenage mothers in rural communities.

Keywords: action research; discrimination; marginalisation; social isolation; rejection; social inclusion; social justice

1. Introduction and Background

The transition to motherhood can represent a turbulent time for adolescent girls, as they struggle with the conflicting identities of being an adolescent, a mother, and an adult (Govender et al. 2020; Vaca 2020). New, young parents commonly experience multiple stressors, including financial burden, role restriction, and social isolation (Conn et al. 2018). Young parents often also have to pay attention to their education and career—challenges that may be compounded by the responsibilities of new parenthood (Conn et al. 2018). In sub-Saharan Africa, 50% of women living in rural areas and aged 25–24 had experienced pregnancy before the age of 18 (Govender et al. 2020). In South Africa, the Department of Home Affairs recorded a total of 106,383 registered live births in adolescents in 2019, of which KwaZulu-Natal had the most, at more than 26,000 (24.7%), followed by the Eastern Cape and Limpopo at 14.4% each (StatsSA 2022).

A study by Maemeko et al. (2018) reveals that the birth of a child marks the end of schooling for most teen parents. Furthermore, the everyday lives of girls were overturned by the COVID-19 pandemic, and their physical and mental health, education, and the economic circumstances of their families and communities were affected (UNICEF 2020). Sheppard et al. (2021), in a Human Rights Watch report, explain that many students experienced feelings of stress, anxiety, isolation, and depression, which they linked to a lack of contact with their school community during that time.
According to Lim et al. (2022), parenting is a fulfilling and challenging experience for mothers of any age. The challenges of teenage parenting are intensified by stigma from media reports and by education, service, and healthcare staff (Mutahi et al. 2022). The roles of being a learner and a young mother are highly demanding and stressful; together, these roles exert extreme pressure on someone’s body and mind. Balancing the two roles and experiencing strain concerning time, money, and academic duties increase pressure on learning mothers (Kubeka 2016). Most teenage mothers want to continue their relationships with friends, but after motherhood, they lose the opportunity to spend time with friends (Mangeli et al. 2017). In a study conducted in California by Vaca (2020), the majority of the participants reported that balancing work, school, and being a teen mother was extremely challenging and stressful.

Goffman’s stigma theory of 1963 defines stigma as an “attribute that is deeply discrediting” (Sumbane and Makua 2023). Stigmatised people are described as those who do not have full social acceptance and constantly need to adjust their social identities (Sumbane and Makua 2023). Goffman (1963) posits that stigma provides an illuminating excursion into the situation of individuals who are unable to conform to standards that society calls normal; Goffman views stigma as a process based on the social construction of identity (Maleka 2020). Stigma, gender inequality, discriminatory laws, and poverty compound the psychosocial, health, and education problems of pregnant adolescents and adolescent mothers in sub-Saharan Africa (Govender et al. 2020). Teenage mothers are stigmatised for violating age norms for parenting and are labelled as deviant (Mudau 2019; Pueyo 2022). According to Maleka (2020), labelling, stereotyping, separation, status loss, and discrimination can all occur at the same time and are considered components of stigma. Stereotypes of young mothers perpetuate stigma through teen pregnancy prevention campaigns, television shows, sex education programmes, and views of health professionals and the general public (SmithBattle 2020). In turn, Tsheyintshhayi et al. (2022) reveal that participants were also stigmatised by their own families as a result of the pregnancy.

Such a level of stigma and discrimination has negative psychological outcomes, such as social withdrawal from others and some spheres and rejection by community members. Stigma is frequently reported by teen mothers, who describe being scrutinised, treated more negatively than older mothers, and labelled as irresponsible, unfit parents who are “ruining their lives” (SmithBattle 2020). Teenage mothers report being subjected to demeaning looks, offensive comments, and low expectations based on pervasive stereotypes (SmithBattle 2020). Owens (2022) found that young parents received discriminatory treatment for awkward gazing and being regarded as hopeless throughout the community. Moreover, participants spoke about how ‘looks’ they received from people meant that they avoided accessing health services or even going out because it led them to feel that others thought they were not good mothers. In the end, such stigma is embodied and transcends into adulthood.

