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Psychosocial Challenges Faced by Young Mothers in a Selected Rural Village of Vhembe District, Limpopo Province

Hulisani Mudzanani [1,*], Shonisani Elizabeth Tshivhase [1] and Selekane Ananias Motadi [2]

[1] Department of Public Health, Faculty of Health Sciences, University of Venda, Thohoyandou 0950, South Africa; shonisani.tshivhase@univen.ac.za
[2] Department of Nutrition, Faculty of Health Sciences, University of Venda, Thohoyandou 0950, South Africa; selekane.motadi@univen.ac.za
* Correspondence: 16000083@mvula.univen.ac.za

Abstract

Background: Young mothers in rural South Africa often experience multiple psychological and social challenges that may affect both maternal well-being and child development. Poverty, stigma, limited educational opportunities, and inadequate social support are common in many underserved communities, increasing vulnerability to stress, emotional distress, and social isolation among young mothers. Although these challenges are well documented, little is known about how psychosocial experiences of young mothers are shaped by the interaction of individual, interpersonal, community, and structural factors in rural South African settings. This perspective provides an opportunity to move away from the view of young motherhood as an individual-level challenge by considering how family relationships, partner engagement, community attitudes, socioeconomic conditions, and educational environments interact to influence psychosocial well-being. **Objectives:** This study aimed to explore how psychosocial well-being among young mothers in Tshimbupfe Village is shaped by interactions among individual, interpersonal, community, and structural factors and to investigate protective factors that support coping and resilience. **Methods:** Qualitative exploratory design was employed. Semi-structured interviews were conducted with 10 young mothers in Tshimbupfe Village, who were purposively recruited from the ISA Mathivha Foundation. Interviews were conducted in the local language, audio-recorded with permission, and transcribed verbatim. We analysed the data using a six-step thematic analysis approach to identify key themes. Ethical approval and informed consent were obtained before data collection. The study was theoretically informed by the Social Ecological Model and Resilience Theory, which allowed us to evaluate the role of psychosocial well-being and participants' responses to adversity. **Results:** Six themes were identified: family rejection and limited support; partner neglect and low father involvement; socio-economic hardship; social stigma and isolation; educational disruption; and emotional distress with coping strategies. Financial insecurity, social grant dependence, and experiences of stigma that contributed to social isolation and stress were described by participants. However, some young mothers showed resilience and adaptive coping strategies. Family support, childcare, partner or extended family support, and opportunities to continue education were all factors that supported coping and resilience. Thematic analysis was based on the Social Ecological Model's individual, interpersonal, community, and structural effects, and Resilience Theory led to a better understanding of protective and adaptive mechanisms. **Conclusions:** Young mothers in rural South Africa experience significant psychosocial burdens related to poverty, stigma, and limited support systems. The findings show that these experiences are generated through interacting interpersonal, community, and structural conditions, while resilience is supported by access to protec-

Check for updates

Academic Editors: Todd Michael Franke, Enrique Riquelme, Daniel Quilaqueo, Héctor Torres and Ignacio Montero

Received: 16 April 2026
Revised: 18 September 2026
Accepted: 21 September 2026
Published: 13 October 2026

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tive relationships and resources, which underscore the need for community-specific and policy-based interventions.

Keywords: emotional distress; maternal mental health; psychosocial challenges; qualitative study; rural South Africa; social support; stigma; young mothers

1. Introduction

Adolescents' and young adults' early childbearing remains a significant public health and social issue globally. The World Health Organization reported high rates of early childbearing among adolescents and young adults, which are associated with negative health, social, and economic outcomes (World Health Organization, 2021). Teenagers and women in their early twenties are at an especially high risk of bad outcomes, such as poor maternal health and economic instability, interrupted education, and psychosocial stress. In addition to the immediate health effects, early motherhood can have lasting psychosocial, educational, and socioeconomic implications, particularly when young women embark on motherhood in areas with scarce social and material resources.

The high prevalence of adolescent and young adult pregnancy is especially prevalent in sub-Saharan Africa, where fertility rates among young women range between 4.7 and 5.6 children per woman (Kinyemi et al., 2023). Across this region, it has been estimated that more than 30% of women have at least one child in adolescence or early adulthood, likely as a result of poverty levels and inadequate access to education and reproductive health services (Ahinkorah et al., 2021). Early motherhood is influenced by interrelated social determinants of health, such as poverty, gender inequality, and limited access to healthcare and educational opportunities (Statistics South Africa, 2022) for women aged 18–25 years in South Africa. These interlinked social and structural determinants are especially relevant to the rural South African community, where socio-economic disadvantages, lack of access to health and social services, educational barriers, and jobs/unemployment are among the factors that influence the environment in which young women are pregnant and to take their children home. This means that young motherhood must be considered not only in relation to individual reproductive and health outcomes, but also to the social, relational, and structural environment that influences the health and well-being of young women following pregnancy (Geza et al., 2022).

