Psychosocial Exploration of Mental Health Challenges and Coping Strategies among Teenage Mothers in Bulawayo, Zimbabwe

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ABSTRACT

Objectives: Adolescent motherhood is a major public health and social issue, associated with greater mental health challenges compared to older women. Understanding the prevalence of mental health issues in the socioeconomic context around adolescent motherhood is essential for improving resilience among these mothers. This study therefore assessed psychological distress and anxiety symptoms, examined socioeconomic circumstances and identified coping strategies among adolescent mothers.

Methods: A quantitative cross-sectional survey was conducted among 55 adolescent mothers aged 13–19 years who had given birth within the previous two years and lived in Bulawayo. Participants were recruited through an anonymised community-based adolescent mother support programme using stratified sampling. Data were collected using a structured questionnaire covering socioeconomic characteristics, mental health screening and coping. The Patient Health Questionnaire-4 (PHQ-4) assessed psychological distress, while the Generalized Anxiety Disorder-7 (GAD-7) assessed anxiety symptom severity. Coping items assessed support seeking, spiritual coping and alcohol or drug use. Frequencies and percentages were used to summarise findings.

Results: Psychological distress was evident among 96.4% of participants, with 36.4% reporting moderate and 21.8% severe symptoms. Anxiety symptoms were mild (43.6%), moderate (43.6%) and severe (10.9%). Stigma and social exclusion were prominent: 85.5% reported being treated differently because they were young mothers, while 96.4% reported exclusion from family or community events. Regarding coping, 49.1% talked to someone when stressed, 61.8% used prayer or spiritual support and 40.0% reported alcohol or drug use. Remittances were the main income source (61.8%), followed by informal trading (29.1%) and agriculture (9.1%).

Conclusion: Adolescent mothers in Bulawayo experience substantial psychological, social, and economic challenges. The findings highlight the need for accessible mental health support, stigma reduction, social support and economic empowerment.

Keywords: Adolescent mothers; mental health; psychological distress; stigma; coping strategies.

INTRODUCTION

Adolescent pregnancy is an important public health and social concern, with consequences extending beyond pregnancy and childbirth to the health, educational and socioeconomic circumstances of adolescent mothers. (WHO, 2024). For adolescent mothers, the transition to parenthood occurs alongside the developmental tasks of adolescence, creating additional demands as they adapt to their new parental role (DeVito, 2010). The World Health Organization (WHO, 2024) reported that approximately 21 million girls aged 15–19 years in

low- and middle-income countries became pregnant annually, resulting in approximately 12 million births in 2019. Although adolescent birth rates have declined globally, progress remains uneven, with comparatively higher adolescent birth rate sub-Saharan Africa continuing to be reported (WHO, 2024). In Zimbabwe, the National Assessment of Adolescent Pregnancies (2023) reported substantial levels of adolescent childbearing alongside marked socioeconomic challenges associated with adolescent pregnancy.

DeVito (2010) conceptualises adolescent motherhood as a dual transition in which young mothers must navigate the developmental tasks of adolescence while simultaneously adapting to the demands of motherhood. This transition can occur within social and economic circumstances that may create additional challenges for young mothers. Tinago et al. (2021) highlighted the experiences of stigma, social isolation and limited social support among adolescent mothers in Zimbabwe. Chingono et al. (2022) further demonstrated the mental-health vulnerabilities experienced by adolescent mothers in Harare, highlighting the interplay of motherhood, financial insecurity, social stigma and other psychosocial challenges. Evidence of studies from other studies also suggests that social and interpersonal circumstances, including partner support, violence and socioeconomic conditions are associated with psychological vulnerability among pregnant and parenting adolescent girls (Ajayi & Chamdimba, 2023).

Taken together, these studies suggest that adolescent motherhood should be understood not only in relation to pregnancy and parenting, but also within the wider social, developmental and socioeconomic contexts in which young mothers live. These intersecting challenges may increase vulnerability to psychological distress while also influencing access to social and mental-health support.

Psychological Distress and Anxiety

Adolescent motherhood has been associated with mental-health challenges, including depressive symptoms and psychological distress. Mbawa et al. (2018) reported a higher prevalence of postpartum depression among adolescent mothers than adult mothers in Mashonaland Central and Bulawayo provinces of Zimbabwe, with prevalence rates of 13.0% and 7.2%, respectively. This difference highlights the importance of examining the psychological experiences of adolescent mothers within their particular social and economic contexts. Chingono et al. (2022) further documented emotional and psychosocial challenges among vulnerable adolescent mothers in Harare, including emotional pain, social rejection and the need for supportive spaces.

