Mental health needs among pregnant and parenting adolescent girls and young women in South Africa: A scoping review

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Abstract

Teenage pregnancy and parenting pose a greater risk of developing mental health problems among pregnant and parenting adolescent girls and young women. We report on a scoping review of peer-reviewed articles to identify mental health needs and challenges among pregnant and parenting adolescent girls and young women. We adopted only five steps of the Arksey and O'Malley framework to facilitate the scoping review of 125 articles published between July 2002 and August 2022 from these databases (MEDLINE, SABINET, EBSCOhost, Science Direct) using search syntax. Major themes emerged from the thematic content analysis: challenges experienced by pregnant and parenting adolescent girls and young women and the recommended interventions, factors associated with mental health in pregnant women and parenting adolescent girls and young women, and the implications of mental health problems. Mental health challenges, among others, include depression, stress and anxiety, post-traumatic stress disorders, and suicidal thoughts. Limited mental health interventions are provided to the group, including social support, parental coaching and counselling, and guidance, which translates to an imbalance between targeted mental health interventions and mental health challenges. We recommend involvement and education of the community on social support, development of digital health programs and integration of mental health services amongst schools, clinics, and community development to support pregnant and parenting adolescent girls and young women.

Keywords: Pregnant adolescents, adolescent mothers, mental health needs

Résumé

La grossesse et la parentalité chez les adolescentes présentent un risque accru de développer des problèmes de santé mentale chez les adolescentes et les jeunes femmes enceintes et parentales. Nous rendons compte d'un examen de la portée d'articles évalués par des pairs pour identifier les besoins et les défis en matière de santé mentale chez les adolescentes et les jeunes femmes enceintes et parentales. Nous avons adopté seulement cinq étapes du cadre d'Arksey et O'Malley pour faciliter l'examen de la portée de 125 articles publiés entre juillet 2002 et août 2022 à partir de ces bases de données (MEDLINE, SABINET, EBSCOhost, Science Direct) en utilisant la syntaxe de recherche. Des thèmes majeurs ont émergé de l'analyse du contenu thématique : défis rencontrés par les adolescentes et les jeunes femmes enceintes et parentales et les interventions recommandées, les facteurs associés à la santé mentale chez les femmes enceintes et adolescentes et les jeunes femmes parentales, et les implications des problèmes de santé mentale. Les problèmes de santé mentale, entre autres, comprennent la dépression, le stress et l'anxiété, les troubles de stress post-traumatique et les pensées suicidaires. Des interventions limitées en santé mentale sont fournies au groupe, y compris un soutien social, un encadrement et des conseils parentaux et des conseils, ce qui se traduit par un déséquilibre entre les interventions ciblées en santé mentale et les problèmes de santé mentale. Nous recommandons l'implication et l'éducation de la communauté sur le soutien social, le développement de programmes de santé numérique et l'intégration des services de santé mentale dans les écoles, les cliniques et le développement communautaire pour soutenir les adolescentes et les jeunes femmes enceintes et parentales.

Mots-clés: Adolescentes enceintes, mères adolescentes, besoins en santé mentale

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Introduction

Adolescent pregnancy is a significant global public health problem in high, middle- and low-income countries. Adolescent pregnancies are more likely to occur in marginalised communities, with social difficulties commonly driven by a lack of education, employment opportunities, and poverty. Approximately 16 million girls aged 15 to 19 and 2 million girls under 15 give birth yearly, accounting for 11% of births worldwide. In developing countries, 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth yearly.

Adolescent mothers aged 17 years and younger in South Africa (SA) accounted for approximately 33 899 births in 2020. In addition, over 600 adolescents aged 10-13 years (including late birth registrations) gave birth in 2020. Maternal complications associated with early pregnancy and motherhood result in babies' low survival rates. In 2021, the SA parliament was concerned about the pregnancy rate amongst adolescent school girls, which was reported to ‘remain unacceptably high, with more than 36,000 babies delivered to girls aged 10 to 19 in the first quarter of 2021’. It cannot be overlooked that these adolescent girls are still in the developing stage. Therefore, the incidence of early pregnancy and motherhood forces many adolescent girls to prematurely take on an adult role which they are not emotionally or physically prepared for.

Adolescent pregnancy is a serious problem that has worsened over the past five years in all provinces and every year. Adolescents aged 10-19 represent a significant proportion of the population at 17.4%, contributing to 2.1% of the total mortality. The health and well-being of adolescents are of particular importance in society as they represent the future workforce and contributors to potential economic productivity. Adolescence is a crucial period associated with multiple factors that affect mental health. While mental health has gained recognition as a significant public health concern, pregnant and parenting adolescent girls and young women are at greater risk for developing mental health problems during pregnancy and after birth. This is due to three main reasons: Adolescence is a transitional stage characterized by biological, psychological, and social changes; pregnancy and parenting interfere with normative developmental processes, and the dual biological transitions of adolescence and pregnancy may increase individuals’ mental and physical vulnerability.

The responsibilities and demands of parenting, lack of knowledge about child development and social support for pregnant and parenting adolescent girls and young women are associated with high stress, depression, and anxiety. These adversely affect the pregnancy and negatively influence future relationships between the mother and her baby. Mental health problems adversely affect adolescent mothers' functioning and parenting behaviour and increase the risk of behavioural issues in their offspring. Therefore, the question is, what are the available services to address the mental health needs of adolescents during pregnancy and parenting?

As a consequence of adolescent pregnancy, pregnant teenagers experience mental health challenges. Several studies also noted that adolescent girls and young women (AGYW) might experience mental health associated, with sexual and reproductive health, including pregnancy. Additionally, a study by Duby et al. indicated that the AGYW face various problems. According to WHO, approximately 3.6% of adolescents aged 10 to 14 years and 4.6% aged 15 to 19-year-olds experience an anxiety disorder, while about 1.1% of adolescents aged 10-14 years and 2.8% of 15-19-year-olds experience depression.

