ORIGINAL RESEARCH ARTICLE

Psychological experiences of teenage parents attending a rural secondary school in Limpopo, South Africa: A qualitative study

DOI: 10.29063/ajrh2026/v30i20.2

Livhuwani L. Tshivhase, Sheillah SH. Mboweni and Patrone PR. Risenga*

Department of Health Studies, College of Human Sciences, University of South Africa, Pretoria, 0003

***For Correspondence:** Email: *tshival@unisa.ac.za* ; Phone +2712 429 3111

Abstract

This study explored the lived experiences of teenage parents attending a rural school in Limpopo Province, South Africa, on the care and support received during pregnancy and the insights gained from these experiences. A qualitative design, in-depth interviews were conducted with 18 participants (15 teen mothers and three teen fathers), and data were analysed thematically. Findings revealed four themes: emotional and social impact, including shame, concealment, perceived failure, and distress such as hopelessness; peer and social influence, where pressure and the pursuit of acceptance contributed to early sexual relationships; stigma and judgment from teachers, peers, families, and the community, which heightened isolation; coping and resilience, with learners relying heavily on family, particularly mothers and extended relatives for childcare and emotional support, enabling them to remain in school. The study concludes that targeted interventions are needed to reduce stigma, strengthen psychosocial support, and build resilience among teenage parents in rural settings. *(Afr J Reprod Health 2026; 30 [20]: 20-30).*

Keywords: Coping mechanism; educational challenges; psychosocial wellbeing; stigma; teenage parenthood.

Résumé

Cette étude a exploré le vécu de parents adolescents scolarisés dans une école rurale de la province du Limpopo, en Afrique du Sud, concernant le soutien et les soins reçus pendant la grossesse, ainsi que les enseignements tirés de ces expériences. Une approche qualitative a été adoptée, avec des entretiens approfondis menés auprès de 18 participants (15 mères adolescentes et 3 pères adolescents), et les données ont été analysées thématiquement. Les résultats ont révélé quatre thèmes principaux : l'impact émotionnel et social, incluant la honte, la dissimulation, le sentiment d'échec et la détresse, notamment le désespoir ; l'influence des pairs et de la société, où la pression et la recherche d'acceptation ont contribué à des relations sexuelles précoces ; la stigmatisation et le jugement des enseignants, des pairs, des familles et de la communauté, qui ont accentué l'isolement ; et les stratégies d'adaptation et la résilience, les élèves s'appuyant fortement sur leur famille, en particulier leur mère et leurs proches, pour la garde d'enfants et le soutien émotionnel, ce qui leur a permis de poursuivre leur scolarité. L'étude conclut à la nécessité d'interventions ciblées pour réduire la stigmatisation, renforcer le soutien psychosocial et développer la résilience des parents adolescents en milieu rural.*(Afr J Reprod Health 2026; 30 [20]:20-30).*

Mots-clés: Mécanisme d'adaptation ; défis scolaires ; bien-être psychosocial ; stigmatisation ; parentalité à l'adolescence

Introduction

Teenage pregnancy remains a pressing public health and educational challenge in South Africa, particularly in rural contexts where structural inequalities and cultural norms intersect to shape young people's experiences. Teenage parenthood often disrupts educational trajectories and exposes learners to stigma, judgment, and social exclusion.[1,2] Despite policy frameworks promoting inclusive education, adolescent mothers and fathers continue to face systemic barriers within schools and healthcare settings, including discriminatory attitudes from teachers and health professionals.[3,4] These experiences are compounded by peer pressure and gendered expectations that normalize early sexual engagement, often without adequate knowledge of contraception or its consequences.[5,6]

The persistence of stigma and judgment from families, communities, and institutions has profound implications for adolescent mental health and educational attainment. Recent studies highlight that such stigmatisation not only undermines learners' sense of belonging but also contributes to

emotional distress, including depression and suicidal ideation.[7,8] At the same time, resilience emerges through reliance on kinship networks and renewed educational commitment, with extended family members such as grandmothers playing a critical role in childcare and emotional support.[9] These dynamics underscore the complex interplay of social norms, institutional practices, and familial support systems in shaping the lived realities of adolescent parents.