These challenges may be influenced by limitations in mental-health service provision, including shortages of specialist services, inadequate financing and unequal access to appropriate care. (Wainaina et al., 2021). Such constraints may limit opportunities for adolescent mothers experiencing psychological distress to obtain appropriate mental health support. Furthermore, depressive and anxiety symptoms may affect social functioning, educational participation, interpersonal relationships and health-related behaviours (Chingono et al., 2022). Taken together, these findings highlight the importance of examining mental-health challenges among adolescent mothers alongside the social circumstances and support systems that may influence their psychological well-being and coping responses.

Socioeconomic Vulnerability and Education

Adolescent pregnancy in Zimbabwe is shaped by socioeconomic and geographical inequality. The National Assessment of Adolescent Pregnancies highlighted socioeconomic inequalities in adolescent childbearing, with higher levels reported among adolescents from poorer households and rural areas (Government of Zimbabwe & United Nations Population Fund, 2023). These inequalities provide an important context for understanding the circumstances in which adolescent mothers navigate parenting and their own educational and economic needs. Economic disadvantage may restrict access to education, healthcare, childcare, employment opportunities and other forms of support, thereby increasing challenges after becoming a mother. Adolescent motherhood may consequently contribute to disrupted education and continued socioeconomic disadvantage. Kurevakwesu et al. (2023) identified early pregnancy as a contributor to school dropout among girls in Zimbabwe and highlighted the importance of reintegrating pregnant girls and adolescent mothers into the education system. Interrupted education may limit opportunities for further qualifications and future employment, potentially increasing financial vulnerability. Muthelo et al. (2024) reported that pregnant and

parenting teenagers face additional challenges after giving birth, including lower educational attainment, lower incomes and higher unemployment rates. These challenges may restrict young mothers' opportunities to achieve financial independence and meet the needs of their children. Taken together, these studies highlight the interconnected educational and socioeconomic challenges that may shape adolescent mothers' experiences. Financial insecurity and barriers to continuing education may also create additional stress as young mothers navigate parenting responsibilities. Understanding these circumstances is therefore important when exploring the mental-health challenges and coping strategies of adolescent mothers in Bulawayo, Zimbabwe.

Stigma and Social Exclusion

Stigma is another critical social process that shapes the experiences of adolescent mothers. Goffman (1963) describes stigma as a socially discrediting attribute that can lead others to view an individual as failing to conform to prevailing social expectations. Violating age-specific cultural norms around sexuality and parenting strongly shapes how young mothers are perceived by relatives, peers and community members. Social isolation and stigma among adolescent mothers have been documented in Zimbabwe.

These dynamics manifest as negative labelling, blame, gossip, rejection, discrimination and exclusion within families, peer groups, schools, healthcare settings and wider communities, contributing to social isolation and emotional distress (Chingono et al., 2022; Ellis-Sloan, 2014). Stigma may also deter help-seeking when young mothers anticipate judgment or rejection from others (Ellis-Sloan, 2014). Therefore, the psychological experiences of adolescent mothers cannot be understood independently of the social environments in which motherhood occurs.

Coping Mechanisms

The social and economic challenges associated with adolescent motherhood may also shape the coping responses that young mothers use when experiencing stress. Coping refers to cognitive, emotional, behavioural and social efforts to manage difficult circumstances (Carver, 1997). Adolescent mothers may draw on support-seeking, spirituality, problem-solving and other strategies when managing the demands of motherhood (Chingono et al., 2022; Kotoh et al., 2022). Community-based and peer-support approaches may provide opportunities for young mothers to share experiences, reduce isolation and access psychosocial support (Chingono et al., 2022; Tinago et al., 2021; Tinago et al., 2023). However, the availability and usefulness of these forms of support may vary by family circumstances, economic conditions and community attitudes.

