Evaluating the Effectiveness of School-Based Support Programmes for Pregnant Teenagers: A Case Study of Bohlabela District, Mpumalanga

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Abstract

Background Adolescent pregnancy remains a persistent challenge in South Africa, particularly in rural areas where socio-economic and cultural barriers compound the educational vulnerabilities of teenage mothers. Despite national policies advocating for the retention and support of pregnant learners, implementation remains inconsistent. This study evaluates the effectiveness of school-based support programmes for pregnant teenagers in the Bohlabela District, Mpumalanga. Methods A qualitative case study approach was employed, involving in-depth interviews with 20 pregnant learners and focus group discussions with 6 educators from two high schools. Data were analysed thematically using Braun and Clarke's framework to explore learners' experiences and institutional responses to their educational needs. Results Findings revealed five major themes: informal and inconsistent programme delivery; academic disengagement because of absenteeism and fatigue; absence of psychosocial support services; pervasive stigma and discrimination; and systemic barriers such as the lack of intersectoral collaboration. While some educators offered ad hoc emotional or academic support, the lack of structured institutional mechanisms hindered continuity of learning and well-being. Conclusion The study highlights a critical gap between policy rhetoric and practical implementation. School-based support for pregnant learners remains fragmented, with negative implications for educational outcomes and emotional health. Effective reintegration requires formalised, multisectoral interventions, stigma reduction strategies, and mental health services within school systems. Strengthening institutional capacity and interdepartmental collaboration is essential to promote equitable educational access for adolescent mothers in rural settings.

Keywords: *Adolescent Pregnancy, School-Based Support, Educational Reintegration, Teenage Mothers, Stigma, Rural South Africa, Learner Well-Being.*

Introduction

Teenage pregnancy remains one of the most significant social and public health challenges globally, particularly in Sub-Saharan Africa, where rates are among the highest in the world. In South Africa, the incidence of teenage pregnancy has been persistently high, with approximately one in five adolescents giving birth before the age of 19 (Department of Basic Education, 2020). This issue is compounded by various socio-economic, cultural, and educational barriers that severely hinder the academic achievement and future opportunities of young mothers. The disruption of education is one of the most direct consequences of teenage pregnancy, affecting not only the pregnant students but also the broader school environment and educational outcomes for the community (Muller & Klocke, 2018).

The impact of teenage pregnancy on academic success is multifaceted, involving both direct and indirect consequences for the affected students. Pregnant teenagers often experience higher rates of school absenteeism because of medical reasons, the need for prenatal care, and stigma related to their pregnancy (Clarke, 2020). Furthermore, the emotional and psychological burden of pregnancy can contribute to lower self-esteem, reduced academic engagement, and a greater likelihood of dropping out of school altogether (Matoti & Louw, 2019). In addition to these immediate effects, teenage mothers face long-term challenges, including limited career opportunities, lower lifetime earnings, and higher risks of poverty and social exclusion (Govender *et al.,* 2020).

Recognising the profound effects of teenage pregnancy on educational outcomes, many schools and educational authorities have implemented school-based support programmes aimed at helping pregnant teenagers continue their education and minimise the impact of pregnancy on academic achievement. These

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programmes typically provide various forms of support, including counselling, peer mentorship, access to childcare facilities, academic tutoring, and health services (Van Schalkwyk, 2021). While such programmes are designed to mitigate the negative consequences of teenage pregnancy, there is a growing need to evaluate their effectiveness in real-world contexts, especially in rural and under-resourced areas like Bohlabela District in Mpumalanga.

Bohlabela District, located in the Limpopo province of South Africa, faces a unique set of challenges when it comes to teenage pregnancy. The district is predominantly rural, with a significant portion of the population living in poverty and facing limited access to healthcare, education, and social services (Mkwananzi, 2022). These socio-economic constraints exacerbate the difficulties pregnant teenagers face in continuing their education. Moreover, traditional gender norms and cultural expectations often stigmatise young mothers, further hindering their access to necessary support and resources (Risenga & Mboweni, 2022). Given these contextual challenges, it is essential to critically assess the support systems in place within Bohlabela's schools and their effectiveness in helping pregnant students succeed academically.