Young mothers often endure educational disruption, financial instability, and psychosocial strain, especially in impoverished rural areas (Moganedi & Mudau, 2024). These challenges have been studied from a public health perspective, but it is important to understand early motherhood in a broader context, including its impact on emotional health and educational development. The primary sites of emotional socialization, family, and community shape young mothers' experience and responses to stress, stigma, and caregiving. Families in which family members have negative reactions toward young mothers (rejection and lack of support) have been reported as contributing to emotional distress and reduced coping capacity for young mothers (Moganedi & Mudau, 2024). Family support can also provide practical assistance with childcare, financial aid, accommodation, and encouragement to continue education, which may influence young mothers' ability to cope with the demands of motherhood.

However, favorable family roles can also be resilient, helping young mothers to support family relationships that contribute to resilience while allowing them to keep going to school and attend to caregiving needs. These contrasting family responses suggest that the family can either be a source of vulnerability or a protective resource influencing young

mothers' emotional well-being, coping, and educational participation. With societal shame, the situation is only made worse for young mothers. In much of the rural world, an early pregnancy contributes to judgement, discrimination, and social exclusion, all of which have negative effects on self-esteem and mental health (Moganedi & Mudau, 2024). These experiences are accompanied by withdrawal from social and institutional contexts (such as schools), which is associated with a lack of opportunities to continue education or to enhance oneself. While there are policies that encourage the return to school of young mothers, stigma and childcare obligations are known to play a significant role in causing school dropout (Bhana & Mcambi, 2013; Department of Basic Education, 2021).

Disrupted education is a major outcome of early motherhood, and for many young mothers, the burden of childcare has become an ever more insurmountable burden. Others face mental health and social challenges and face the loss of their academic reputation and performance, which prevent them from maintaining their schooling experience (Bhana & Mcambi, 2013). This disruption leads to lifelong consequences, such as a lack of job opportunities and ongoing reliance on financial support, feeding the cycle of poverty (Nash et al., 2022).

Financial stress and instability, which are commonly associated with dependence on social grants and inadequate income-generating potential, are also noted to be significant contributors to psychological stress among young mothers (Patel et al., 2025; Jack et al., 2022). Young motherhood in rural areas has an impact not only on health, social, and economic conditions, but also on emotional and educational development. Family and community settings serve as crucial arenas for emotional socialization, helping young mothers process stress and stigma and assume caregiving responsibilities. These experiences shape their emotional health and reengagement with educational systems. In addition, the transition to motherhood may increase vulnerability in intimate relationships, as well as vulnerability to financial insecurity and limited social support for young women, especially among young women who are financially unstable and lack access to support. IPV (intimate partner violence) during the perinatal period can be psychological as well as physical or sexual, and economic violence and can be very serious for women psychologically and socially. Jean Simon et al. (2025) conducted a qualitative study of women who experienced perinatal IPV in Quebec and found that victims were also experiencing social isolation, childcare responsibilities, geographical distance from services, limited accommodation, and institutional barriers. This study also demonstrated that financial insecurity, unemployment, and social isolation are linked to relationship problems and vulnerability, and lack of formal and informal help might make it more difficult for women to seek assistance or leave abusive relationships. Family and friends are often the first lines of support and could represent the pathways to formal health and social services, as social networks are protective in cases of vulnerability to relationships (Jean Simon et al., 2025). This study shows that the psychosocial experience of young mothers is not independent of the quality of intimate relationships, social support, and economic circumstances, and the availability of responsive health and social services.

Recognizing these dynamics in a multicultural context is particularly relevant in rural South Africa, where the influence and consequences of social norms, stigma, and structural barriers can manifest as issues both within emotional development and the access and availability of schooling (the formal structures, laws, and practices that shape the experience among these learners). However, the issues remain poorly understood, with the existing literature largely revolving around adolescent mothers and immediate health outcomes, and limited to the larger psychosocial and emotional experience of young mothers outside the postpartum period (Govender et al., 2020).

Few studies have examined context-specific influences of emotional well-being on educational disruption and social context in rural South African communities, including

in Limpopo Province. This study, therefore, seeks to describe the life experiences of young mothers aged 18–25 years in Tshimbupfe Village, Collins Chabane Municipality, focusing on the psychosocial challenges they face; how family, community, and educational conditions influence their emotional well-being; and how they cope with these challenges. By locating young motherhood at the intersection of emotional well-being and educational trajectories, this research adds nuance to our understanding of young mothers' experiences in multicultural rural contexts and informs interventions to increase emotional well-being while supporting reintegration into academic settings.

2. Methods

2.1. Study Design and Setting

To deepen the researcher's understanding of young mothers' experiences, this study used a qualitative exploratory design. Qualitative methodology was appropriate for investigating individual narratives and psychosocial phenomena. The study was conducted in Tshimbupfe Village, Collins Chabane Local Municipality, Vhembe District, Limpopo Province, South Africa. The village is predominantly Venda-speaking, with high unemployment, poverty, and limited local health facilities. By focusing on this community, the study offers a nuanced and context-specific exploration of psychosocial challenges within a relatively homogeneous social environment. Tshimbupfe Village is a rural Venda-speaking community in Collins Chabane Local Municipality. Limited access to essential services and socioeconomic opportunities formed an important contextual consideration for the study. Healthcare access is supported by one nearby clinic, while mobile clinic services are available to more remote residents. Poor road infrastructure, including untarred and damaged roads, can also limit access to healthcare and mobile services during the rainy season. These infrastructural conditions are important for understanding how young mothers seek healthcare and social support while managing childcare and other responsibilities.