Although research has increasingly examined adolescent maternal mental health, the evidence base remains limited regarding the intersection of mental health symptoms, stigma and coping strategies among adolescent mothers in Zimbabwe, particularly in Bulawayo. While foundational local studies have established baselines for postpartum depression (Mbawa et al., 2018) and the utility of peer networks (Tinago et al., 2021; Tinago et al., 2023), context-specific evidence on how these symptoms interact with day-to-day coping mechanisms is still scarce (Kotoh et al., 2022). The study therefore explored mental health challenges and coping strategies among adolescent mothers in Bulawayo, Zimbabwe, with particular attention to stigma and social support.

THEORETICAL FRAMEWORK

We integrated Goffman's Stigma Theory and Bronfenbrenner's Ecological Systems Theory to interpret the psychological experiences of adolescent mothers in relation to both social identity and stigma and the wider environments in which their experiences occur. Goffman's Stigma Theory was used to understand how adolescent motherhood may become a socially discrediting identity and how experiences of exclusion, differential treatment and negative social judgment may influence psychological well-being (Goffman, 1963).

It provided a lens for understanding experiences of differential treatment, exclusion and negative social judgment. Bronfenbrenner's Ecological Systems Theory went further to enable us situate the experiences of adolescent mothers within interconnected social systems that may provide or constrain support and resources (Bronfenbrenner, 1994).

METHODOLOGY

Research Design

A quantitative cross-sectional survey design was used. The design enabled the study to describe mental health symptoms, experiences of stigma and selected coping responses at one time point.

Participants and Sampling

The study population comprised adolescent mothers aged 13-19 years who attended a community-based adolescent mother support programme in Bulawayo and had given birth within the previous two years. Eligible participants were identified through the programme and recruited using purposive sampling to ensure inclusion of adolescent mothers with recent childbirth experience. All selected participants who agreed to participate were enrolled, resulting in a final sample of 55 adolescent mothers.

Data Collection Instruments

A structured self-administered questionnaire was used. It contained demographic and socioeconomic questions, mental health screening measures and questions concerning coping. The PHQ-4 is a brief screening measure combining anxiety and depression items (Kroenke et al., 2009). The Generalized Anxiety Disorder-7 (GAD-7) tool was used to assess anxiety symptoms (Spitzer et al., 2006). Coping was assessed using questions informed by the Brief COPE framework, including social support, spiritual coping and substance use.

Validity and Reliability

A pilot group of 20 adolescent mothers was used for split-half reliability procedures, while 10 participants were involved in assessing whether questionnaire items were understandable and relevant to their experiences.

Data Analysis

Data were cleaned and coded before analysis. Descriptive statistics, primarily frequencies and percentages, were used to summarise mental health symptom categories, stigma-related experiences and coping responses. Because the design was cross-sectional and the analysis was primarily descriptive, the findings do not establish causal relationships.

RESULTS

Participants: A total number of 55 adolescent mothers participated. Their ages were distributed as follows: 19; 17-18; 15-16; 13-14. Regarding education, 67.3% had reached secondary school but had not completed it, while 32.7% had completed secondary school to O-level.

Beliefs about continuing education or work: Most participants (70.9%) believed that they could continue their education or work; 21.8% were uncertain and 7.3% did not believe they could.

Psychological Distress

Psychological distress was assessed using the total score of the Patient Health Questionnaire-4 (PHQ-4), which combines symptoms of anxiety and depression. Of the 55 participants, 96.4% reported some level of psychological distress and 58.2% fell within the moderate-to-severe categories. Specifically, 21 participants (38.2%) were classified as experiencing mild psychological distress, 20 (36.4%) moderate psychological distress and 12 (21.8%) severe psychological distress. Two participants (3.6%) fell within the normal range (see Table 1).

Table 1. Distribution of psychological distress categories among adolescent mothers attending a community-based adolescent-mother support programme in Bulawayo, Zimbabwe (N = 55)

Psychological distress category	n	%
None	2	3.6
Mild	21	38.2
Moderate	20	36.4
Severe	12	21.8
Total	55	100

Anxiety Symptoms

Anxiety symptoms were also highly prevalent. Overall, 98.2% recorded at least mild anxiety symptoms. Twenty-four participants (43.6%) were classified in the mild range and 24 (43.6%) in the moderate range. Six participants (10.9%) were in the severe range, while one participant (1.8%) was in the minimal range. Table 2 presents the anxiety symptom categories.