Research that critically examines the historical and structural inequalities that subdue members of marginalised communities could enrich communities (Omodan 2020). Ellis-Sloan (2014) sought to understand the experiences of teenage motherhood by focusing specifically on the stigma attached to teenage pregnancy and parenting and found that teenage mothers encountered negative stereotypes, which continue to dominate understandings of teenage pregnancy in research. Teen mothers are keen to show others that they do not conform to stereotypes of teen moms in an attempt to defend themselves against an identity of being “spoiled” (Ellis-Sloan 2014). Like other stigmatised groups, teen mothers encounter harmful stereotypes and discrimination that contribute to stress, shame, social isolation, and health disparities (SmithBattle 2020). A study conducted in Massachusetts by Pueyo (2022) to find baseline data on the incidence of teenage pregnancy and to determine the challenges that surround young mothers found that one teenage mother had mixed feelings regarding becoming a mother. Though she felt excitement, she
was, most of the time, bothered, shaken, and afraid. The defining attributes of stress, anxiety, social rejection, and social isolation provide a clear picture of the detrimental effects of the concept of teenage pregnancy were exacerbated by experiences during the COVID-19 pandemic (Ndlovu et al. 2021; Senft et al. 2022).

Teenage mothers report experiences of stigma and discrimination; the evidence demonstrates that stigma is still an important and influential part of the experience of young motherhood (Ellis-Sloan 2014). Communities regard teenagers who fall pregnant as immoral and, as a result, these teenagers tend to hide themselves from people in general, as well as from peers, and this often leads to depression when they lose contact with friends (Ndlovu et al. 2021). In some countries, such as Kenya, girls faced multiple forms of discrimination, which prevented them from accessing education even before the COVID-19 pandemic, and then they were confronted with additional discriminatory barriers to continuing formal education from a distance (Sheppard et al. 2021).

Stigmatisation and marginalisation of teenage mothers is a serious issue of concern in South Africa, which is often ignored. Despite several programmes being implemented to eliminate and deconstruct stigma, there is evidence that stigma still exists and has very serious negative repercussions on the mental health status of young mothers. Korkor (2023) concludes that, despite a vast amount of research on early childbearing and the acknowledgement that teen mothers are a stigmatised group, few researchers have investigated this particular issue. This is an indication that teenage mothers face challenges caused by being rejected, isolated, and excluded socially by the community at large. This study aimed to explore and describe the impact of stigma on teenage mothers in the rural areas of Makhado in Limpopo, South Africa.

2. Research Design and Methods

2.1. Study Design

This study adopted a qualitative critical participatory action research (PAR) approach through community engagement. PAR is a qualitative research methodology that involves collaboration between researchers and participants to understand social issues and take actions to bring about social change (Vaughn and Jacquez 2020). Art-based research involves adapting the tenets of the creative arts, such as photographs, drawings, scrapbooks, storytelling, and poetry, in a social research project (Leavy 2023).

This study was guided by Bandura’s social cognitive theory, which assumes people are affected by dynamic interaction with other people, behaviour, and the environment (McLeod 2016; Lazaro 2020). In the case of this study, we applied the theory to describe how stigma affects the mental well-being of teenage mothers in the rural areas of Makhado as they continue their studies after giving birth.

2.2. Research Objectives

This study sought to achieve the following objectives:

- To describe the experiences of stigma by teenage mothers in the rural areas of Makhado Municipality in Limpopo, South Africa;
- To explore and describe the effects of stigma on the emotional well-being of teenage mothers in the rural areas of Makhado Municipality in Limpopo, South Africa.

2.3. Study Setting

This study was conducted in Vhembe district, Makhado Municipality, in Limpopo province, South Africa. The researcher conducted this study in Limpopo province because it is known to be the poorest province in South Africa, with high rates of teenage pregnancy and HIV incidence (StatsSA 2019). In Limpopo, 45 percent of the population lives in poverty (Makhado Municipality 2020). Vhembe district is a district in Limpopo province and comprises four local municipalities: Musina, Mutale, Thulamela, and Makhado (Makhado Municipality 2020).
2.4. Study Population and Sampling and Recruitment