The community also has schools and other community-based structures, but the dissertation indicated limitations in educational and socioeconomic opportunities in the local context. The availability of services must be considered alongside their accessibility. For young mothers, these conditions may intersect with childcare duties, financial strain, and educational disruption, making the rural setting important not only as a geographical location but also as a context that shapes participants' experiences. These interrelated features made Tshimbupfe Village a suitable place to examine the experiences of young mothers aged 18–25 years.

Rather than viewing their experiences as individual and unique, the study was based in a community where access to healthcare, educational resources, economic and social support may be shaped by the rural infrastructure and service availability. The Venda-speaking sociocultural context is critical to interpreting the experiences of the participants in relation to family relationships, community expectations, and young motherhood. However, the study does not assume that the experience of the participants was determined by Venda cultural identity. Cultural interpretation is based on the participants' accounts and supported by relevant literature where applicable.

2.2. Study Population and Sampling

The participants were young mothers aged 18–25 years in Tshimbupfe Village. Eight of them had one child, and two had two children. Most were unemployed and relied on the Child Support Grant and/or family support for basic needs. Educational experiences were also varied, with some students continuing their education and others having stopped learning, mainly because of childcare responsibilities and lack of support. These differences provided a range of experiences to explore how family support, economic circumstances, childcare responsibilities, and educational opportunities affect young mothers' psychosocial well-being.

Purposive sampling was used to deliberately select participants with hands-on experience of young motherhood to ensure information-rich data relevant to the research objectives. Moreover, the study site, Tshimbupfe Village in the Collins Chabane Municipality, was selected to reflect a rural context where access to social support services and economic opportunities may be limited. The researcher also excluded young mothers who were unable to provide informed consent or were too ill to participate on the data collection date.

Recruitment was conducted through ISA Mathivha Foundation, which works with women and young people. Potential participants were identified and introduced to the researcher through NGO staff. The researcher initially intended to enlist 15–20 people; however, only 10 consented and were interviewed. Data saturation was reached after the tenth interview, as no new themes, codes, or insights emerged from subsequent data collection. The interviews began to yield repetitive information, indicating that sufficient depth and coverage of the research topic had been achieved.

2.3. Data Collection

A semi-structured interview guide was used to explore participants' experiences and challenges. The guide included open-ended questions about the situations surrounding pregnancy and early motherhood; psychological challenges (e.g., stress, emotions, coping); social challenges (e.g., family reactions, community attitudes, the child's father); impact on education or employment; and support systems.

The interviewer asked the primary question on social challenges: can you describe how your relationships with family, partners, or the community have affected your experience as a young mother? This question was followed by additional probing questions to further explore participants' responses. The interview guide was translated from English to Tshivenda and then back-translated by language specialists from the University of Venda's M.E.R. Mathivha Centre for African Languages to ensure accuracy. The results of a pilot test with two young mothers from the same community, who were not included in the main study, led to some revisions for clarity and relevance.

Data were collected over two months (November–December 2025) in Tshivenda by the principal researcher through semi-structured interviews. These interviews were conducted in a private room, which was provided by a local non-governmental organization, at times convenient for the participants. Written informed consent, including permission to audio-record, was obtained before data collection. Privacy and the right to withdraw at any time were guaranteed. Interviews lasted between 15 and 40 min, were audio-recorded, and field notes documented non-verbal cues. The recordings were transcribed and translated into English and were checked against the original audio for accuracy. Identifying information was removed, and pseudonyms were used to ensure confidentiality.

2.4. Data Analysis and Trustworthiness

The researcher conducted a thematic analysis following Maguire's (2017) six-phase approach. After transcribing interviews, the data were systematically read and re-read to gain immersion and note initial impressions. Meaningful units of text were coded, and similar codes were grouped to identify patterns, which were then organized into broader themes; e.g., codes on family conflict and relocation were combined under "Family Rejection." Themes were reviewed, refined, and clearly defined, with direct participant quotations used to support findings. Triangulation among investigators, academic supervisors, and peers ensured reliability, and data collection continued until thematic saturation was achieved.

To ensure trustworthiness, strategies addressing credibility, transferability, dependability, and confirmability were applied. Credibility was enhanced through prolonged engagement, interviews in the local language, and member checking. Transferability was

supported by detailed descriptions of the study context, participants, and socio-cultural setting. Dependability was ensured through consistent interview procedures, an audit trail of coding and analysis, and data saturation. For the study, Confirmability was maintained via an audit trail of all decisions and actions taken during the research and processes of the study, including use of audio recordings and verbatim transcripts to anchor the findings in the participants' perspectives. Field notes supported contextual understanding, and reflexivity was practiced to minimise researcher bias.

2.5. Ethical Considerations

The study was conducted in accordance with the ethical norms for research with human subjects. The University of Venda Faculty of Health Sciences Research Ethics Committee approved this study (Ethical Clearance No. FHS/25/PH/16/1709). The Tshimbupfe Village Traditional Council and the ISA Mathivha Foundation also granted permission for the study.