Studies show that Adolescent mothers experience higher rates of depression, both prenatally and postpartum, than non-pregnant adolescents and adult mothers. In addition, the rate of depression in adolescent mothers is estimated to be between 16% and 44%, and the rate of depression among non-pregnant adolescents and adult women ranges between 5% and 20%. Furthermore, literature revealed a gap in mental health service use among pregnant and parenting adolescent girls and young women. Further, there is limited data on mental health service use among low-income pregnant and parenting adolescents, especially in families from different cultural backgrounds. Additionally, Duby et al. emphasise that mental health issues are defined differently across settings and socio-cultural contexts. They further argued that mental health
interventions are needed and should be contextually relevant to this population because implications of mental health problems among pregnant and parenting adolescents increase vulnerability to mental health and sexual and reproductive health problems. Therefore, this suggests that pregnant and parenting adolescents face substantial barriers to accessing mental health services to meet their needs. Hence this review aims to identify the gaps in addressing mental health needs among adolescent mothers in SA.

**Aim and objectives**

This study aimed to conduct a scoping review of the peer-reviewed literature to identify mental health needs and challenges amongst pregnant and parenting adolescent girls and young women aged 10 to 30 years. The pursuing research queries were looked into:

- What mental health challenges are experienced by pregnant and parenting adolescent mothers?
- What are the implications of mental health problems among pregnant adolescents and parenting mothers?
- What are the available interventions/strategies to address mental health problems amongst pregnant adolescents and mothers?

**Methods**

A scoping review methodology was chosen to synthesize knowledge by identifying key research concepts, gaps, and evidence to inform research in health practice and policymaking. Additionally, scoping reviews utilize rigorous methods to identify and analyze relevant research from heterogeneous and methodologically diverse pieces of evidence. This study used a systematic approach to review and synthesize literature about gaps in the literature addressing mental health needs and interventions thereof amongst pregnant and parenting adolescents in SA. We adopted only five of the six steps of the Arksey and O’Malley framework to achieve the study purpose.

**Step 1: Identifying the research question**

Although there is vast global literature regarding the mental health needs of pregnant and parenting adolescents, we noted few studies conducted in South Africa to address the socio-economic and health challenges among pregnant and parenting adolescents. The main review question was, ‘What are the gaps and interventions in addressing the mental health needs of pregnant and parenting adolescents in South Africa?’

The abstract screening was done to refine and consistently apply the inclusion and exclusion Levac et al., based on the scoping review aims and objectives. A review team of ten reviewers experienced in quantitative and qualitative research jointly reviewed 122 articles that met the inclusion criteria. The team screened all titles and abstracts, which were recorded on the excel spreadsheet while noting reasons for excluding other articles. To validate the accuracy of the reviews, the group further discussed articles where decisions were unclear and retrieving full texts where necessary.

**Step 2: Search strategy**

We included primary and secondary evidence to understand the topic and methodology better. We designed the search strategy to find all articles about the mental health needs of Pregnant and Parenting adolescents aged 25 years and below. The subject librarian and the review team conducted a search process of studies from the 1st of July 2022 until 28 August 2022. Using the search syntax, studies were obtained from the four databases (MEDLINE, SABINET, EBSCOHOST, Science Direct). We identified relevant studies using keywords such as mental health challenges, adolescents/teenage mothers, adolescents/teenage pregnancy, mental health needs, pregnancy, parenting, and mental health needs. The search keywords were limited to only two disciplines (health and social sciences).

The included articles had to be written in English and published not longer than 20 years ago. We used Google advanced search and configured it to search article titles including a keyword such as mental health in adolescents, with at least one of the words in the article touching on adolescent/teenage pregnancy and adolescent/teenage parenting. We also searched PubMed for articles yet to be indexed for Google Scholar and South African National Electronic Theses and Dissertation Portal for grey literature.
**Step 3: Article selection**

**Screening and selection procedures**

The review team tabulated the search results in Microsoft Excel™, removed duplicates, and applied the following inclusion and exclusion criteria:

**Inclusion criteria**

The review included all studies written and published in English within the past 20 years. Articles with all the keywords or at least one word (mental health, adolescents, pregnant, mother or parenting) in the title were included. All studies focused on mental health illnesses such as depression, stress and anxiety, post-traumatic stress disorders, and suicidal thoughts, their causes, needs, challenges, or interventions amongst pregnant and parenting adolescent girls and young women aged below 10 to 30 years were reviewed.

**Exclusion criteria**

The following studies were excluded from the review:
- Studies that did not specifically address pregnant and parenting issues of adolescent girls or young women.
- Studies that did not include pregnant and parenting adolescent girls or young women in their population.
- Those that did not contribute information on mental health illness causes, needs, interventions or challenges.
- Studies involving adults were excluded because they cannot be used to discern mental health causes relating to adolescents.
- Articles not available in the English language.
- Full-text articles that could not be retrieved.
- Studies published over 20 years ago.

**Step 4: Recording of data**

We created a custom Microsoft Excel spreadsheet for data recording of the reviewed articles and checked the data extraction accuracy. The Microsoft Excel spreadsheet included study demographics, methodology, mental health challenges, needs, interventions, study objectives, and limitations.

**Step 5: Collating, summarizing, and reporting results**

The review team tabulated critical information from included studies and quantified their characteristics. They then synthesized research findings thematically. By discussing the thematic codes, the reviewers developed a thematic framework, which M.O.M. applied to the remaining articles, and L.M. checked the coding accuracy in all articles. M.O.M. and L.N.M. quantified codes using NVivo word clouds to give a sense of the relative importance attached to the causes of mental health and the needs thereof, as described in the literature. We then developed themes, which were agreed upon by all reviewers.

**Step 6: Patient and public involvement**

We did not involve patients or families in conducting this review. This part of the review was aimed at mapping out the mental health needs of pregnant and parenting adolescent girls and young women to inform the data collection process for the project.

**Results**

Table 1 summarises the characteristics of the articles selected for use in this review. The table clarifies the features of the articles in terms of the year of publication, the country of study, methodological details employed in the study, the analysis used, and the part of the article where review information was sourced from. Further, twelve articles (12) were included after two reviewers (L.M and L.N.M) identified more articles through manual hand-searching reference lists.