Building on this, evidence from Limpopo and KwaZulu-Natal further illustrates how socioeconomic and cultural factors exacerbate educational disruptions and health risks, including HIV infection and preterm birth, often resulting in feelings of regret and compromised well-being among young mothers.[10,4] Alarmingly, Muthelo[4] report a high prevalence of depression linked to stigma, lack of family and partner support, and educational challenges, emphasising the urgent need for integrated reproductive, psychosocial, and mental health services tailored to adolescents in these communities. Similarly, a Kwazulu-Natal study reported recurring themes of stigma, inadequate support systems, disrupted schooling, and judgmental attitudes from both families and healthcare providers, reflecting systemic gaps that persist across rural South African contexts.[11]

Although substantial research has documented the stigma, educational disruption, and mental health challenges associated with adolescent parenthood, there remains a paucity of qualitative evidence on the psychological experiences of teenage parents who continue attending school, particularly in rural communities where cultural norms, socioeconomic disadvantage, and limited access to psychosocial support services intersect to influence their daily realities.[12]

Furthermore, adolescent fathers are often underrepresented in research despite their unique psychological and social challenges associated with early parenthood. Understanding how teenage parents make sense of parenthood while simultaneously negotiating the demands of schooling is essential for developing contextually relevant educational, mental health, and social support interventions.

The Mopani District of Limpopo Province presents a particularly important setting for such inquiry because it is characterised by high levels of socioeconomic disadvantage, limited mental health resources, and persistent cultural norms regarding adolescent sexuality and parenthood. Yet little is known about how teenage parents in this rural context experience the psychological demands of balancing parenthood, schooling, social expectations, and future aspirations. By focusing specifically on the psychological experiences of both male and female teenage parents attending a rural secondary school, this study contributes novel insights into an underexplored area of adolescent health and education research. The findings have the potential to inform school-based psychosocial support programmes, adolescent reproductive health initiatives, and policies aimed at promoting educational retention among young parents in rural South African communities.

This study therefore aimed to explore and understand the psychological experiences of learners who became parents during their teenage years while attending rural schools in the Mopani District of Limpopo Province.

Theoretical framework

The researchers focused on the social and cultural norms theory and Roy adaptation theory to enable them to critically analyse how society expectations and individual identities shape experiences towards teenage pregnancy. According to social and cultural norms theory, individual behaviours and attitudes are significantly shaped by the dominant normative expectations within a given society. The theory asserts that individuals' attitudes, behaviours, and decision-making processes are profoundly shaped by the dominant cultural beliefs, traditions, and normative expectations embedded within their social environment.[13,14]

In rural settings, beliefs and norms usually influence how issues of teenage pregnancy are being perceived by communities. For learners to talk about sexuality issues with parents or adults is perceived as a shameful talking. For the same reason, learners depended on peers for more information on sexuality which often may mislead them for most of peers may lack accurate information. Teenagers usually try to fit in with their peers by doing what other teenagers are doing, which may increase their risk of becoming pregnant.

Methods

A qualitative exploratory descriptive design was employed to explore and understand the experiences of learners who became parents during their teenage years while attending rural schools in the Mopani District. The researchers chose the design for its ability to explore and describe or provide an in-depth understanding of human experiences as described in literature.[16,17] This design is commended for facilitating an in-depth exploration of human experiences as perceived and interpreted by the participants within their specific contextual settings. The study was conducted in a rural school in Mopani district, Limpopo Province, South Africa. The school had 18 learners who willingly volunteered to share their insights into the phenomenon understudy.

Population, sampling and sampling size

The study population comprised teenage parents enrolled in Grades 11 and 12 at a rural secondary school in Limpopo Province, South Africa. A total of 18 participants were included in the study, consisting of 15 teenage mothers and three teenage fathers. All participants were aged 18 years or older, able to communicate in English or the local languages spoken in the area and provided voluntary informed consent prior to participation.
Participants were recruited with the assistance of the school management team, who helped identify learners who had become parents during their teenage years. A purposive sampling strategy was employed to select participants who had direct experience of teenage parenthood while attending school and were therefore well positioned to provide rich and relevant information regarding the phenomenon under investigation. Purposive sampling was considered appropriate for this qualitative study, as it facilitated the inclusion of information-rich participants capable of providing in-depth insights into their psychological experiences.

The sample size was guided by the principle of data saturation, defined as the point at which no new themes or relevant information emerge from successive interviews.[16] Saturation was achieved by the sixteenth interview; however, two additional interviews were conducted to verify that no novel insights were forthcoming. Consequently, the final sample consisted of 18 teenage parents. The socio-demographic characteristics of the participants are shown in Table 1.

Data collection

Data collection refers to the strategies employed by researchers to address the research question.[15] In this study, data were gathered through one-on-one interviews using a semi-structured interview guide developed around the central research question "Can you share your lived experiences as a learner who navigate teenage pregnancy and parenting while attending school? Prior to the main data collection, the guide was pretested with three participants from a different school within the same district to assess feasibility and identify methodological flaws; these data were excluded from the final analysis.[15,17]

Researchers scheduled appointments with school principals during the community engagement phase and agreed on suitable dates for data collection. On the designated day, researchers addressed learners in the school hall, after which volunteers were interviewed in a private classroom arranged by the school staff. Participants received information leaflets and a verbal explanation of the study's purpose and expectations. Those who consented signed forms permitting interviews and publication of findings in an accredited journal.