Written consent for participation was sought from all participants by explaining the study objectives, methods, and rights in their own language. Involvement was voluntary, with the option to not answer questions and to withdraw at any time with no repercussions. Confidentiality was maintained through patient code assignment; storage of all recordings, transcripts, and notes; and the generalization of identifying information to others in reporting. Interviews were conducted respectfully in accordance with non-maleficence regulations, with measures to stop or terminate interviews when participants felt distressed, and referrals to professional counseling services were made. In the aggregate, these procedures and ethical factors have led to a sound and credible study that respects the rights and well-being of participants.

3. Results

Table 1 illustrates the socio-demographic characteristics of the participants. Most (9) of the participants had one (1) child and were unemployed. Of the 10 participants, 6 of them had passed grade 12, while the minority (2) had dropped out.

Table 1. Socio-demographic characteristics of study participants.

Participants	Age	Number of Children	Highest Grade Passed	Employment Status
1	22	1	Grade 12	Unemployed
2	21	1	Grade 12	Unemployed
3	20	1	Grade 9	Unemployed
4	24	2	Grade 12	Unemployed
5	19	1	Grade 12	Unemployed
6	18	1	Grade 11	Unemployed
7	21	1	Grade 12	Unemployed
8	21	1	Drop out	Unemployed
9	20	2	Grade 12	Employed
10	19	1	Drop out	Unemployed

The thematic analysis identified six key themes reflecting the lived experiences of young mothers in Tshimbupfe Village. The six themes and their descriptions are presented in Table 2.

Table 2. Key themes on the lived experiences of young mothers in Tshimbupfe Village.

Theme No.	Theme	Description
1	Lack of family support and rejection	Experiences of neglect, lack of emotional/financial support, and family rejection
2	Absence of partner support	Limited or no involvement from the child's father
3	Socio-economic hardship and financial dependence	Financial struggles and reliance on others for basic needs
4	Community stigma and social isolation	Experiences of judgment, discrimination, and withdrawal from social interaction
5	Disruption of education	Interruption or discontinuation of schooling due to motherhood
6	Emotional distress and coping strategies	Psychological challenges and methods used to cope with stress

3.1. Lack of Family Support and Experiences of Rejection

Family reactions to pregnancy strongly shaped the experiences of young mothers. Many participants reported negative responses from their parents or caregivers when their pregnancies were discovered. These reactions included anger, blame, emotional withdrawal, and in some cases, being forced to leave the family home. Such experiences intensified feelings of vulnerability during pregnancy.

Participants 3, 4, 5, and 6 revealed that disclosure of pregnancy often resulted in rejection, emotional neglect, and, in some cases, forced removal from the family home. These responses highlight the instability and vulnerability young mothers experience within their own households. The following quotes illustrate these experiences:

> "*If my mother had not accepted me and forgiven me, I would have thought of committing suicide because I would have needed to drop out of school and raise my child alone.*" (Participant 5, 19 years)

> "*The time my mother found out that I was pregnant, she decided to take me out of my home forcefully and take me to the father's home. I was abused by the paternal side of the child and made to work like a slave.*" (Participant 3, 20 years)

Despite these challenges, a small number of participants reported receiving support from their families. Supportive parents or grandparents helped with childcare and encouraged the young mothers to continue their education.

Participants (1 and 2) reported more positive experiences, indicating that family support, particularly from mothers and grandparents, enabled them to cope and continue schooling. A shared supportive experience is captured in the quotes:

> "*My family supported me. . . They helped me look after my child so that I could go back to school.*" (Participant 2, 21 years)

> "*My family was the one who took care of my child, even during school times. I was happy because they were supporting me so that I could finish school.*" (Participant 1, 21 years)

Family responses ranged from rejection to support, but most participants experienced limited family assistance during pregnancy and early motherhood.

3.2. Absence of Partner Support and Father Involvement

Lack of involvement from the child's father was another major challenge. Many participants reported that their partners denied paternity, ended the relationship after learning about the pregnancy, or withdrew due to pressure from their families.

Participants 3, 4, and 9 concurred that partners often withdrew support during pregnancy, leaving them emotionally and financially vulnerable. Participant 4 further highlighted the complexity of co-parenting, indicating ongoing conflict and lack of cooperation. The following quote illustrates this experience:

> "*The first born has support from his father; however, the second born's father is against it and does not want the first born to visit her father. My mother has to step in and be a mediator and come and take the child so that his father could come and see the child, so it's very difficult to co-parent with the first-born child's father, as my current partner is jealous or against it; he thinks probably I will go back to him.*" (Participant 4, 21 years)

As a result, most participants raised their children alone, with little or no financial support from their fathers. Participants who described limited paternal involvement also reported emotional distress and financial strain associated with raising their children with little or no financial support from their fathers.

In contrast, Participant 2 expressed a positive experience, indicating consistent financial and emotional support from her partner. This highlights that while most participants (1, 3, 4, and 9) experienced abandonment or lack of support, a minority (Participant 2) reported stable partner involvement.

> "*The father of the child left me when I was pregnant because his mother told him to dump me and find another girlfriend. That really hurt me.*" (Participant 3, 20 years)

> "*I think my relationship with my partner changed immediately when I fell pregnant, and everything changed because his family was getting involved and influencing him to abandon me because they do not trust me at all. From there, I knew that I was all alone in this situation because one person who was supposed to be there for me changed on me, like I am now his.*" (Participant 9, 20 years)

3.3. Socio-Economic Challenges and Financial Dependency

Economic hardship was a common experience among the participants. Most young mothers were unemployed and depended on family members or the Child Support Grant as their main source of income. Participants consistently indicated that the grant was insufficient to cover a child's basic needs.