The population of this study was teenage mothers in the rural villages of Makhado Municipality. In terms of participants, there were 11 teenage mothers aged 15 to 19 years who were attending school and who all had only one baby. The teenage mothers were enrolled for schooling in the 2020 and 2021 academic years. The researcher employed purposive sampling, through which volunteer informants were supplemented by new participants through snowball sampling—early informants referred to other study participants (Gray and Grove 2021). To gain the support of community members, recruitment was carried out through local leaders by initial announcement at bi-weekly community meetings. Thereafter, one referred teenage mother facilitated the recruitment of other participants. Ultimately, 11 participants assented to be part of this study. This procedure was followed to ensure that the principles of PAR design and community engagement, such as social justice, social inclusion, addressing inequality, redressing marginalisation, and sharing of research power with participants, were adhered to (Abma et al. 2018; Chevalier and Buckles 2019). The sample is regarded as suitable since this was a qualitative study where richness and depth of data were important to achieve research quality rather than quantity (Leavy 2023). A total of four focus group discussions were conducted with a minimum of six participants, lasting an average of 50 min each.

2.5. Data Generation

Ethical approval and permission were obtained from the UKZN Humanities and Social Sciences Research Ethics Committee (HSSREC/00004702/2022), where this study was registered. Ethics principles suggested by Gray and Grove (2021) were adhered to, namely, informed consent, confidentiality and anonymity, beneficence, right to privacy, right to fair selection of participants, respect for others, promotion of social justice, and social value. Permission to access the participants was requested from the local chiefs, who were the important gatekeepers. Similarly, parental consent was obtained before assent was obtained from teenage mothers aged younger than 18 years.

Data generation methods included semi-structured face-to-face interviews and focus group discussions through participatory art-based methods (Bergbom and Lepp 2022; Gray and Grove 2021; Leavy 2023). The authors engaged with participants for data generation from October 2022 to February 2023. The interviews were conducted in Tshivenda, and audio was recorded, then translated into English and transcribed verbatim before analysis. The researcher posed the first question using an interview guide. To enhance social justice and freedom of expression, participants were provided opportunities to express themselves through drawings, pictures, and narrations.

2.6. Data Analysis

Thematic analysis was used to analyse the transcribed texts and participatory artworks to identify main themes and subthemes. Braun and Clarke’s (2006) six-step approach to thematic analysis was a useful framework for coding and analysis, as it allowed the researchers to summarise key features in the dataset while simultaneously highlighting key similarities and differences within the data. Themes and subthemes (Table 1) were developed by exploring relationships between codes and grouping them by an interpretive statement (Gray and Grove 2021). The credibility of the findings was confirmed with the participants through member checking. The authors probed the meaning of the drawings and pictures of the participants to obtain the deeper and hidden meaning reflected in their artworks. In addition to the initial checking with participants, the researchers ensured confirmability in this study by using an external coder who is experienced in art-based action research to check whether the findings of this study were consistent (Fouché et al. 2021).
<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social isolation</td>
<td>Judgement by the community and peers</td>
</tr>
<tr>
<td></td>
<td>Rejection by the community and peers</td>
</tr>
<tr>
<td>2. Discrimination</td>
<td>Labelling and teasing</td>
</tr>
<tr>
<td></td>
<td>Bullying and ridiculing</td>
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<td></td>
<td>Unpleasant school environment</td>
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<tr>
<td>3. Withdrawal of social support</td>
<td>Abandonment by the baby’s father</td>
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<tr>
<td></td>
<td>Lack of understanding and support from parents</td>
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3. Findings

3.1. Characteristics of Participants

In total, 11 teenage mothers who had children aged nine to twelve months participated in this study (Table 2). The participants’ ages were important to ensure adherence to the ethical code of conduct. All the participants were from low-income families whose sources of income ranged from self-employed mothers to child and old-age support grants. Only one family was father-headed and depended on odd jobs; however, the majority (10) families were headed by mothers.

Table 2. Participants’ demographic presentation.

<table>
<thead>
<tr>
<th>Assigned Pseudonyms</th>
<th>Age</th>
<th>Child’s Age in Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bianca</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>2. Connie</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>3. Khathu</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>4. Lufuno</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>5. Ndivhuwo</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>6. Olivia</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>7. Prudence</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>8. Rofhiwa</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>9. Talifhani</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>10. Thandi</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>11. Violet</td>
<td>17</td>
<td>9</td>
</tr>
</tbody>
</table>

3.2. Theme 1: Social Isolation

The first main, broad theme that emerged from data analysis was social isolation and rejection, with two subthemes, namely judgement by the community and peers and rejection by the community and peers.