Despite the growing body of literature on school-based interventions for pregnant teenagers, there remains a gap in research focusing on the effectiveness of such programmes in rural South African contexts. Existing studies have primarily focused on urban areas or have been limited to theoretical frameworks without empirical evidence on programme outcomes (De Kock & Ferreira, 2017). This study aims to fill this gap by evaluating the effectiveness of school-based support programmes for pregnant teenagers in Bohlabela District, Mpumalanga, with the goal of providing evidence-based recommendations to improve educational outcomes for young mothers in the region. The study will examine the various support programmes offered, assess their impact on the academic performance and retention rates of pregnant students, and identify the barriers to effective programme implementation.

The significance of this study lies in its potential to inform policies aimed at improving educational support for pregnant teenagers in rural South Africa. By evaluating the real-world effectiveness of support programmes, this research will contribute to the broader discourse on how schools can better support pregnant students and mitigate the negative educational consequences of teenage pregnancy. The findings of this study could also provide valuable insights for policymakers, educators, and community leaders in other parts of the country facing similar challenges.

Literature Review

Teenage Pregnancy and Its Impact on Education

Teenage pregnancy is a critical public health and social issue, particularly in Sub-Saharan Africa, where teenage birth rates are alarmingly high. In South Africa, the prevalence of teenage pregnancy is concerning, with an estimated 20% of girls under 19 years of age giving birth annually (Department of Basic Education, 2020). The consequences of teenage pregnancy are far-reaching, particularly in the context of education. Research consistently shows that teenage mothers are more likely to experience interruptions in their education, lower academic achievement, and higher school dropout rates than their non-pregnant peers (Muller & Klocke, 2018). In South Africa, teenage pregnancy has been identified as one of the leading causes of school dropout, especially in rural areas where access to resources and support systems are limited (Van Schalkwyk, 2021; Stoner *et al.*, 2019).

Pregnant teenagers face numerous challenges that hinder their academic performance. These include increased absenteeism due to medical reasons, stigma and discrimination from peers and teachers, the lack of access to adequate healthcare, and the psychological stress of balancing parenting with school demands (Matoti & Louw, 2019). Such barriers often lead to disengagement from school, lower levels of self-esteem, and a reduced sense of academic self-efficacy, which can further impair their educational attainment and future socio-economic opportunities (Clarke, 2020). In addition, teenage mothers are at a higher risk of experiencing mental health challenges such as depression and anxiety, which can exacerbate the difficulties they face in continuing their education (De Kock & Ferreira, 2017).

School-Based Support Programmes for Pregnant Teenagers

In response to the educational challenges faced by pregnant teenagers, various school-based support programmes have been implemented globally, aiming to assist teenage mothers in continuing their education. These programmes typically provide a range of services, including academic tutoring, counselling, childcare facilities, and health services (Van Schalkwyk, 2021). They are designed to mitigate the negative impact of teenage pregnancy on education and offer the emotional and logistical support necessary for young mothers to stay in school and succeed academically.

Research on the effectiveness of school-based support programmes has demonstrated mixed results. Some studies suggest that support programmes can be highly beneficial in enhancing academic performance and reducing dropout rates (Stoner *et al.*, 2019). For example, a study by Govender *et al.* (2020) found that teenage mothers who received comprehensive support, ranging from childcare services to academic tutoring, had better retention rates and were more likely to graduate from high school. Similarly, Van Schalkwyk (2021) reported that peer support and counselling programmes in South African schools significantly improved the academic outcomes of pregnant students by providing a network of emotional and academic support. These programmes helped teenage mothers manage the emotional challenges associated with pregnancy and maintain their motivation to complete their education.

However, some studies highlight the limitations of existing support programmes, particularly in rural and under-resourced areas. A study by Risenga and Mboweni (2022) found that while school-based programmes in urban areas showed some success in retaining pregnant teenagers, the effectiveness of these programmes in rural regions was limited by insufficient resources, lack of trained staff, and poor implementation. The lack of accessible childcare services, for instance, was cited as a significant barrier to the success of support programmes in rural schools. Additionally, the stigma associated with teenage pregnancy often prevents pregnant students from seeking help or fully participating in school-based support programmes (Matoti & Louw, 2019).