The data in Table 1 illustrates that most of the articles (n=30.95%) included in the review were from studies published between 2002 and 2013, most of which were conducted in the United States of America (USA). In addition, systematic review articles (33.33%) had the highest frequency compared to other study types. Table 2 shows the list of articles included in the review. The table is arranged...
Challenges experienced by pregnant and parenting adolescent girls and young women.

In addressing this first theme of challenges experienced by the pregnant and parenting adolescent. The following subthemes emerged from the synthesis; 1.1) Mental health problems experienced by pregnant and parenting adolescent girls and young women; 1.2) health service-related challenges affecting pregnant and parenting adolescent girls and young women; 1.3) parenting effects associated with mental health issues in parenting; 1.4) factors related to mental health in pregnant and parenting adolescent girls and young women.

Mental health problems experienced by pregnant and parenting adolescent girls and young women

The reviewed studies illustrated that pregnant and parenting adolescent girls and young women are vulnerable to mental health problems. Notable is the prevalence of mental health problems among pregnant and parenting adolescent girls and young women such as depression, stress and anxiety, post-traumatic stress disorders, and suicidal thoughts, were dominant among the reviewed articles. For instance, most studies reported stress and anxiety, post-traumatic stress disorders, and suicidal thoughts that occur during pregnancy and the post-natal period among adolescents as influenced by various socio-cultural and economic factors. The feeling of depression was associated with denial of pregnancy, lack of parental support or failure to
meet their unique needs, unfriendly adolescent services experienced in public health institutions, lack of confidentiality by healthcare workers and judgemental healthcare workers’ attitudes33.

Legislature-related challenges are affecting pregnant and parenting adolescent girls and young women

South Africa is democratic, with several laws, legislations and constitutions that protect human rights and address mental health problems. For instance, the South African Bill of Rights of 1994 is the cornerstone of democracy. It protects the rights of all people in the country by affirming the democratic values of human dignity, equality, and freedom. The mental healthcare Act 17 of 2002 aims to provide care, treatment and rehabilitation of persons who are mentally ill, and the children’s Act 38 of 2005, which aims at giving effect to certain rights of children as contained in the bill of rights. Even though these are in place, the literature reveals that challenges play a role in the mental well-being of pregnant and parenting adolescents, including the lack of legal and cultural protection, the denial of fundamental human rights, and the lack of comprehensive sexuality education39.

Parenting effects associated with mental health issues in adolescents

Low social and economic status is associated with developing mental disorders in children and adolescents in low-and-middle-income countries (LMICs). It has been noted to contribute to poor mental health, harsh parenting, high childbearing regret and parenting stress, and lack of parental counselling and guidance55,57. Additionally, lack of emotional support from family and partners and financial insecurities plays a role16. Furthermore, pregnant and parenting adolescents often experience the absence of social support, leaving them to feel all alone. These have been witnessed to be prevalent both at home and during antenatal appointments42.

Factors associated with mental health in pregnant and parenting adolescent girls and young women

Psychosocial challenges

Psychosocial challenges such as denial of the pregnancy, high childbearing regrets, lack of birth preparedness, unplanned pregnancies, being
Table 2: Summary of Included studies

<table>
<thead>
<tr>
<th>Study Details</th>
<th>First Author</th>
<th>Year</th>
<th>Country</th>
<th>Design Study Design</th>
<th>Context</th>
<th>Data Source</th>
<th>Age Group</th>
<th>Study Outcome(s) Needs/Challenges</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhana et al8</td>
<td>2021</td>
<td>Scoping review</td>
<td>Mental health needs</td>
<td>Full paper</td>
<td>10 to 24yrs</td>
<td>Little data addressing mental health treatment in adolescence.</td>
<td>More research is needed to identify evidence-based approaches and corresponding mechanisms for changing sustainable mental health treatment for adolescence.</td>
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<td></td>
</tr>
<tr>
<td>Eboreime et al9</td>
<td>2022</td>
<td>Sub-Saharan Africa</td>
<td>Systematic review</td>
<td>Mental health</td>
<td>Abstract and discussion</td>
<td>10 to 19yrs</td>
<td>Teenage pregnancy, complications, sociocultural norms</td>
<td>Ensure pregnant adolescents receive the mental health services and support they need. Prioritizing the mental health and physical health of the girl child.</td>
<td></td>
</tr>
<tr>
<td>Hodgkinson et al10</td>
<td>2014</td>
<td>USA</td>
<td>Qualitative</td>
<td>Mental health needs</td>
<td>Full paper</td>
<td>15 to 19yrs</td>
<td>Prenatal and postpartum depression, risk of substance abuse, chronic and persistent mood symptoms, posttraumatic stress disorder, interpersonal violence disorder</td>
<td>Cognitive or social-emotional resources for the provision of sensitive and responsive parenting.</td>
<td></td>
</tr>
</tbody>
</table>
### Mental health needs among young women in South Africa

<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Location</th>
<th>Study Design</th>
<th>Study Description</th>
<th>Full paper</th>
<th>Age</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laurenzi, et al(^{14})</td>
<td>2020</td>
<td>Sub-Saharan Africa</td>
<td>Systematic review</td>
<td>Intervention targeting mental health in pregnant adolescent</td>
<td>Full paper</td>
<td>n/a</td>
<td>Identifying the role of mental health within these contexts is critical to disentangling the risks that young parents face: poor mental health can complicate an adolescent’s ability to be resilient, re-enrol in school, plan future pregnancies, and earn an income.</td>
</tr>
<tr>
<td>Duby, et al(^{16})</td>
<td>2021</td>
<td>South Africa</td>
<td>Quantitative</td>
<td>Mental, sexual and reproductive health in adolescents</td>
<td>Full paper</td>
<td>15 to 24yrs</td>
<td>Feelings of stress, anxiety and not being able to cope, even to the point of suicide ideation, associated with unexpected discovery of pregnancy, and parenting responsibilities. Violence in relationships, lack of emotional support from family and partners, and financial insecurity interact to exacerbate adolescent girls and young women. Efforts to address early pregnancy and HIV infection amongst adolescent girls and young women incorporate mental health components. Interventions to improve emotional wellbeing and coping mechanisms for adolescent girls and young women are needed. Understanding the context of mental health is crucial in order to design</td>
</tr>
</tbody>
</table>
vulnerability to poor mental health and sexual and reproductive health outcomes. and implement effective mental health programming. The provision of appropriate psycho-social support to address sexual and reproductive health challenges.