3.2.1. Subtheme 1: Judgement by the Community and Peers

The data reveal that teenage mothers were very upset about the judgement and nasty looks they received from community members and schoolmates. The severity of the stigma and unpleasant looks impacted one of the participants to the point where it affected her academic performance. The participant failed the grade and, ultimately, decided to transfer to another school where people would not know she had a child. Thandi stated,

People judged me as a teenage mother, and I did not feel fine because I didn’t just swallow this baby. I know I did wrong to have a baby at a very young age, but I didn’t swallow the baby.
3.2.2. Subtheme 2: Rejection by the Community and Peers
This study also found that young mothers were not accepted as being part of the community and that they were treated badly. Thandi said,

But people didn’t accept my situation at school and my neighbours at home … But the baby disturbed me a lot and the bad treatment I experienced from people negatively affected my ability to focus on schoolwork … The time I was pregnant when I approached my friends they would move away from me.

However, participants expressed that, while they were not accepted by the community and peers, school staff involved in school feeding used the pregnancy as a reason to provide them with more food and priority in the meal queue. Thandi stated in the focus group discussion,

Although it was bad being called as one with an “abdomen”, it was good during the break because we were fast-tracked to get food, they also gave us an extra saying, it’s for the unborn baby.

3.3. Theme 2: Discrimination
Discrimination was the second broad theme that emerged from analysed data, with labelling and teasing, bullying and ridiculing, and unpleasant school environment as sub-themes.

3.3.1. Subtheme 1: Labelling and Teasing
Participants reported that they were labelled and teased at school by peers, who talked behind their backs; neighbours did not accept them. Bianca stated,

It was not pleasant because we were labelled and teased by others saying supporting the baby is not easy.

3.3.2. Subtheme 2: Bullying and Ridiculing
Olivia reported being bullied, mocked, and ridiculed by peers at school, and friends were ashamed of her being a young mother.

Uhm, I was always studying and focusing on my books so when I started showing up when I was pregnant my peers were laughing at me, and some were bullying me.

3.3.3. Subtheme 3: Unpleasant School Environment
The data revealed that some participants were demoralised by people’s remarks about them being a mother at a young age. Thandi decided to change schools as a result of humiliation, degrading remarks, and judgement, and this led to her having to repeat a grade.

I even decided to change schools because those people’s remarks and words kept ringing in my mind saying, “You fell pregnant at a young age, naughty girl”.
Rofhiwa said,
Because people were talking behind my back.
Figure 1 shows the drawing Thandi made to illustrate her experience.
3.4. Theme 3: Withdrawal of Social Support

The third broad theme that emerged from data analysis is the withdrawal of social support. The two subthemes are abandonment by the baby’s father and lack of understanding and support from parents.

3.4.1. Subtheme 1: Abandonment by the Baby’s Father

This study found that participants and their babies were abandoned by the babies’ fathers because they did not want to be associated with a pregnant girl. The abandonment made participants experience pain for their children as a result of this lack of support. Prudence said,

I didn’t have support from him, I just felt pain for my baby because of these, but as for me, I am fine. We are no longer together, we broke up.

Bianca expressed heartbreak verbally and in a drawing (Figure 2).

My heart is broken in two pieces here on this drawing because my father is not talking to me and my baby’s father broke up with both me and the baby.

Figure 1. Drawing by Thandi.

Figure 2. Drawing by Bianca.
3.4.2. Subtheme 2: Lack of Understanding and Support from Parents

The data reveal that participants experienced stress at home because of the pressure of managing schoolwork and caring for their babies. One participant drew a picture of herself crying because her parents were angry at her, which resulted in the silent treatment from her father for being a young parent. Participants also indicated that even their parents were affected by the stigma of pregnancy. Bianca explained her drawing (Figure 2):

I am crying in this picture because my parents were angry with me. My father is not talking to me anymore and my mother is angry with me because I had a baby at an early age.

Ndivhuwo stated,

I experienced stress because I couldn’t manage all these things and take care of the baby.