Participants 2, 3, and 5 described unemployment and reliance on the Child Support Grant alongside financial strain and difficulties meeting their own and their children's basic needs. A shared financial challenge is reflected in the quotes:

> "*The money I get from SASSA is not enough. It does not even buy nappies and food, and now I also have to think about pre-school.*" (Participant 3, 20 years)

> "*The most important thing I currently need is support for the child, but what I really need is to be independent. I just need to attend school and have someone assist me with the application process, as well as verify my application. I did send a few applications; however, I failed to pay the application fee at Tswane University of Technology.*" (Participant 2, 21 years)

> "*My mother had to pay someone to look after my child while I went to school, and at that time my child was not getting SASSA, so it was a lot to take in.*" (Participant 5, female, 19 years)

Limited employment opportunities, low levels of education, and a lack of job skills further constrained the participants' ability to generate income. As a result, many young mothers felt financially insecure and worried about their ability to meet their children's needs.

3.4. Social Isolation and Community Stigma

The participants also described experiencing stigma and negative community attitudes. Community reaction to early motherhood was negative, leading to gossip, ridicule, and judgment. Participants 1, 4, 6, and 10 described experiences of gossip, judgment, or stigma, which they associated with feelings of shame and isolation. However, experiences varied, and not all participants reported experiencing stigma directly.

These experiences often resulted in feelings of shame and isolation. The following quote illustrates experiences of social isolation and community stigma:

> "*When I fell pregnant, I was always thinking of having an abortion and having that pressure to do so because of how people used to look at me; my friend told me that we don't do that anymore. Even the neighbors were influencing my mother to convince me to have an abortion because they were scared that I was still young. I was also planning to because of that pressure, but then I thought, why would I do such things when my mother did not do that to me, and I never went through with it.*" (Participant 6, 18 years)

In contrast, Participant 8 expressed a different view, indicating that she did not experience stigma directly, although she acknowledged its presence in the community.

As a result of these negative attitudes, many young mothers withdrew from social interactions and avoided community gatherings, leading to increased feelings of loneliness and exclusion. The following supportive quote was shared:

> "*For me, I never experienced that face-to-face; probably they used to do that behind my back, and I cannot speak about it because I never experienced it. I did not experience much hate and stigma, but such things, other people always say they are there.*" (Participant 8, 21 years)

3.5. Educational Disruption

Participants reported that pregnancy and childcare responsibilities significantly disrupted their education. Early motherhood interfered with school attendance, academic performance, and progression. Participants 2, 3, 4, and 10 revealed that balancing education and childcare was challenging, with some dropping out of school and others struggling academically. These difficulties were largely linked to childcare responsibilities, lack of support, and the demands of preparing for examinations. The following quotes illustrate educational disruption:

> "*It was very difficult during the time I was in matric in 2023. Even though I had support, my mother could not always be there as she had twins; it really affected me in terms of schooling. Honestly, you will find a child needs your attention, and at that time you need to study and prepare for exams, so it was a lot and exhausting. But that happened a lot in 2023.*" (Participant 2, 21 years)

> "*I had to drop out of school because I could not take it anymore, and there was nothing I could do as my child needed me.*" (Participant 10, 19 years)

In contrast, Participant 8 reported that dropping out of school was not considered an option because her partner's family provided childcare, enabling her to continue her education.

Participants described educational challenges related to balancing childcare and schooling. Some reported interrupted schooling, while others continued their education with support from family members. The long-term effects of these experiences on academic and career opportunities were not directly assessed in this study.

> "*I never thought of dropping out of school because it was not an option for me; my partner's family decided that they would take my child and raise him because I need to finish my school, and I also need to be a child again.*" (Participant 8, 21 years)

3.6. Emotional Distress and Coping Mechanisms

Participants described emotional distress alongside challenges involving family relationships, partner support, financial difficulties, community attitudes, and educational responsibilities. Their accounts illustrate how these experiences co-occurred in their lives; the study was not designed to establish causal relationships.

Participants 1, 2, and 8 highlighted experiences of emotional strain, describing feelings of stress, depression, and being overwhelmed by the responsibilities of motherhood at a young age. In contrast, Participant 7 reported a more positive emotional experience, indicating that strong family support reduced feelings of isolation and helped her cope better with motherhood.

> "*I was very stressed. I didn't expect to go through so much at a young age. It was overwhelming.*" (Participant 1, 22 years)

> "*Stress was there because I was scared of having a child. I never experienced any form of isolation from my family and friends, because they were very supportive. My boyfriend never worried about nappies because he was still young. My mother encouraged me to use the SASSA grant to buy essentials for the child, and the rest of the child's needs she was managing.*" (Participant 7, 21 years)

Despite these challenges, Participants 2, 5, 7, and 9 demonstrated resilience, remaining strong and determined, often motivated by their children and support systems. Overall, while emotional distress was prevalent, participants showed determination and adaptive coping strategies, influenced largely by the level of support available to them.