**Mutumba and Harper**\(^1\) 2015 USA Exploration of Bronfenbrenner's Bioecological Systems Theory and the Social Stress Model Mental health Full paper Young key populations (YKP) Lack of concrete data to inform mental health interventions among adolescents Strategies to address the mental wellbeing of young adolescents. Integrated interventions for the multiplicity of risk factors such as protection from physical and mental harm and exploitation. The use of evidence-based practices in establishing programmes. The provision of secure conditions that ensures dignity and promote self-reliance and participation in decision-making processes taken in their regard. serve to oppress young adolescent
<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Location</th>
<th>Study Design</th>
<th>Methodology</th>
<th>Age</th>
<th>Findings</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osok, et al&lt;sup&gt;24&lt;/sup&gt;</td>
<td>2018</td>
<td>Kenya</td>
<td>Qualitative</td>
<td>Mental Health Needs</td>
<td>15 to 19yrs</td>
<td>Lack of basic needs &amp; provision of care. Restricted educational or likelihood opportunities for personal development post pregnancy</td>
<td>The development of more integrated health services for pregnant adolescents. The development of reproductive education and information dissemination. Strategies to improve community members’ knowledge of pregnant adolescents’ mental health issues support needed for 1st time mothers in the 1st six months of parenting</td>
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<tr>
<td>East et al&lt;sup&gt;25&lt;/sup&gt;</td>
<td>2012</td>
<td>USA</td>
<td>Quantitative</td>
<td>Mental health challenges &amp; mental health</td>
<td>15 to 19yrs</td>
<td>Initial difficulties in parenting, frequent depression symptoms, poor mental health and harsh parenting, high childbearing regret and parenting stress</td>
<td>Social support to improve pregnancy and parenting outcomes</td>
</tr>
<tr>
<td>Logsdon et al&lt;sup&gt;26&lt;/sup&gt;</td>
<td>2002</td>
<td>USA</td>
<td>Multisite Review</td>
<td>Mental health needs</td>
<td>n/a</td>
<td>n/a</td>
<td>Social support to improve pregnancy and parenting outcomes</td>
</tr>
<tr>
<td>Berry et al&lt;sup&gt;27&lt;/sup&gt;</td>
<td>2022</td>
<td>South Africa</td>
<td>Quantitative</td>
<td>Mental health challenges</td>
<td>12 to 22yrs</td>
<td>High depression risk rate increased substantial, violence victimization, Recognising the significance of adolescents’ relationships and socio-ecological contexts for the wellbeing of both the adolescents and their children</td>
<td></td>
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<tr>
<td>Xavier et al.</td>
<td>2018</td>
<td>USA</td>
<td>Systematic Review</td>
<td>Mental health</td>
<td>Full paper</td>
<td>&lt;20yrs</td>
<td>Social factors play an important role in the aetiology of poor mental health beyond the postpartum period among women with a teenage pregnancy. Social factors are important in determining long-term mental health of teenage mothers and should be prioritised in prevention and intervention strategies. Future studies should employ age-period-cohort frameworks to disentangle effects of normative patterns and stress accumulation.</td>
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<td>Apolot et al.</td>
<td>2010</td>
<td>Uganda</td>
<td>Qualitative</td>
<td>Mental health, health needs and mental health challenges</td>
<td>Abstract and discussion</td>
<td>15 to 18yrs</td>
<td>Maternal health challenges, psychosocial challenges, physical abuse, denial of basic human rights, unfriendly adolescent services, lack of legal and cultural protection, lack of birth preparedness</td>
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<tr>
<td>Study</td>
<td>Year</td>
<td>Country</td>
<td>Research Design</td>
<td>Methodology</td>
<td>Age Range</td>
<td>Mental Health Needs</td>
<td>Interventions</td>
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<tr>
<td>Estrin et al(^{30})</td>
<td>2019</td>
<td>United Kingdom</td>
<td>Qualitative</td>
<td>Mental health</td>
<td>16 to 24yrs</td>
<td>Anxiety disorders, Homeless or living in emergency accommodation, unemployed or unable to work, unplanned pregnancy, low social support, being a victim of abuse, becoming pregnant</td>
<td>To improve identification and interventions for women experiencing abuse, through training of staff and integrated intervention addressing mental health alongside abuse. Societal and community interventions to address insecure housing, employment and social networks may also reduce the risk of mental health disorders.</td>
</tr>
<tr>
<td>Muzik et al(^{31})</td>
<td>2016</td>
<td>USA</td>
<td>Intervention Program</td>
<td>Mental health services/ intervention</td>
<td>15 to 22yrs</td>
<td>Major depression and post-traumatic stress disorder</td>
<td>Development of comprehensive models such as Mom-power program (important to address the mental health needs of young pregnant mothers)</td>
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<tr>
<td>Mutahi, et al(^{33})</td>
<td>2022</td>
<td>Sub Saharan</td>
<td>Systematic review</td>
<td>Mental health needs</td>
<td>12 to 24yrs</td>
<td>Lack of confidentiality, judgemental health care worker's attitude, lack of services tailored to their unique needs</td>
<td>Lack of services tailored to the</td>
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<tr>
<td>Study</td>
<td>Year</td>
<td>Country</td>
<td>Methodology</td>
<td>Full paper</td>
<td>Sample Size</td>
<td>Mental Health Challenges</td>
<td>Research Findings</td>
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<tr>
<td>Coyne and D’Onofrio*</td>
<td>2012</td>
<td>USA</td>
<td>Mixed method</td>
<td>Full paper</td>
<td>n/a</td>
<td>Mental health challenges and mental health</td>
<td>Poor parental monitoring, poverty, physical neglect, parental psychopathology and criminal history, low socioeconomic status maternal illiteracy, and single parenthood are associated with increased teenage motherhood.</td>
</tr>
<tr>
<td>DeMarco et al**</td>
<td>2021</td>
<td>Canada</td>
<td>Systematic review</td>
<td>Full paper</td>
<td>≤ 19yrs</td>
<td>Mental health challenges</td>
<td>Substance abuse, post traumatic disorder</td>
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<tr>
<td>Study</td>
<td>Year</td>
<td>Country</td>
<td>Study Design</td>
<td>Topic</td>
<td>Study Type</td>
<td>Paper Format</td>
<td>Findings</td>
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<tr>
<td>Meltzer-Brody et al(^{36})</td>
<td>2013</td>
<td>USA</td>
<td>Quantitative</td>
<td>Mental health challenges</td>
<td>Full paper</td>
<td>n/a</td>
<td>A critical need to screen comprehensively adolescent mothers with depressive symptoms, history of trauma and abuse. The development of differentiated and targeted treatment interventions for adolescents, with attention placed on cultural and ethnic factors</td>
</tr>
<tr>
<td>Yakuba and Salisu(^{37})</td>
<td>2018</td>
<td>Sub-Saharan Africa</td>
<td>Quantitative</td>
<td>Adolescent pregnancy</td>
<td>Full paper</td>
<td>n/a</td>
<td>Further research is required on the determinants of adolescent pregnancy in the top five sub-Saharan African countries (i.e., Niger, Mali, Angola, Mozambique, and Guinea). Policymakers and</td>
</tr>
</tbody>
</table>
lack of comprehensive sexuality education, male’s responsibility to buy condoms. Individual factors like the excessive use of alcohol, substance abuse, educational status, low self-esteem, and inability to resist sexual temptation, & curiosity. Health service-related factors e.g., Cost of contraceptives, inadequate and unskilled health workers, long waiting time and lack of privacy at clinics, misconceptions about contraceptives, and non-friendly adolescent reproductive services