Interviews were conducted in English, supplemented with Xitsonga for clarity based on participant preference. All sessions were audio-recorded with consent and lasted approximately 30–45 minutes. Responses in Xitsonga were translated into English by the two researchers, who were proficient in both languages.

Data analysis

Data analysis was conducted in accordance with Braun and Clarke's six-phase thematic analysis approach, as described by Dawadi.[18] Audio-recorded interviews were transcribed verbatim by the second author, who is fluent in both English and Xitsonga, to ensure transcription accuracy. Transcription commenced within 48 hours of data collection. The analysis followed six phases: familiarisation with the data, generation of initial codes, identification of themes, review of themes, definition and naming of themes, and production of

Table 1: Biographic data of participants

No	Pseudonyms	Gender	Age of teen parent	Age of child	Grade of teen parent	Child support	Daycare
1.	Nkhensani	F	22	48 months	11	Grandmother	creche
2.	Florah	F	19	23 months	12	Mother's sister	Home
3.	Caroline	F	20	26 months	11	Grandmother	Creche
4.	Benny	M	21	36 months	11	Both Grandparents	Creche
5.	Entla	F	19	9 months	11	Grandmother	Home
6.	Rirhandzu	F	22	08 years	12	Grandmother	Primary school
7.	Freddah	F	19	07 months	11	Grandmother	Home
8.	Nkateko	F	18	19 months	11	Mother's Aunt	Home
9.	Maria	F	20	24 months	12	Grandparents	Creche
10.	Pauline	F	22	32 months	12	Grandfather	Creche
11.	General	M	20	36 months	12	Grandmother	Creche
12.	Eddy	M	22	15months	12	Child's mother	Creche
13.	Vutomi	F	20	22 months	11	Grandmother	Creche
14.	Musava	F	20	19 months	11	Grandmother	Home
15.	Martha	F	22	36 months	12	Grandmother	Creche
16.	Tshinaki	F	19	36 months	11	Grandmother	Home
17.	Funani	F	22	20 months	12	Grandmother	Creche
18.	Konanani	F	19	20 months	11	Mother's sister	Home

the final report. The first and second authors independently reviewed and coded the transcripts, repeatedly reading the data to gain a thorough understanding and familiarisation with the dataset. Initial codes were generated and grouped into potential themes, which were subsequently reviewed, refined, and defined. The authors compared their analyses, discussed areas of divergence, and reached consensus on the final themes and subthemes that are displayed in Table 2.

The biographic data of participants is displayed in Table 1. Fifteen of the teen parents were mothers whilst three were fathers. All the participants were still at a secondary school in either grade 11 or grade 12. Most participants reported receiving childcare support from their grandmothers and local community early childhood development centers, which enables them to continue attending school. The average age of the participants was 20 years. The study yielded four themes and eight sub-themes and are displayed in Table 2.

Measures of trustworthiness

To ensure trustworthiness, the study adhered to the principles outlined by Lincoln and Guba, as cited in Brink and Van Rensburg.[15] Credibility, representing the truthfulness of data and interpretations, was maintained through member checking. After each interview, the researcher provided participants with a summary of the interpreted responses for review and validation.[15] Confirmability, which addresses the objectivity and accuracy of findings, was achieved by independent analysis of data by authors to analyse transcripts and generate themes. Final themes were established through consensus between the authors, as presented in Table 2. Transferability was supported by providing rich, detailed descriptions to enable assessment of the applicability of findings in other contexts.[17] Dependability was ensured by maintaining a comprehensive audit trail documenting all interview processes.

Ethical considerations

The study was conducted following approval from the University of South Africa Ethics Committee (CREC *[Ref No HSHDC /517/2016*) amended 2025 and authorisation from the Limpopo Department of Education, the Mopani District Manager, and the principals of the selected schools. All procedures involving human participants complied with Section 13 of the Declaration of Helsinki (1975), which outlines ethical principles for research involving human subjects.[19] Informed and voluntary participation was secured through verbal consent and the signing of written informed consent forms. Privacy and confidentiality were maintained by conducting interviews in a private classroom and

Table 2: Themes and sub-themes on teenage parents' and learner experiences

Theme	Sub-theme
1. Emotional and Social Impact	1.1 Shame and Concealment
	1.2 Feelings of Failure
2. Peer and Social Influence	2.1 Peer Pressure
	2.2 Social Validation
3. Stigma and Judgment	3.1 School-Based Stigma
	3.2 Community and Family Judgment
4. Coping and Resilience	4.1 Support Systems
	4.2 Educational Motivation

using pseudonyms in place of participants' real names during data recording and reporting.