> "*I had to soldier on even though it was not easy, because if not, I was not going to pass my Grade 12.*" (Participant 9, 20 years)

> "*I wrote my first matric in 2023, earned a diploma, and went back again. I obtained admission to a bachelor's degree in 2024 from Tshimbupfe Secondary School.*" (Participant 5, 19 years)

4. Discussion

This study investigated the psychosocial challenges faced by young mothers in Tshimbupfe Village, revealing a network of interconnected factors related to family relationships, economic stability, educational disruption, and emotional well-being. The findings indicate that early motherhood in this rural South African context is shaped not only by individual circumstances but also by family, community, and institutional contexts that influence emotional development and educational trajectories. These findings can be understood within the Social Ecological Model, which frames well-being as being shaped by multiple levels of interpersonal, community, and institutional systems. On this basis, psychosocial well-being among young mothers appears not to result from a single risk factor but from the interaction of interpersonal relationships, community attitudes, and economic conditions. Family support or rejection, partner involvement, community stigma, educational opportunities, and economic resources did not operate independently; rather, they shaped how young mothers navigated and coped with motherhood. The results therefore broaden an individual-level view of young motherhood by demonstrating the role of vulnerability and adaptation within the social environments in which young mothers live.

In this study, family dynamics, partner relationships, community attitudes, and educational experiences were associated with the emotional well-being of young mothers.

These interrelated systems shaped participants' lived realities, confirming that emotional distress and resilience cannot be considered in isolation from the wider social context. At the relational level, family dynamics and partner involvement emerged as important influences on emotional well-being and life outcomes. Participants who experienced family rejection reported higher emotional distress, feelings of isolation, and difficulties coping, which corresponds with the earlier literature showing the protective effect of family support (Mahlalela & Bhat, 2023; Madondo & Dhobha, 2025).

Conversely, supportive relatives, such as mothers and grandparents, helped young mothers cope more effectively and, in some cases, continue their education. The lack of partner support had additional emotional and financial effects, reflecting earlier findings that paternal disengagement increases vulnerability among young mothers (Bhana & Mcambi, 2013; Akinsulore et al., 2021). The contrasting experiences of participants indicate that relationships can function as both risks and protective resources. Family rejection contributed to social isolation and emotional distress, whereas practical and emotional support from parents, grandparents, and extended family helped some participants cope with motherhood and continue their studies. Similarly, varied experiences of partner involvement suggest that the presence or absence of paternal support shapes both the emotional and material dimensions of young motherhood. These findings show that the effects of young motherhood cannot be separated from the availability and quality of relational resources. In this context, resilience appears to be relational rather than merely an individual psychological trait, with emotional encouragement, childcare, financial support, and educational opportunities strengthening participants' ability to adapt. The findings highlight the need to further develop interpersonal support networks to positively influence emotional health and educational outcomes. At the community level, participants described experiences of judgement, gossip, and negative attitudes towards young motherhood, although stigma was not experienced by everyone. Educational challenges were mainly related to balancing childcare and schooling, with family support helping some participants continue their education. Financial constraints were also evident, as most participants were unemployed and relied on social grants or family assistance; one participant could not afford a university application fee. Although previous studies have documented stigma and challenges relating to educational participation and socioeconomic disadvantage among young mothers (Moganedi & Mudau, 2024), these barriers were not all directly established in the present interviews. Viewed through the Social Ecological Model and Resilience Theory, the findings highlight how community, family, and socioeconomic circumstances shaped participants' experiences. These findings reflect the experiences of the 10 participants and should not be generalised to all young mothers in rural South Africa.

Stigma was more than emotional. Participants' accounts suggest that community judgement could affect their willingness to participate in educational and social spaces, showing how community-level attitudes can be translated into institutional and personal consequences. Stigma therefore cannot be framed simply as an interpersonal attitude, but as an organisational process that would lead to less participation, isolation, and fewer opportunities for social engagement. This finding reinforces the social–ecological assessment of young motherhood by showing the movement of influence from one level to another: community attitudes influenced emotional well-being, and emotional responses and fear of judgement could affect educational participation and social engagement. This emphasizes how factors at the community level can also affect emotional well-being and access to education. At the institutional level, educational disruption appeared as an institutional challenge. The respondents described having problems with managing childcare responsibilities as well as educational responsibilities, which was causing absenteeism, poor performance, and, in some cases, even dropping out of school.

There were further connections to other studies which indicated that young motherhood has a strong impact on educational trajectories (Bhana & Mcambi, 2013; Department of Basic Education, 2021). Educational institutions are, therefore, important sites of academic and emotional well-being, vital for social integration and reintegration. But structural barriers—including an absence of childcare, rigid school systems, and the stigmatization of young mothers in educational institutions—still prevent young mothers from returning to and succeeding in school. These challenges were compounded by socio-economic hardship, as most participants had no employment and depended on social grants. Stress and anxiety were heightened by financial strain, which curbs the ability of young mothers to attend to their children's needs and opportunities for education or work.

These discoveries align with studies that show poverty and economic dependency as the main antecedents of poor mental health among young mothers (Patel et al., 2025; Nash et al., 2022). The interplay between poverty and educational disruption also perpetuates poverty cycles, making it vital for integrated approaches to seek solutions that address the financial and educational barriers to children's mental health, not just the financial ones (Muthelo et al., 2024). Despite such difficulties, some participants displayed resilience and adaptive coping strategies. This is why we understand it through Resilience Theory, stressing individuals' capacity to adapt to difficult conditions in a positive manner.