<table>
<thead>
<tr>
<th>Roberts</th>
<th>2021</th>
<th>Sub-Saharan Africa</th>
<th>Mixed method</th>
<th>Mental Health &amp; Mental health needs</th>
<th>Full paper</th>
<th>10 to 19yrs</th>
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The absence of research on this topic is a critical evidence gap limiting evidence-based policy and programming responses as well as regional development opportunities.

A need for rigorous evidence regarding the mental health of pregnant and parenting adolescents living with HIV.
<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Country</th>
<th>Methodology</th>
<th>Topic</th>
<th>Age Group</th>
<th>Interventions</th>
<th>Findings and Recommendations</th>
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</thead>
<tbody>
<tr>
<td>Barnet et al.</td>
<td>2002</td>
<td>USA</td>
<td>Randomised trial</td>
<td>Adolescent mothers and mental health, Interventions</td>
<td>12 to 18yrs</td>
<td>Adolescent mothers experience high rates of depression and their children may suffer because of parental inadequacy.</td>
<td>Professional and paraprofessional home visits to foster enhance parenting skills and improve maternal life course. Programmes to identify depressed teens and procedures to engage them in effective treatment.</td>
</tr>
<tr>
<td>Shri, et al.</td>
<td>2022</td>
<td>India</td>
<td>Quantitative</td>
<td>Adolescent parenting</td>
<td>15 to 19yrs</td>
<td>Adverse pregnancy outcomes, and violence contribute to poor pregnancy outcomes in adolescents.</td>
<td>An analysis of adverse pregnancy outcomes amongst to inform public policies &amp; to meet the objectives of the sustainable development goals (SDGs). Improvement of adolescent education on sexual and reproductive rights &amp; access to preferred contraceptive methods. Close monitoring of pregnancy &amp; counselling regarding issues of weight &amp; dietary habits. An understanding of risk factors affecting pregnancy outcomes and maternal death.</td>
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<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Country</td>
<td>Study Design</td>
<td>Focus</td>
<td>Study Group</td>
<td>Mental Health Needs</td>
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<tr>
<td>LePlatte et al.</td>
<td>2012</td>
<td>USA</td>
<td>Qualitative</td>
<td>Mental health and adolescent parents</td>
<td>Full paper</td>
<td>Seeking mental health services is challenging for parenting teenagers. Few programmes that are embedded into primary care settings, are unable to provide comprehensive and integrated care for the medical, social, and psychiatric needs of teenage mothers and their young children.</td>
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<tr>
<td>Moltrecht et al.</td>
<td>2022</td>
<td>UK</td>
<td>Systematic review</td>
<td>Mental health</td>
<td>Abstract</td>
<td>Absence of social support, feeling alone both at home and during antenatal appointments. The importance of supporting both parents during perinatal appointments. Providing parents with mental health support early on. Finding ways to facilitate communication pathways between professionals and parents.</td>
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<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Country</td>
<td>Methodology</td>
<td>Study Design</td>
<td>Mental Health Issues</td>
<td>Abstract and Discussion</td>
<td>Data Range</td>
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<tr>
<td>Sorsdahl et al.</td>
<td>2021</td>
<td>South Africa</td>
<td>Mixed method</td>
<td>Abstract and discussion</td>
<td>Alcohol use, symptoms of depression, self-esteem, social support, family relationship, anxiety, tobacco and other drug abuse, school environment</td>
<td>There is a need to fill an important knowledge gap regarding promising transdiagnostic counselling interventions for at-risk adolescents.</td>
<td>≤ 25 yrs</td>
</tr>
<tr>
<td>Mchunu et al.</td>
<td>2013</td>
<td>South Africa</td>
<td>Cross sectional population-based household survey</td>
<td>Full paper</td>
<td>Adolescent pregnancy interferes with young women's educational attainment, resulting in fewer job opportunities for young women, Parenting stress and social support can impact outcomes experienced by adolescent parents and their children.</td>
<td>There is need to concertise adolescents about the prevalence adolescent pregnancy and associated factors in the South African context. The importance of examining parenting factors (e.g., parenting stress, social support and maternal depression in adolescent parents.</td>
<td>12 to 19 yrs</td>
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<tr>
<td>Huang et al.</td>
<td>2014</td>
<td>USA</td>
<td>Retrospective study</td>
<td>Abstract</td>
<td>Parenting stress and social support can impact outcomes experienced by adolescent parents and their children.</td>
<td>The importance of examining parenting factors (e.g., parenting stress, social support and maternal depression in adolescent parents.</td>
<td>18 yrs</td>
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<tr>
<td>Merikangas, et al.</td>
<td>2010</td>
<td>USA</td>
<td>National comorbidity survey</td>
<td>Abstract</td>
<td>Common mental disorders in adults first emerge in childhood and adolescence</td>
<td>To transition from common focus on treatment of youth to that of prevention and early intervention</td>
<td>13 to 18 yrs</td>
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<tr>
<td>Reference</td>
<td>Year</td>
<td>Country</td>
<td>Study Type</td>
<td>Topic</td>
<td>Findings</td>
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<tr>
<td>Patchen, et al&lt;sup&gt;47&lt;/sup&gt;</td>
<td>2009</td>
<td>USA</td>
<td>Prospective</td>
<td>Mental health</td>
<td>Depression is identified as a risk for rapid repeat childbearing which is defined as experiencing two pregnancies in less than 24 months</td>