Table 2. Distribution of anxiety symptom categories among adolescent mothers attending a community-based adolescent-mother support programme in Bulawayo, Zimbabwe (N = 55)

Anxiety category	n	%
Minimal	1	1.8
Mild	24	43.6
Moderate	24	43.6
Severe	6	10.9
Total	55	100

Stigma and Social Exclusion

Experiences of stigma and exclusion were widespread. The study found that 85.5% of participants reported being treated differently because they were young mothers. Similarly, 96.4% reported exclusion from family or community events. These findings indicate substantial experiences of social marginalisation within the study group. Table 3 summarises the reported stigma and exclusion indicators.

Table 3. Reported experiences of stigma and social exclusion among adolescent mothers attending a community-based adolescent-mother support programme in Bulawayo, Zimbabwe (N = 55)

Indicator	Yes, n (%)
Treated differently because of being a young mother	47 (85.5)
Excluded from family or community events	53 (96.4)

Coping Strategies

Nearly half of the participants (49.1%) reported that they talked to a friend, family member or health worker when stressed, while 50.9% did not. Spiritual coping was more frequently reported: 61.8% indicated that they prayed or sought spiritual support. At the same time, 40.0% reported using alcohol or drugs to cope with stress. Table 4 presents the reported coping mechanisms.

Table 4. Reported coping mechanisms of adolescent mothers attending a community-based adolescent-mother support programme in Bulawayo, Zimbabwe (N = 55)

Coping mechanism	Yes, n (%)	No, n (%)	Total
Talk to someone when stressed	27 (49.1)	28 (50.9)	55
Pray/seek spiritual support	34 (61.8)	21 (38.2)	55
Use alcohol/drugs to cope	22 (40.0)	33 (60.0)	55

Socioeconomic Context

90.9% of the participants reported that their households sometimes or always struggled to meet basic needs, while 9.1% reported such difficulties rarely. Sources of income included remittances (61.8%), informal trading (29.1%) and agriculture (9.1%). These patterns indicate that financial dependence and limited economic opportunities formed part of the broader context in which adolescent mothers were managing psychological and caregiving demands.

DISCUSSION

The study identified a substantial burden of psychological symptoms among adolescent mothers in Bulawayo. More than half of the participants had moderate-to-severe depressive symptoms, while nearly all recorded at least mild anxiety symptoms. In addition, stigma and social exclusion were prominent, as was economic vulnerability. Helpful and potentially harmful coping strategies were identified in this study population.

Depressive symptoms and anxiety were high in this adolescent mothers in Bulawayo. The prevalence observed in our study was much higher than observed by Ajayi et al. (2023) in Burkina Faso (18.8%) and Malawi (14.5%), indicating greater vulnerability to mental health challenges among pregnant and vulnerable young mothers in Bulawayo. Other studies in Zimbabwe have also documented postpartum depression among adolescent mothers in Harare, Bulawayo and Mashonaland Central and significant psychosocial needs among vulnerable mothers. Notably, adolescent mothers had higher prevalence of postpartum depression (13% compared to adult mothers (Mbawa et al., 2018; Chingono et al., 2022).

While these results only reflect results of screening rather than clinical diagnoses, the high symptom burden indicates a deep, underlying public health burden that often goes unnoticed. Untreated mental health difficulties may have broader consequences for individuals' physical health, educational attainment and future opportunities. The importance of accessible assessment, psychosocial support and appropriate referral pathways for adolescent mothers experiencing significant distress can therefore not be ignored.

Stigma and social exclusion were prominent in the present study. Most participants reported exclusion from family or community events and more than four in five reported differential treatment because of their age and motherhood status. This pattern is consistent with Zimbabwean research documenting social isolation and stigma among adolescent mothers and examining peer support as a potential response (Tinago et al., 2021). From a Goffman perspective, these experiences can be understood as processes through which adolescent motherhood may become associated with a devalued social identity (Goffman, 1963).