4. Discussion

This study explored and described the impact of stigma on the mental well-being of teenage mothers in the rural areas of Makhado, Limpopo province. The demographic characteristics of participants revealed that teenage mothers became pregnant between 2020 and 2021. This affirms, furthermore, that lockdown increased the birth rates among this age group. This confirms data reports in Molek and Bellizzi (2022) that more adolescents gave birth during lockdown. The increase in adolescents and teenagers giving birth was also reported in other parts of the world (Aruna 2022) and worked against efforts and investments to address this problem and its related outcomes.

This study found that teenage mothers experienced stigma from peers and members of the community. The findings of this study reveal that social isolation and rejection of teenage mothers made them feel ashamed of themselves and unacceptable by the community, which impacted negatively on their education outcomes. They left school early and had poor economic outcomes—results that could ultimately affect the quality of their lives in adulthood and for their offspring. This paper revealed the impact of stigma and exclusive treatments directed to teenage mothers, which, in most instances, were shared and left unattended. These findings exposed the unmet needs of teenage mothers to deal with and cope with parenting while young and to build self-agency to catch up with the study time lost to pregnancy, birth, and parenting. This implies that Sustainable Development Goals (SDG) (UNICEF 2023), which refers to poverty alleviation, elimination of hunger, and achieving gender equality, and other goals, are severely affected, as a small family’s financial resources are to be spent on long-distance schooling and seeking psychological care. Furthermore, when changing a school is not an option because of distance, some adolescent parents are forced to drop out of school, or their study grades are affected by stress.

These findings cause concern, especially considering the negative outcomes reported by participants. The psychosocial consequences of adolescent motherhood are significant and linked to social isolation and multifaceted stressors, including poverty (Coast et al. 2021). A study by Gatsinzi (2022) in Rwanda reveals that teenage mothers experienced psychological effects, which included feelings of shame, loneliness, lack of parental support, and hurtful words. Mental health is central to SDG 3, which is focused on ensuring healthy lives and promoting well-being for all across their lifespan (Goodwin and Zaman 2023).

This study revealed that one participant decided to change schools as a result of degrading remarks and judgement, and this led to poor academic performance, and she had to repeat the grade. This was an overwhelming experience for the young mother in the school environment. A study conducted in Ghana by Alhassan et al. (2023) found that the dual roles of teenage learning mothers impose a great deal of stress, trauma, upset, and other psychological effects. This is mainly due to the neglect of and stigma towards teenage mothers in school and society in general. The consequences of the stigma are poor
performance in school and dropout since most teenage mothers’ can only attend academic roles after they have taken care of their babies (Alhassan et al. 2023). The ages of the babies of participants in this study ranged from 2 to 12 months, which means they demanded a great deal of care, especially at night. It is concerning that some teenage mothers did not receive support from their families, which was likely to cause stress and exacerbated feelings of social exclusion.

Discrimination coupled with poor social support for ethnically diverse young parents has been consistently linked to depression and increased stress (Conn et al. 2018). Teenage mothers in this study were marginalised and excluded by their ethnic group, parents, peers, and intimate partners, such as the baby’s father and relatives who were supposed to provide them with support. The findings concur with that of Vaca (2020), who reveals that stereotypes could contribute to social isolation and have an impact on the teen mother’s emotional well-being and family support. In another part of South Africa, Tembisa, Gauteng, Nkosi and Pretorius (2019) report similar cases of lack of support and discrimination of teenage mothers by their parents and teachers. Similarly, this study found self-efficacy, self-confidence, and aspirations for the future to be highly impacted, as some participants felt discouraged about continuing schooling.

Furthermore, this study revealed that participants’ health, which is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (McCcartney et al. 2019), was affected by the stigma suffered by teenage mothers, which affected their emotional and psychological well-being. This aligns with the claim by Molek and Bellizzi (2022) that health and education are important social determinants of development which need urgent attention. Such attention is important for countries to forge towards achieving “Universal Health Coverage by 2023”, which requires all people to have access to the full range of quality health services they need without experiencing financial hardship (World Health Organization 2023).