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<td>Study</td>
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<td>A need for early screening and treatment of depression for young pregnant adolescents.</td>
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<tr>
<td>Pires et al&lt;sup&gt;48&lt;/sup&gt;</td>
<td>2014</td>
<td>USA</td>
<td>Cross-sectional</td>
<td>Mental health needs</td>
<td>Improving the quality of interrelations and promoting satisfactory support to prevent and treat depressive symptoms during pregnancy. Identification of adolescents with negative perceptions of the impact of pregnancy to help prevent depression and increase quality of life (QoL).</td>
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<tr>
<td>Zhou, et al&lt;sup&gt;49&lt;/sup&gt;</td>
<td>2015</td>
<td>USA</td>
<td>Systematic</td>
<td>Mental health risks for adolescent pregnancy and mental health issues that may emerge during</td>
<td>Psychotherapies are understudied in adolescence. Interpersonal therapy (IPT) and cognitive-behavioural therapy (CBT) should be considered as the best available psychotherapies for depression in...</td>
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<td>Study</td>
<td>Year</td>
<td>Country</td>
<td>Study Design</td>
<td>Study Type</td>
<td>Outcome Measures</td>
<td>Findings</td>
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<tr>
<td>Brown, et al(^5^9)</td>
<td>2012</td>
<td>USA</td>
<td>Prospective</td>
<td>Mental health need and mental challenges</td>
<td>Abstract &lt;19yrs Depression among adolescent mothers</td>
<td>Effective long-term interventions are needed to lessen depression and enhance social support.</td>
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<tr>
<td>Mangeli, et al(^2^1)</td>
<td>2017</td>
<td>Iran</td>
<td>Qualitative</td>
<td>Mental health and mental health challenges</td>
<td>Full paper 19yrs Adolescent mothers experience many physical, psychological, mental, and social challenges.</td>
<td>Special attention and care support from health care providers. A comprehensive understanding of their challenges. The development of culturally appropriate health promotion guidelines and strategies.</td>
<td></td>
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<tr>
<td>Roberts, et al(^5^2)</td>
<td>2022</td>
<td>South Africa</td>
<td>Cross Sectional</td>
<td>Risk factors for poor mental health among adolescent mothers</td>
<td>Full paper &lt;18yrs Identified risk factors for common mental health disorder among adolescent mothers: history of abuse (physical, sexual or verbal); lack of perceived social support, &amp; exposure to community violence</td>
<td>Rigorous intervention research to determine avenues for the reduction of mental health risk factors, and the promotion of protective factors for the mental health burden among adolescent mothers.</td>
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<tr>
<td>Study</td>
<td>Year</td>
<td>Location</td>
<td>Study Design</td>
<td>Methods</td>
<td>Population</td>
<td>Findings</td>
<td>Recommendations</td>
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<tr>
<td>Gbogbo et al.</td>
<td>2020</td>
<td>Ghana</td>
<td>Qualitative</td>
<td>Mental health needs and mental health challenges</td>
<td>10 to 19yrs</td>
<td>Lack of appropriate interventions strategies like counselling and social support for adolescent mothers</td>
<td>Tailor advice and support to their specific circumstances, e.g., their past experiences, ideas, and expectations regarding the role of motherhood.</td>
</tr>
<tr>
<td>Ngum Chi Watts</td>
<td>2015</td>
<td>Australia</td>
<td>Qualitative</td>
<td>Early motherhood &amp; its challenges</td>
<td>17 to 30yrs</td>
<td>Increased responsibilities, social recognition, and a sense of purpose for young mothers. Competing demands of schooling, work and taking care of a baby.</td>
<td>Emerging research to highlight the positive aspects of teen pregnancy and early motherhood. Initiatives and services are required to support young people become parents whilst maintaining broader settlement and life goals.</td>
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<tr>
<td>Kheswa and Pitso; Pitso et al.</td>
<td>2014</td>
<td>South Africa</td>
<td>Systematic review</td>
<td>Mental health challenges and mental health needs</td>
<td>11 to 21yrs</td>
<td>Lack of knowledge and skills during motherhood leading to alcohol use during breastfeeding, a risk for Fetal Alcohol Syndrome (FAS) development in children. Teenage mothers demotivated and felt embarrassed to seek sexual health care, resulting in</td>
<td>Improving their psychological well-being, sex education and counselling, should be provided, at home, schools and health centres.</td>
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<tr>
<td>Reference</td>
<td>Year</td>
<td>Country</td>
<td>Study Type</td>
<td>Focus</td>
<td>Population</td>
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<tr>
<td>Reiss et al</td>
<td>2019</td>
<td>Germany</td>
<td>Prospective BELLA cohort study</td>
<td>Mental health problems and mental health needs</td>
<td>7 to 17yrs</td>
<td>Children from families with low socioeconomic status are at increased risk of suffering from mental health problems. Reduction of socioeconomic inequalities and interventions for families with low parental education might help to reduce children’s mental health problems.</td>
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</tbody>
</table>
pregnant and HIV positive at a young age, and violence were found to contribute to poor mental health and pregnancy outcomes in adolescents. Consequently, these factors have been identified to drive pregnant and parenting adolescent girls and young women towards substance abuse as a coping mechanism, which often leads to poor parenting outcomes.