Results

Theme 1 Emotional and social impact

This theme captures the profound emotional and social challenges participants experienced following early pregnancy. Feelings of shame, concealment, and perceived failure were common, reflecting the psychological burden and social stigma associated with adolescent parenthood. Two sub-themes emerged: shame and concealment and feelings of failure.

Sub-theme1.1 Shame and concealment

Participants described intense feelings of embarrassment and the need to hide their pregnancy from teachers, peers, and family members. Concealment strategies included wearing oversized clothing to avoid detection. One participant shared:
"The moment I noticed I was pregnant, I was filled with shame when I had to face teachers, parents and other learners". (female, 19 years, grade 11).
Another explained:
"I was ashamed of myself as I was still young to be pregnant. I used to wear a large tracksuit top to cover the pregnancy so that the other learners, teachers and parents may not see the pregnancy". (female, 22 years, grade 12).
Similarly, another participant noted:
"I used to wear big T-shirts and school shirts big enough to hide my pregnancy. All was to make sure no one sees my pregnancy". (female, 22 years, grade 11).

Sub-theme 1.2 Feelings of failure

Participants expressed feelings of hopelessness and self-blame, with some even contemplating suicide due to the overwhelming responsibility of caring for a child. One participant stated:
"I sometimes thought of committing suicide when I had to think of pregnancy and how and who would take care of my child" (female, 20 years, grade 11).
Another participant highlighted the sense of betrayal by peers:
"Even friends who were there before my pregnancy were laughing at me. They told me I should have used prevention. I felt betrayed as they never told me about contraceptives before I got a boyfriend" (female, 20 years, grade 12).

Theme 2 Peer and social influence

This theme explores how peers and social networks shaped participants' decisions and behaviours regarding relationships and early parenthood. Two sub-themes emerged: Peer pressure and social validation.

Sub-theme 2.1 Peer pressure

Participants described feeling pressured by friends and siblings to engage in romantic and sexual relationships, often without understanding the consequences. For example, one male participant shared:
"I regret the feeling of being left behind without a child as I can see reality now. I was taught by my peers how to propose a girl, and it started there. They did not tell me how they felt after making a girl pregnant" (*male, 21 years, grade 12).*
Similarly, a female participant noted:
"I used to hear other girls talking about their boyfriends and how enjoyable it is to have a sexual relationship, I felt I should also have one boy to be mine" (female, 19 years, grade 11).
Another participant reflected on family influence:
"My siblings also had babies outside wedlock, I did not feel bad as I am following their steps. I am

thinking of my 2nd baby next year after matric" (*male, 22 years, grade 12*).

Sub-theme 2.2 Social validation

Participants highlighted the desire for acceptance and recognition among peers as a motivating factor for early relationships. One male participant explained:
All I was told was that I am missing out without a girlfriend. When I told my peers that I had a girlfriend, they praised me for doing the right thing. I regretted it when the girl told me I impregnated her. (male student, 21 years, grade 11).
Similarly, a female participant shared:
I saw my friends applauding me when they saw me hugged by my boyfriend and I felt good. I felt I was doing my best when others were sharing a smile with me. (female, 19 years, grade 11).

Theme 3: Stigma and judgment

This theme reflects participants' experiences of negative labelling and criticism from schools, families, and communities after becoming parents. Two sub-themes emerged: School-Based Stigma and Community and Family Judgment.

Sub-theme 3.1: School-based stigma

Participants reported feeling humiliated by peers and teachers who used derogatory names and referenced their past mistakes. One participant expressed:
"We are still young learners, we still wish people use our names not call us mama or papa Ntsako. They should not keep on telling us about our past which we think should have been buried. (male, 22 years, grade 12).
Another added:
"Teachers are worse at school as they continuous call us daddy General even when she wants me to take her books from staff room". (male, 21years, Grade 11).

Sub-theme 3.2: Community and family judgment

Participants also faced judgmental attitudes from family members and community members, which caused emotional distress. One participant recalled:
"People from my own family, the teachers and the community seem to be judgmental. They usually comment that where were you hurrying to". (female, 19 years, grade 11).
Another shared a painful experience:
"I remember when I failed one subject, and the teacher told me that you do not fail in making babies, but you are failing my subject. I felt bad but could not do anything. I was hurt from within. Even today, I cannot forget those words". (male, 20 years, grade 12).
"I do not blame my parents at all, the only time my mother reacted angrily at me and tell me that my work is sleeping with men, I understood that she was angry and concerned as I had disappointed her". (female, 18 years, grade 11).