In this study, many young mothers found resilience and continued on the road, even when it was difficult, and there were many barriers, from a lack of social networks to difficulties with learning. These results indicate that protective factors like family support and opportunities for education could lead to higher levels of resilience and better outcomes for young mothers. This contribution is a further study in the literature that situates the emotional well-being of young mothers within linked family, community, and academic contexts in a rural South African setting. While prior investigations have predominantly concentrated on mental health outcomes and prevalence (Govender et al., 2020; Muthelo et al., 2023; Howard & Khalifeh, 2020), barriers to and reintegration into schooling (Bhana & Mcambi, 2013; Department of Basic Education, 2021), and experienced stigma and social exclusion (Moganedi & Mudau, 2024), this inquiry synthesizes these dimensions to demonstrate the extent to which emotional well-being is constructed by social factors and is impacted in diverse settings.

In the process, the study also contributes to a broader understanding of young mothers' experiences in multicultural educational contexts. The findings serve to demonstrate the interrelatedness of emotional well-being, educational paths, and social settings. The experiences of young mothers are shaped by a multitude of interconnected and interacting systems; therefore, interventions should be integrative and consider family relationships, community stigma, and school-based system barriers. Schools, in particular, should be seen as crucial environments for learning and emotional healing, and supportive policies and inclusive practices that promote the reintegration of young mothers should be at the core of these environments.

5. Theoretical Contribution

The study contributes to the theoretical perspective of young motherhood by showing that psychosocial experiences are shaped by multiple and interacting levels of the social environment, not just individual circumstances. In line with Bronfenbrenner's ecological systems theory, the results show that individual experience is embedded in interpersonal, community, institutional, and broader socioeconomic environments (Bronfenbrenner, 1979). Recent South African evidence is in favor of this perspective. Duby et al. (2025), based on the Social Ecological Model of adolescent girls and young women in South Africa, identified a series of interlinked stressors (emotional isolation, lack of psychosocial support,

family conflict, economic hardship, and gender inequalities) that were related to different aspects of social life.

The current findings add to this socio-ecological perspective and show how these levels are linked to the experience of young motherhood in a rural community. Family rejection or support, partner engagement, community stigma, educational disruption, and socioeconomic adversity were not isolated challenges. They were interrelated with individuals' emotional well-being, access to resources, educational participation, and ability to cope with motherhood. This perspective is in line with Singh and Naicker's (2019) study of teenage mothers in poor rural South Africa who conceptualised resilience in the social environments in which young mothers live and highlighted the limits of understanding resilience independently of poverty and structural conditions.

The study contributes to resilience theory by challenging an exclusively individualised understanding of resilience. These individuals showed a strong determination to work through, persistence, and adaptive coping, but they were also dependent on external resources such as family support, childcare, partner or extended-family involvement, and educational opportunities. This observation is in line with Groves et al. (2022), who found that individual and social resources were crucial to adolescent mothers in South Africa, and that institutional support and family support were instrumental in adolescents returning to school. Duby et al. (2025) also conceptualised resilience as a mix of internal and external resources.

Overall, the findings suggest that resilience in young mothers is relational and context-dependent rather than a feature of a single individual. The theoretical contribution of the present study is to integrate the Social Ecological Model and Resilience Theory together to understand the relation between psychosocial vulnerability and adaptive capacity in terms of relationships, community attitudes, educational environment, and socioeconomic conditions. In the context of Tshimbupfe Village, this interdisciplinary view suggests that in order to support young mothers' well-being, attention must be given not only to their individual coping but also to the social and structural capacities to cope with motherhood and to achieve educational and socioeconomic success.

Policy Implications of the Findings

The findings have important implications for policies and programmes for young mothers in rural communities. The experiences of family rejection, limited partner engagement, and lack of social support make it clear that we need family-centred psychosocial interventions to build communication, emotional support, and joint responsibility for childcare for younger mothers. Community-based interventions can also address stigma and social isolation and the impact that these can have on young mothers emotionally and on their involvement in education and community life.

The educational and socioeconomic findings highlight the need for coordinated support which allows young mothers to stay in or return to education while managing childcare responsibilities. Schools and relevant education authorities can improve reintegration and retention mechanisms, including psychosocial support and appropriate referral systems. At the same time, social protection, skills development and livelihood opportunities should be strengthened to reduce financial dependence and support young mothers' longer-term educational and economic aspirations.

These findings suggest that policy responses should move beyond interventions focused only on the individual young mother. A more integrated approach involving families, communities, educational institutions and social services needs to address interrelated interpersonal, community, educational and socioeconomic factors that impact young mothers' emotional well-being and educational trajectories.

6. Strengths of the Study

This study has several strengths. First, it provides a holistic look at the psychosocial experiences of young mothers in a rural South African context, which is very much understudied. The study is based on the perspective of young mothers aged 18 to 25 years in Tshimbupfe Village and offers a contextually grounded view of family relationships, partner engagement, stigma in the community, educational disruption, and socioeconomic hardships for young mothers. As a qualitative study, semi-structured interviews allowed participants to describe their experiences, perceptions, and coping strategies in their own words, allowing for greater depth and context than through quantitative measures alone.