Sociocultural, environmental, and economic challenges

They are looking at the diversity of the sociocultural, economic and gender inequality experienced in LMICs, including SA. High violence, such as physical abuse, violence in relationships and interpersonal violence disorder, have been observed. These are attributed to the poverty status in most of these countries, and the cultural concepts of arranged marriages. Wherein teenagers as young as 18 years are expected to marry a man older than them. In other instances, young adolescent girls have sexual relations with older men to make ends meet financially.

The implications of mental health problems among pregnant and parenting adolescent girls and young women

The reviewed articles illustrated diverse implications of mental health problems among pregnant and parenting adolescents. The repercussions can be grouped into individual adolescents, adolescent parents, and child-related implications. For instance, some pregnant adolescents were young women vulnerable to poor mental health and sexual and reproductive health outcomes, which restricted them from accessing education or likelihood opportunities for personal development post-pregnancy.

On the other hand, some studies demonstrated implications related to parenting the child as an adolescent, indicating that children may suffer from parental inadequacy or child neglect and self-harm in parenting adolescents. The review also noted that some pregnant and parenting adolescent girls and young women reported pregnancy and parenting challenges, such as mental health problems and their implications on parenting which overwhelmed them to express the desire for suicidal thoughts.

Recommended interventions/strategies to address the mental health needs of pregnant and parenting adolescent girls and young women

Within the literature, several studies recommended interventions and strategies that can be adopted to curb the burden of mental health needs and to address the challenges experienced by pregnant and parenting adolescent girls and young women. The recommendations gave this study a view of the possible interventions that can be adopted considering different factors such as social, environmental, educational, and health-related factors.

Strategies for community engagement and dissemination of information

To improve community members’ knowledge of pregnant adolescents’ mental health issues. Different studies suggested a need to build social awareness among community members regarding their support to improve the psychosocial well-being of adolescents during early motherhood. Osok et al. study recommended developing information dissemination strategies to improve community members’ knowledge of pregnant adolescents’ mental health issues. A study by Laurenzi et al. showed an urgent need to adapt and design new psychosocial interventions that can be pilot-tested and scaled with pregnant and parenting adolescent girls and young women and their extended networks, particularly in LMICs. Social support is essential during pregnancy and motherhood because women seek the encouragement of people around them.
Mabila et al.

Development of an educational program to assist in combating mental health challenges amongst pregnant and parenting adolescent girls and young women in schools and communities

The literature revealed that school and higher education institutions based on mental health interventions have long been identified as a gap in the scaling up of mental health interventions for pregnant and parenting adolescent girls and young women. On the other hand, Osok et al. review study argued that most parental discussions tend to be authoritarian and uni-directional, characterized by vague warnings rather than a direct, open discussion that the adolescents receive and engage in at the school level. Therefore, increasing the engagement of parents and teachers at the school and health facility levels where children are free to communicate and share their ideas or thoughts innocently might help the parents and families to know how to support them, therefore, assisting in curbing the mental health needs of these adolescents.

Establishment of comprehensive care models to address the mental health needs of pregnant and parenting adolescent girls and young women

A study done in South Africa by Kheswa and Pitso and Pitso et al. recommended that there is a need for the development of “Young- Mums- to -Be” courses which should be delivered at the local clinics and government hospitals to provide intensive support and counselling around issues such as postnatal depression, low self-esteem, and destructive family relationships. For instance, in 2014, the Department of Health in SA launched and implemented Mom connect App to improve maternal and child health, which has been successfully implemented and recommended.

Development of an integrated programme for improved pregnant and parenting adolescent-friendly mental health services

Several studies have recommended that scaling up holistic mental health services integrated within school, community, and healthcare settings should be further tailored for this group to ensure privacy, dignity and quality care are offered in a youth-friendly manner. Furthermore, integrating tailored mental health services for pregnant adolescents and young women in sub-Saharan Africa can improve maternal and child health, which is a challenge in SA. Bhana et al. recommended using digital health approaches to integrate mental health treatment into healthcare settings to support more standardized and scalable treatments.

Discussion

This review aimed to identify mental health needs and challenges amongst pregnant and parenting mothers. The review findings indicate mental health problems experienced by pregnant and parenting adolescent girls and young women, which include depression, stress, anxiety, posttraumatic stress disorders and suicidal thoughts. Consequently, several studies have revealed that the prevalence of depression amongst adolescent pregnant and parenting mothers may pose several risks for the children. Such risks might impact the developmental stages of their children and the quality of the mother-to-child relationship. Moreover, a depressed mother might need to be nurtured and cared for, making it difficult to meet her children's emotional and social requirements. Furthermore, mothers who are depressed may be emotionally unavailable and feel a sense of helplessness amid parenting challenges. The review also identified an association between depressed young mothers and their thinking patterns and behaviours. As a result, they tend to see their children’s behaviour negatively and use low rates of reward and high rates of punishment or respond indiscriminately to the child’s behaviours.