Theme 4 Coping and resilience

This theme captures how participants navigated the challenges of early parenthood while pursuing their education. It reflects strategies they employed to manage responsibilities and maintain motivation despite difficulties. Two sub-themes emerged: support systems and educational motivation.

Sub-theme 4.1 Support systems

Participants emphasised the importance of family and social support in managing the dual responsibilities of parenting and schooling. Support systems, particularly from mothers and extended family members, played a crucial role in enabling them to continue their education. These networks provided practical assistance with childcare and emotional encouragement, fostering resilience among young parents. For instance, one participant shared:
My child is looked after by my mother when I am at school. This encourages me to work hard at school and take care of my child's future. (female, 19 years, grade 11).
With my child, we are co-parenting, sometimes they bring the child to my mother to babysit and sometimes the baby is cared for by the girl's mother. All our mothers take turns caring for and supporting our child". (male, 21 years, grade 11).

Sub-theme 4.2 Educational motivation

Participants expressed a strong determination to succeed academically as a way to secure a better

future for their children. The experience of pregnancy and its associated challenges served as a turning point, motivating them to prioritise education. This renewed focus on schoolwork was seen as essential for achieving long-term goals and providing financial stability for their families. One participant explained:

"*I have learned my lessons and now I must focus on schoolwork so I can work for my child." (female, 18 years, Grade 11).*

Another participant echoed this sentiment, highlighting the link between personal experience and academic commitment:

"Now that I know how it feels to be pregnant and all the pains accompanying it, I am going to study hard now so I will be able to support my child when she grows up. I will study hard, so I get my matric exemption." (Female, 20 years, Grade 11).

Discussion

This study explored the psychological experiences of teenage parents attending a rural secondary school in Limpopo, South Africa, and highlights several critical issues requiring urgent attention. The findings reveal that teenage parenthood is associated with complex psychological challenges, including emotional distress, stigma, anxiety about the future, and difficulties balancing educational and parental responsibilities. Participants' quotes demonstrated a strong desire to be accepted and supported rather than judged by their past circumstances, reflecting their determination to complete their education and create better futures for themselves and their children. Most participants reported engaging in unprotected sexual activities during adolescence, resulting in unintended pregnancies or, among male participants, impregnating their partners. These experiences emphasise the complex interplay of social pressures, limited access to comprehensive sexual and reproductive health information, and inadequate support systems that contribute to teenage parenthood in rural South Africa. Although these findings emerge from a specific rural context, they resonate with challenges experienced by adolescent parents globally, thereby contributing to the growing body of international evidence that highlights the need for integrated psychosocial, educational, family, and community support interventions to enhance both the psychological well-being and educational success of school-going teenage parents.[20]

The findings of this study reveal that teenage parenthood in rural South Africa is accompanied by profound emotional, social, and institutional challenges. Participants' experiences reveals that early pregnancy often precipitates intense feelings of shame and social judgment within both school environments and broader community contexts. Adolescent mothers reported adopting concealment strategies to avoid detection, such as wearing oversized school uniforms and additional layers of clothing, including jerseys, even during hot weather, to obscure visible signs of pregnancy. These behaviours reflect the internalisation of stigma and the pressure to conform to normative expectations of adolescence, indicating that societal observation and judgment strongly affect how young mothers manage their circumstances. This observation is consistent with previous research indicating that adolescent mothers and fathers frequently encounter stigma that undermines their sense of belonging and academic engagement.[1,2] Recent studies confirm that such stigma remains pervasive and multidimensional, originating from peers, teachers, and healthcare providers, and has profound consequences for mental health and educational continuity.[4,8] These judgmental attitudes often discourage adolescents from seeking support and contribute to isolation, which can lead to depression and even suicidal ideation.[21]

Peer influence emerged as a significant factor in the initiation of sexual relationships among participants. Social norms around masculinity and femininity, reinforced by peer pressure, played a critical role in shaping adolescent sexual behaviour. Most learners in this context reported that their sexual involvement was primarily driven by peer pressure, with a prevailing perception that adolescents without a romantic partner were regarded as socially inadequate or inferior. This finding aligns with Brennan et al,[22] who argue that young men often seek validation through sexual conquest, while young women navigate expectations of romantic involvement. These dynamics remain relevant today, as recent research shows that peer-driven pressures continue to influence adolescent decision-making, often overshadowing parental guidance and formal education.[6]