The findings of the current study reveal the emotional and psychological trauma suffered by teenagers because of being teased by other learners at school because they were pregnant and the withdrawal of support from immediate family members at home. This finding relates to the social practices of abuse of power towards those regarded as socially deviant as a result of unmet social expectations (Whitehead 2001). In this case, learners who were pregnant were a minority in the school and were easy targets for marginalisation and isolation. As indicated by some of the findings of this study, some teenage mothers had to change schools, and some failed their grades due to the social pressure caused by isolation, labelling, and stigma. It is, therefore, important that learners who are victims of pregnancy are monitored so that suitable psychological support is provided. Additionally, school leadership should form partnerships with community leaders to establish support groups and develop measures to discourage the marginalisation of teenage mothers. Moreover, while there are laws that encourage and advocate for pregnant learners to return to school, they need to be strengthened by the appointment of social workers at all schools so that pregnant learners can be referred to and access services when they need them. Currently, in South Africa, only a few schools enjoy the privileges of the services of social workers.

Pregnancy and motherhood disrupt girls’ consensual sexual relationships and reduce their social networks and support (Coast et al. 2021). While 82% of girls reported being engaged to, living with, or in a relationship with a boyfriend before the pregnancy, only 54% reported staying in this relationship afterwards (Coast et al. 2021). These relationship changes are likely to reflect instances of paternity denial and familial responses to pregnancy and motherhood that involve stigma (Coast et al. 2021; Mabetha et al. 2022). Teenage mothers felt overwhelmed and believed that they alone were responsible for dealing with everything, including caring for their babies, which was stressful (Mukuna and Aloka 2021; Thongmixon et al. 2023; Van Vugt and Versteegh 2020).

SDG 4 refers to equity and inclusion as guiding principles and as objectives in themselves and that “no education target should be considered met unless met by all” (United
Nations 2017; UNICEF 2023). This study exposed the unmet needs of teenage mothers in dealing with and coping with parenting when young and building self-agency to catch up with the study time lost during pregnancy, birth, and parenting. The policy intends to ensure no one is left behind, and it is committed to reaching the most disadvantaged groups. This intention runs throughout the 2030 Agenda and its promise to ensure equality and social justice for the poorest and most marginalised groups (UNESCO and EDLAC 2020; Vargas 2019)—a goal that will, however, remain unmet if communities are not made aware of the implications of social exclusion and the effects of stigma. Sadly, the good intentions of policymakers appear to be negated by socially constructed factors that perpetuate violence against those considered to be in a different group. Research into motherhood generally has found that fear of stigma around teenage motherhood may have an effect on the mental health of teenage mothers and make it more difficult for them to seek help if they need it (Bowen 2020).

5. Conclusions

This study achieved its aim to explore and describe the impact of stigma on the mental well-being of teenage mothers in the rural areas of Makhado, Limpopo province. Teenage mothers in this study suffered immense emotional distress, including labelling, teasing, rejection, bullying, shame, guilt, embarrassment, and humiliation, which was brought about by stigmatisation and discrimination by their community. Exposure to the aforementioned challenges adversely affected the mental health state of teenage mothers. It is concluded that young mothers are exposed to marginalisation at home by parents and partners, at school by peers, and by the general community. Such daily exposure to stigma and labelling is borne as embodied stigma, which affects their self-confidence and achievement of life aspirations, which may become unachievable due to poor learning outcomes. Sadly, laws and related guidelines and policies enshrined in policies remain toothless in the face of these violations of the human rights of young mothers. Finally, there is perpetual relational violence against teenage mothers, which needs to be attended to.

6. Recommendations

Based on this study’s findings, it is recommended that, during a pandemic or natural disaster, policymakers and health authorities should consider all contexts so that no one is left behind in learning and teaching. It is also recommended that even in normal settings, the authorities and communities need to develop and provide support strategies to enhance learning by teenage mothers because parenting and child-rearing are demanding. This study identified an intervention gap that requires further study for it to be addressed so that quality teaching and learning is achieved for teenage mothers and other socially marginalised groups. Further studies on the community collaborative approach to raise awareness of the effects of stigma on young parents are recommended.

7. Limitations

This study used a qualitative approach, which is dependent on smaller samples because its focus is on the depth and richness of data generated from a small sample and not numbers. In the case of this study, only 11 participants were involved, and findings cannot be generalised to all teenage mothers. Secondly, data were generated at the convenience of the participants because school times had to be respected; this meant the researcher had to use leave days and weekends for data gathering.

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