The review findings also indicated factors associated with mental health in pregnant and parenting adolescent girls and young women, which include sociocultural, environmental, and economic challenges and psychosocial challenges. It is documented that adolescent parents are mostly found to spend most of their young adult years parenting alone and impoverished. Several studies suggest that many parenting adolescents lack the resources and social support to alleviate stressors. This
then predisposes them to an increased risk of depression, which can either be self-reported or medically diagnosed\textsuperscript{28,30}. These mental health challenges, if not addressed, have been linked to predicted coercive parenting behaviours in adulthood\textsuperscript{25,41,61}. Therefore, social support is needed to improve pregnancy and parenting outcomes\textsuperscript{25,26}. The review also revealed that most adolescent pregnant and parenting mothers lack basic requirements for the provision of appropriate childcare, resulting in the majority being unemployed and living in poverty-stricken communities\textsuperscript{24,34}.

The review findings also indicated restricted educational or likelihood opportunities for personal development post-pregnancy as some of the contributing factors to mental health problems amongst adolescent pregnancy and parenting mothers\textsuperscript{14,24,34}. Estrin et al\textsuperscript{30} studies recommended developing an integrated health and educational programme to meet their mental health needs\textsuperscript{30}. Duby et al\textsuperscript{16}; Yakuba and Salisu\textsuperscript{37} study suggested the provision of adolescent-friendly health services at schools and healthcare centres and the initiation of adolescent empowerment programs could positively impact reducing teenage pregnancy\textsuperscript{16,37}.

In developing countries, early motherhood is a common health issue that requires urgent investigation due to its effects on mothers, children, families, and communities\textsuperscript{51}. The implications of mental health problems among pregnant and parenting adolescent girls and young women increased vulnerability to mental health, sexual and reproductive health problems\textsuperscript{52}. This suggests a need for educational interventions, such as parental coaching, support programs and guidance targeted to pregnant and parenting adolescent girls and young women.

Sustainable Development Goals 3 (SDGs) emphasize ensuring universal access to sexual and reproductive health services, including adolescent-friendly services. Sanders, Divan, Singhal et al\textsuperscript{62} noted to need to improve parenting interventions such as young parental programs, combining parenting school and community-based interventions. Lastly, parenting skills should be expanded to attain sustainable development goals\textsuperscript{62}. Therefore, it is crucial to inform public policies to meet the objectives of the developmental goals.

Several studies recommended interventions and strategies such as community engagement and the establishment of comprehensive care models and integrated educational programmes that can be adopted to curb the burden of mental health needs and to address the challenges experienced by pregnant and parenting adolescent girls and young women\textsuperscript{31,34,36}. Implementing these interventions and policies can assist in improving the health of pregnant and parenting adolescent girls, young women, and their children. The literature revealed limited research and implementation studies, specifically targeting addressing mental health needs amongst pregnant adolescents and teenage mothers in African regions, including South Africa\textsuperscript{33,37}.

It has also been identified that mental health services currently focus more on adults and do not adequately address the mental health needs and challenges experienced by pregnant and parenting adolescent girls and young women\textsuperscript{53}. According to the SA National mental health policy framework and strategic plan 2013-2020, there is considerable inequity in mental health service provision, especially between the private and the public sectors and urban and rural areas\textsuperscript{64}. Furthermore, in SA, there is still a gap in mental health services within community-based mental health services, which are underdeveloped. More importantly, people with mental disorders and disabilities continue to be stigmatized and discriminated against in most aspects of their lives. While mental health services in SA are not fully developed, this indicates the urgent need for the governmental and non-governmental sectors, including the community, to develop and implement mental health services for pregnant and parenting adolescent girls and young women, thereby improving their lives and that of their children. Moreover, Eboreime et al\textsuperscript{9} argued that providing sufficient mental, physical, social and policy support to pregnant adolescents is a significant responsibility that should not be considered a choice\textsuperscript{9}.

Furthermore, Ngum Chi Watts et al\textsuperscript{54} outline that pregnancy in adolescence and early motherhood is associated with struggle and disappointment. It is therefore important for pregnant and parenting adolescent girls and young women to receive some form of social support from
their families, baby’s fathers, friends, and the community. Grandmothers to adolescent mothers and newborns are also known for providing positive reinforcement in the care of children even when they are influenced by popular beliefs. This calls for governmental action and collaborations with other stakeholders such as communities, schools and NGOs to put in educational interventions, such as parental coaching, support programs and guidance targeted to addressing the needs of pregnant and parenting adolescent girls and young women.

Conclusion

The study findings highlight that pregnant and parenting adolescent girls and young women are faced with mental health challenges which include depression, stress and anxiety, post-traumatic stress disorders, suicidal thoughts, denial of pregnancy, high childbearing regrets, lack of birth preparedness, unplanned pregnancies, being pregnant and HIV positive at a young age, and violence as contributory factors of mental health problems for pregnant adolescent and adolescent mothers. According to SDGs goal 3.4. by 2030, all countries are encouraged to have strategies for the promotion of mental health and well-being. However, the study revealed that in SA in SA, there is still a gap in implementing community-based mental health services among adolescent and parenting mothers. Therefore, we recommend that governmental and non-governmental sectors and policymakers develop and implement community-based mental health services for pregnant and parenting adolescent girls and young women, thereby improving their lives and that of their children. Furthermore, there is also a need for governments, policymakers, and stakeholders to enhance parenting interventions such as young parental programs, combining parenting school and community-based interventions. Limited mental health interventions are provided to the group, including social support, parental coaching and counselling, and guidance that translates to an imbalance between targeted mental health interventions and mental health challenges. We recommend involvement and education of the community on social support, development of digital health programs such as mom connect and integration of mental health services amongst schools, clinics, and other relevant community development to support pregnant and parenting adolescent girls and young women.

Acknowledgement

The researchers would like to acknowledge Wits Health Consortium for funding the study and DIMAMO PHRC for providing the necessary infrastructure, which is a part of the South African Population Research Infrastructure Network (SAPRIN). This initiative is hosted by the South African Medical Research Council and receives long-term funding from the National Department of Science and Innovation.

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9. Eboreime E, Ezeokoli A and Adams K and Banke-Thomas A. Prioritizing the mental health needs of pregnant adolescents and young women. Mental health needs among young women in South Africa

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36. Afric...
Mental health needs among young women in South Africa


Mental health needs among young women in South Africa