Although parents attempted to provide guidance by warning adolescents about the risks of early sexual activity, these messages were often disregarded. This suggests that parental communication may lack effectiveness, particularly when framed in moralistic rather than practical terms. Some of the recent study emphasise that sexuality education within families tends to focus on abstinence without equipping adolescents with actionable knowledge about contraception and safe practices, leaving them vulnerable to unintended pregnancies.[4,23] The persistence of this communication gap underscores the importance of comprehensive sexuality education that complements parental advice and addresses the realities of adolescent social pressures. This aligns well with the suggested interventions on provision of comprehensive sexual education for learners in rural schools. [24,25]

Despite these challenges, many teenage parents demonstrated resilience by recommitting to their education and relying on extended family support. Grandmothers and other relatives played a pivotal role in childcare, enabling teenage parents to continue their schooling. This finding resonates with Madhavan and Townsend,[9] and remains evident in recent studies, which highlight the importance of kinship networks in mitigating the socioeconomic impact of adolescent parenthood in rural contexts where formal childcare services are limited.[8] Another related study asserted that teen fathers learn to be more mature and responsible after the baby is born.[26] This implies that irrespective of usual bad feelings, the experiences teach teen fathers' responsibility.

Institutional responses, however, were often unsupportive. Participants described judgmental remarks from teachers and healthcare professionals, reflecting systemic biases that perpetuate stigma. Learners shared that some teachers no longer treated them like other students, instead calling them names such as "Daddy" or "Mama" in classrooms, which reinforced feelings of exclusion. Parents were also reported to scold pregnant learners harshly, even during advanced stages of pregnancy, while community members mocked them, intensifying the sense of failure and shame. This social ridicule was perceived as not only a personal setback but also a source of disgrace for their families, further deepening emotional distress. These experiences align with previous research showing that stigma from educators and health workers undermines policy commitments to inclusive education and adolescent-friendly health services.[3-4,27-28] The gap between policy and practice evident in this study calls for targeted interventions to sensitize educators, parents, and health workers, ensuring that teenage parents receive empathetic and non-judgmental support.

These findings share similar evidence from South Africa, Iran, and the United Kingdom, where adolescent parents similarly reported social exclusion, emotional distress, and role conflict, while supportive family, school, and community environments were identified as important protective factors.[29-30] Collectively, these studies suggest that the experiences of teenage parents transcend cultural and geographical boundaries, highlighting the need for integrated psychosocial, educational, and family support interventions to promote their well-being and academic success.
Overall, the findings emphasise the urgent need for multi-level strategies to address adolescent pregnancy in rural South Africa. Comprehensive sexuality education that tackles peer pressure and gender norms, coupled with family and community engagement, is essential. Furthermore, institutional reforms that promote supportive school environments and adolescent-friendly healthcare services are critical for reducing stigma and fostering educational continuity. By addressing these interconnected factors, stakeholders can create conditions that enable teenage parents to overcome the challenges of early parenthood and achieve their educational and life goals.

Strength and limitations

A key strength of this study is its qualitative design, which facilitated an in-depth exploration of the psychological experiences of teenage parents attending a rural secondary school. The use of individual interviews enabled participants to share rich and detailed accounts of their lived experiences, while the inclusion of both teenage mothers and fathers provided diverse perspectives on the phenomenon.

The findings should, however, be interpreted within the context of several limitations. The study was conducted in a single rural secondary school in the Mopani District of Limpopo Province; therefore, the findings reflect the experiences of participants within this specific setting and may not

be transferable to other contexts. Additionally, the qualitative nature of the study limits statistical generalisability, although it offers valuable contextual insight into participants lived experiences. Given that the study was conducted in a culturally conservative environment where discussions surrounding sexuality and adolescent pregnancy are often considered sensitive, some participants may have been reluctant to disclose certain experiences fully. Furthermore, the findings were based on self-reported narratives, which may be influenced by recall bias, personal perceptions, and the stigma associated with teenage parenthood. Despite these limitations, the study provides important insights into the psychological experiences of teenage parents in a rural South African context.

Implications for policy and practice

The findings highlight the need for comprehensive school-based interventions to support the psychological well-being of teenage parents. Schools should strengthen access to counselling services, peer support programmes, and referral pathways to mental health services. Collaboration between the Departments of Health, Basic Education, and Social Development is essential to develop integrated support systems that address the emotional, social, and educational needs of teenage parents. Policymakers should also consider strengthening interventions aimed at reducing stigma and facilitating school retention among teenage parents, thereby promoting their educational attainment and overall well-being.