Another strength is that a theoretically informed approach is used to understand the experiences of the participants. The Social Ecological Model enabled the study to explore psychosocial well-being at the interpersonal, community, institutional, and structural levels, and Resilience Theory was used as a tool to understand how young mothers respond when faced with adversity and how they draw on resources. Combining these perspectives further supports the interpretation of the findings in a way that goes beyond a descriptive account of young motherhood and shows vulnerability and resilience as a function of the social environment in which young mothers live.

The study also provides information on vulnerability and protective factors. It does not just address the challenges faced by young mothers but also family relationships, childcare engagement, partner or extended family involvement, educational opportunities, and coping strategies. It is therefore balanced and contributes to a more nuanced understanding of young mothers as individuals who may face a number of structural and psychosocial challenges, and yet are also able to be strong and resilient.

In the long run, the study has practical implications as it provides evidence that the interconnected areas of family, community, education, psychosocial, and social protection support can be addressed. The study also shows that psychosocial well-being, social support, education, childcare, and socioeconomic contexts are related and can inform more integrated and more relevant interventions for rural mothers.

7. Limitations of the Study

This study has several limitations that should be considered when interpreting the findings. First, the study included a small sample of 10 young mothers from Tshimbupfe Village. Although the sample was appropriate for an exploratory qualitative study and data saturation was reached, the findings reflect the experiences of these participants and are not statistically generalisable to all young mothers in Tshimbupfe Village, Vhembe District, Limpopo Province, or South Africa.

Second, participants were purposively recruited through the ISA Mathivha Foundation. This recruitment approach may have excluded young mothers who were not connected to the organisation or its services. Their experiences and support needs may differ from those of the participants included in this study.

Third, the study focused on the perspectives of young mothers themselves. Including partners, parents or caregivers, educators, healthcare providers, and community-based service providers could have provided additional perspectives on the interpersonal, institutional, and structural factors affecting young mothers.

Fourth, some topics explored in the interviews, including family rejection, intimate relationships, stigma, emotional distress, and financial difficulties, were sensitive. Participants may have been reluctant to disclose certain experiences, meaning that some challenges may not have been fully captured.

Finally, the study was conducted in a specific rural, Venda-speaking, cultural, and socioeconomic context. Therefore, the transferability of the findings to other rural or

urban settings depends on the similarities between those contexts and Tshimbupfe Village. The findings should be interpreted in relation to the study setting. Further research involving more diverse communities and stakeholder perspectives could provide a broader understanding of young mothers' experiences.

8. Conclusions

This study explored the psychological and social challenges experienced by young mothers in Tshimbupfe Village, Limpopo Province. Participants described challenges relating to family and partner support, financial hardship, community stigma, education, and emotional well-being. However, their experiences varied, with supportive relationships and coping strategies helping some participants to navigate motherhood.

Interpreted through the Social Ecological Model and Resilience Theory, the findings highlight how family, community, and socioeconomic circumstances shape young mothers' experiences. Although the findings reflect the experiences of only 10 participants and cannot be generalised to all young mothers in rural South Africa, they provide context-specific insights that may inform locally responsive psychosocial and community-based support.

9. Recommendations

Based on the study findings, the following practical actions are recommended to support young mothers in rural settings such as Tshimbupfe Village:

- Strengthen family support: Social workers and community organisations should facilitate family counselling and parenting dialogues to encourage supportive relationships and shared caregiving responsibilities.
- Improve access to educational support: Schools and local education offices should assist young mothers with school re-entry, childcare-related challenges, and access to counselling where needed.
- Expand socioeconomic opportunities: Government departments and NGOs should link young mothers to relevant skills development programmes, learnerships, and income-generating opportunities.
- Improve access to psychosocial services: Clinics and community-based organisations should provide accessible counselling and psychosocial support for young mothers experiencing emotional distress or social isolation.
- Promote supportive community environments: Community organisations and local leaders should facilitate dialogues that address stigma and encourage the inclusion of young mothers in community activities.

Author Contributions: H.M. conceptualized the study, developed the study design and tools, conducted participant recruitment and data collection, performed data analysis, and drafted the manuscript. S.E.T. and S.A.M. jointly provided supervision, methodological guidance, supported interpretation of findings, and critically reviewed and edited the manuscript for intellectual content. All authors have read and agreed to the published version of the manuscript.

Funding: This study was funded by the National Research Foundation (NRF) of South Africa, under award no. PMDS250612322029.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the University of Venda Faculty of Health Sciences Ethics Committee (protocol code FHS/25/PH/16/1709 and date of approval 17 September 2025).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Full transcripts are not publicly available as participants did not agree to more widely share qualitative interview data. Anonymized excerpts and thematic summaries

supporting the findings are, however, available from the corresponding author upon reasonable request, subject to ethical approval and confidentiality agreements. All data provided in this article is based on anonymised transcripts.

Acknowledgments: The author sincerely thanks the young mothers of Tshimbupfe Village, community leaders, ISA Mathivha Foundation, the University of Venda, supervisors, friends, and families for their support and contributions to this study.

Conflicts of Interest: The authors declare no conflicts of interest. The study was conducted independently, and no competing financial or personal interests influenced the research process or findings.

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