The coping findings reveal both potentially protective and potentially harmful responses. Prayer or spiritual support was reported by at least 3 out of each 5 participants, suggesting that spirituality may constitute an accessible source of meaning, hope and emotional support within this group. Social support was less consistently used, with only 49.1% reporting that they talked to someone when stressed. Qualitative research among pregnant adolescents has similarly identified social and faith-related resources as part of coping with pregnancy-related challenges (Kotoh et al., 2022). While spiritual coping can provide a source of hope and emotional support, negative spiritual coping such as unresolved guilt for falling pregnant during adolescence may exacerbate depressive symptoms (Bonelli et al., 2012). In addition, social support can provide relief from loneliness, create a sense of belonging and positive self-worth (Li et al., 2023). Investing in more social support systems can contribute towards relieving the burden of depressive symptoms among adolescent mothers. The report that 40.0% used alcohol or drugs to cope with stress requires attention. While the present study does not establish that substance use was caused by depression, anxiety or stigma, the finding identifies a

potentially important area for screening and intervention. Future research should examine the type, frequency and context of reported substance use rather than treating all reported substance use as equivalent.

Economic vulnerability provides another important context for understanding the findings. Reliance on remittances and informal trade suggests that some adolescent mothers may have limited control over household resources and few stable opportunities for education or employment. Research among adolescent mothers in South Africa has similarly described the financial and emotional responsibilities associated with motherhood and concerns about future aspirations (Govender et al., 2020). Other studies have also highlighted the relationship between family support, educational circumstances and mental health among adolescent mothers (Ajayi et al., 2023). Social support systems that encourage continued education of adolescent mothers and economic empowerment needs to continue to be encouraged.

Findings in this study support a multilevel understanding of adolescent maternal mental health. Individual screening and counselling may be necessary but are unlikely to address all of the factors identified. Community-based peer support, stigma-reduction initiatives and educational support can complement individual psychosocial care. Research in Zimbabwe has documented the feasibility of community-based peer support for reducing social isolation and stigma. (Chingono et al., 2022), while a systematic review has highlighted the need for psychosocial interventions specifically designed for pregnant adolescents and adolescent parents (Laurenzi et al., 2020)

Implications for Practice

Mental health screening can be integrated into adolescent-friendly antenatal and postnatal services, with clear referral pathways for young mothers who report significant symptoms. Peer-support approaches can provide opportunities for adolescent mothers to discuss experiences without fear of judgment, consistent with evidence from Zimbabwe on community-based peer support (Tinago et al., 2021; Tinago et al., 2024). Stigma-reduction activities should involve families, schools, health workers, community leaders and other trusted structures, rather than placing responsibility for adjustment solely on the adolescent mother. Educational and economic support should also be integrated into psychosocial responses, as financial insecurity and disrupted educational trajectories may compound psychosocial difficulties (Govender et al., 2020; Kurevakwesu et al., 2023). Culturally meaningful sources of support, including spirituality, can be recognized while ensuring that spiritual support complements rather than replaces appropriate mental health care.

Limitations

The study is not without limitations. The sample was relatively small (N = 55) and drawn from a single community-based programme in urban Bulawayo, limiting generalisability. Data were self-reported and concerned sensitive issues such as mental health, stigma and substance use, creating the possibility of social desirability and underreporting. The cross-sectional design prevents conclusions about causality or changes over time. Marital status was not collected. Given the relevance of child marriage in this setting, future studies should measure it.

CONCLUSION

Adolescent mothers in this Bulawayo sample experienced a substantial burden of depressive and anxiety symptoms alongside widespread stigma and social exclusion. Participants also reported spirituality and interpersonal support as coping resources, while a notable proportion reported alcohol or drug use as a coping response. The coexistence of psychological symptoms, social marginalisation and economic vulnerability supports an ecological approach to adolescent maternal mental health. Future interventions should extend beyond individual counselling to include routine screening, accessible psychosocial care, peer support, stigma reduction, educational opportunities and economic strengthening. Larger and longitudinal studies are needed to clarify how mental health symptoms, stigma and coping change across the transition to motherhood.

Ethical Considerations

Institutional permission to access participants and collect data was formally authorized by the director of the

community-based organization. Written informed consent was obtained directly from participants aged 18 and 19 years. For mothers under the age of 18, parental or legal guardian consent was secured alongside written individual assent for the minor. All participants were fully informed of the voluntary nature of the study, their right to withdraw at any stage without consequence and the measures taken to maintain strict confidentiality.

Declaration of Conflict of Interest

The authors declare no conflict of interest.

Data Availability

The data supporting the findings of this study are not publicly available because they contain sensitive information concerning adolescent participants. Data may be considered for controlled access where appropriate and subject to the relevant ethical and confidentiality requirements.

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