Conclusions

The findings of this study reveal the multifaceted emotional, social, and institutional challenges experienced by teenage parents in rural South Africa. Participants' accounts demonstrate how stigma, peer pressure, and gaps in sexuality education intersect to heighten adolescents' vulnerability to early pregnancy and to shape their subsequent educational and social experiences. These factors collectively reinforce marginalisation within school and community settings, limiting young parents' ability to fully participate in academic and social life.

Despite these constraints, the study emphasises notable resilience among teenage parents, supported largely by extended family networks that play a crucial role in enabling continued schooling. Such informal support systems illustrate opportunities for strengthening interventions that safeguard both educational continuity and psychosocial well-being. Recognising the centrality of these kinship structures provides valuable insight for designing community-oriented support mechanisms.

A holistic, multi-level response is therefore essential to address the complex realities of adolescent pregnancy. Comprehensive sexuality education strengthened parental and community engagement, and institutional reforms that promote empathy and inclusivity are critical for reducing stigma and improving outcomes for teenage parents. By tackling these interconnected factors, stakeholders can support young parents in overcoming barriers, completing their education, and pursuing meaningful opportunities for themselves and their children. Ultimately, the study highlights the importance of viewing teenage parents as capable young individuals striving for dignity and opportunity, rather than as failures defined by their circumstances.

Acknowledgements

The authors would like to thank the Department of Education Limpopo province for allowing us to conduct the study from the schools in the area as well as the participants of the study.

Contribution of authors

LT, SH, PR, all collected data, LT was responsible for conceptualisation, data collection, analysis, preparing and write up of the manuscript, SH and PR were responsible for the data collection, data analysis, reviewing and editing the manuscript. All authors mentioned in this article approved the manuscript.

Conflict of interest

Authors declares no conflict of interest in this study.

Data availability statement

Data for the study is available from the corresponding author with reasonable request.

Funding

The study was conducted as part of the community engaged scholarship in the prevention of teenage pregnancy project in two districts of Limpopo with high teenage pregnancy rates. This work is based on the research supported wholly by the University of South Africa community-engaged scholarship project Number: CA80 SHIP. This research received no external funding.

References

1. Jewkes, Rachel, Robert Morrell, and Nicola Christofides. "Empowering teenagers to prevent pregnancy: lessons from South Africa." *Culture, health & sexuality* 11, no. 7 (2009): 675-688.
2. Macleod, Catriona Ida, and Tiffany Tracey. "A decade later: follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy." *South African Journal of Psychology* 40, no. 1 (2010): 18-31.
3. Ngabaza, Sisa, and Tamara Shefer. "Policy commitments vs. lived realities of young pregnant women and mothers in school, Western Cape, South Africa." *Reproductive Health Matters* 21, no. 41 (2013): 106-113.
4. Muthelo, Livhuwani, Masenyani Oupa Mbombi, Peter Mphekgwana, Linneth Nkateko Mabila, Inos Dhau, Joseph Tlouyamma, Reneilwe Given Mashaba et al. "Exploring mental health problems and support needs among pregnant and parenting teenagers in rural areas Of Limpopo, South Africa." *BMC Women's Health* 24, no. 1 (2024): 236.
5. Kennedy EC, Bulu S, Harris J, Humphreys D, Malverus J, Gray NJ. "Be kind to young people so they feel at home": a qualitative study of adolescents' and service providers' perceptions of youth-friendly sexual and reproductive health services in Vanuatu. BMC health services research. 2013 Oct 31;13(1):455.
6. Cluver, Lucie, Janina Jochim, Yolanda Mapukata, Camille Wittesaele, Yulia Shenderovich, Sandisiwe Mafuya, Kathryn Steventon Roberts, Bolade Banougnin, Lorraine Sherr, and Elona Toska. "Associations of formal childcare use with health and human capital development for adolescent mothers and their children in South Africa: A cross-sectional study." *Child: care, health and development* 50, no. 1 (2024): e13138.
7. Pottinger AM, Boyne AS, Passard NN. Stigma and depression in adolescent mothers–How do types of households influence the mothers' mental well-being? Journal of Child and Family Studies. 2023 Nov;32(11):3389-400.
8. Wittenberg, Madeleine F., Carly E. Milliren, Kathleen Waddicor, and Shannon L. Fitzgerald. "Anxiety, depression, and mental health service use among pregnant adolescents/young adults at an urban paediatric hospital-based clinic." *Clinical Child Psychology and Psychiatry* 30, no. 3 (2025): 683-698.
9. Madhavan, Sangeetha, Paul Mee, and Mark Collinson. "Kinship in practice: Spatial distribution of children's kin networks." *Journal of Southern African Studies* 40, no. 2 (2014): 401-418.
10. Risenga, Patrone Rebecca, and Sheillah Hlamalani Mboweni. "Adolescent girls' experiences regarding teenage pregnancy in the rural villages of Limpopo Province, South Africa." *Adolescents* 3, no. 1 (2022): 60-71.
11. Masuku, Andile S., Maureen N. Sibiya, and Reggiswindis T. Hlengwa. "Psychosocial challenges associated with teenage pregnancy amongst high school learners at eMondlo Township, KwaZulu Natal, South Africa." *African Journal for Physical Activity and Health Sciences (AJPHES)* 27, no. 2 (2021): 265-283.
12. Naidoo J, Muthukrishna N, Nkabinde R. The journey into motherhood and schooling: narratives of teenage mothers in the South African context. International Journal of Inclusive Education. 2021 Aug 24;25(10):1125-39.
13. Cislaghi B, Heise L. Using social norms theory for health promotion in low-income countries. Health promotion international. 2019 Jun 1;34(3):616-23.
14. Latkin C, Donnell D, Celentano DD, Aramrattna A, Liu TY, Vongchak T, Wiboonnatakul K, Davis-Vogel A, Metzger D. Relationships between social norms, social network characteristics, and HIV risk behaviors in Thailand and the United States. Health Psychology. 2009 May;28(3):323.
15. Brink, Hilla, and Christa Van der Walt. *Fundamentals of research methodology for health care professionals*. Juta and Company Ltd, 2022.
16. Polit, Denise F and Cheryl Tatano Beck. "Nursing research: Generating and assessing evidence for nursing practice." *Lippincott Williams &Wilkins* (2021).
17. Grove, Susan K., Nancy Burns, and Jennifer Gray. *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. Elsevier Health Sciences, 2021.
18. Dawadi, Saraswati. "Thematic analysis approach: A step-by-step guide for ELT research practitioners." *Journal of NELTA* 25, no. 1-2 (2020): 62-71.
19. World Medical Association. "World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects." *Jama* 310, no. 20 (2013): 2191-2194.
20. Lesinskienė S, Andruškevič J, Butvilaitė A. Adolescent pregnancies and perinatal mental healthneeds and complex support options: A literature review. Journal of clinical medicine. 2025 Mar 28;14(7):2334.
21. Williams-Randolph, Shannon M. *Postpartum Depression in Afro Caribbean Women: An Interpretive Phenomenological Exploration of Culture, Motherhood, and Help-Seeking in Trinidad and Tobago*. The Chicago School of Professional Psychology, 2023.
22. Brennan, David J., Shelley L. Craig, and Dwight EA Thompson. "Factors associated with a drive for

muscularity among gay and bisexual men." *Culture, health & sexuality* 14, no. 1 (2012): 1-15.
23. Mchunu, Gugu, Karl Peltzer, Bomkazi Tutshana, and Lebogang Seutlwadi. "Adolescent pregnancy and associated factors in South African youth." *African health sciences* 12, no. 4 (2012): 426-434.
24. Adekola, Ayobami Precious. "X-raying educator-related factors hindering sexuality education implementation in rural South African schools: learners' perspectives." In *Frontiers in Education*, vol. 9, p. 1288183. Frontiers Media SA, 2024.
25. Adekola, Ayobami Precious, and Azwihangwisi Helen Mavhandu-Mudzusi. "Addressing learner-centred barriers to sexuality education in rural areas of South Africa: Learners' perspectives on promoting sexual health outcomes." *Sexuality Research and Social Policy* 20, no. 1 (2023): 1-17.
26. Ildefonso TK, Bregabriel CD, Samillano HJ, Vallagomesa E, Yap KJ. The Lived Experiences of Teenage Fathers: A Phenomenological Study. Psychology and Education: A Multidisciplinary Journal. 2022;5(9):1-1.
27. Mathebula RN, Runhare T, Mafumo TN. Educational support for pregnant and parenting schoolgirls in rural South African school settings. *Issues in Educational Research*. 2022 Jun 1;32(2):593-612.
28. Amod, Zaytoon, Vuyiswa Halana, and Nicole Smith. "School-going teenage mothers in an under-resourced community: lived experiences and perceptions of support." *Journal of Youth Studies* 22, no. 9 (2019): 1255-1271.
29. Chobany M, Hull D. The Stigmas Associated with Teen Parenting: How Gender-Stereotypical Expectations Contribute. Psi Chi Journal of Psychological Research. 2021 Mar 1;26(1):21.
30. Field S, Honikman S, Abrahams Z. 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 and Family Medicine. 2020 Jan 1;12(1):1-9.