Factors Affecting the Effectiveness of Support Programmes

Several factors influence the success or failure of school-based support programmes for pregnant teenagers. One crucial factor is the availability and quality of resources. According to De Kock and Ferreira (2017), the presence of trained counsellors, health professionals, and peer mentors within schools is critical to the effectiveness of support programmes. Schools that have dedicated resources for teenage mothers, such as health clinics and childcare facilities, tend to have higher retention rates among pregnant students.

Another key factor is the community and cultural context. In rural South African communities, where traditional gender roles and cultural stigmas surrounding teenage pregnancy are more pronounced, pregnant teenagers may be reluctant to engage with support programmes (Risenga & Mboweni, 2022). These cultural barriers can prevent pregnant students from seeking help, and without culturally sensitive interventions, the success of support programmes may be compromised. For example, a study by Mkwananzi *et al.* (2022) found that in some rural districts, pregnant teenagers faced rejection from peers and teachers, which undermined the potential benefits of the support programmes. This highlights the need for programmes to not only provide practical support but also address the cultural and social challenges that teenage mothers face.

Additionally, the role of family support cannot be overlooked. According to Matoti and Louw (2019), family members, particularly mothers, play a critical role in the success of pregnant teenagers in school. In cases where pregnant teenagers have supportive family environments, they are more likely to stay in school and perform better academically. Conversely, a lack of family support, whether due to socio-economic pressures, poor family relationships, or cultural attitudes toward teenage pregnancy, can hinder the success of school-based support programmes.

School-Based Support in South Africa

In South Africa, the implementation of school-based support programmes for pregnant teenagers is a relatively recent development, and much of the existing research focuses on urban areas or more developed regions (Van Schalkwyk, 2021). While there have been positive reports on the success of these programmes in certain urban schools, limited research has focused on the effectiveness of these programmes in rural districts such as Bohlabela in Mpumalanga. Rural areas face unique challenges, including higher rates of poverty, lower levels of educational attainment, and fewer educational resources, all of which exacerbate the difficulties pregnant teenagers face (Mkwananzi et al., 2022).

This lack of research in rural areas underscores the need for studies like the current one, which aim to evaluate the specific support programmes available in Bohlabela District and assess their effectiveness in supporting pregnant teenagers. By doing so, this research will provide valuable insights into the contextual factors that influence the success of school-based support programmes and offer evidence-based recommendations for improving these programmes to ensure that pregnant teenagers in rural South Africa have the support they need to succeed academically.

Methodology

This study employed a qualitative research approach to explore the effectiveness of school-based support programmes for pregnant teenagers in the Bohlabela District of Mpumalanga, South Africa. A qualitative approach was selected owing to its strength in uncovering in-depth insights into the lived experiences, perceptions, and meanings that participants assign to phenomena within their social contexts (Creswell & Poth, 2018). This methodology enabled the researcher to generate a rich, detailed understanding of how adolescent mothers interact with and are affected by support programmes within school environments. The interpretivist paradigm underpinned the study, emphasising the subjective experiences of individuals and recognising the influence of cultural and social dynamics in shaping those experiences.

Study Setting and Context

The research was conducted in two secondary schools located in the Bohlabela District, a rural and socio-economically marginalised region of Mpumalanga Province. The area is characterised by high rates of teenage pregnancy, limited access to healthcare and educational resources, and cultural attitudes that often stigmatise adolescent mothers. These factors create significant educational challenges for pregnant learners and make Bohlabela an appropriate case for examining how school-based interventions operate under resource-constrained conditions. Both selected schools were identified in collaboration with district education officials and were known to have enrolled pregnant learners and implemented forms of educational support.

Study Population and Sampling

The study population comprised two distinct groups: (1) adolescent mothers aged 13–19 who had experienced pregnancy during their high school education and who were either currently enrolled or had recently graduated, and (2) school personnel responsible for providing academic and psychosocial support, including teachers and programme facilitators. These participants were purposefully selected because of their direct involvement in or experience with school-based support programmes, allowing for a focused exploration of the topic. A purposive sampling strategy was used to recruit a total of 26 participants, including 20 adolescent mothers and 6 educators (three from each school). The sample size was deemed sufficient for achieving data saturation, and no new themes emerged during analysis (Guest et al, 2006).

Data Collection Methods

Data were collected through two qualitative techniques: in-depth semi-structured interviews with adolescent mothers and focus group discussions (FGDs) with educators. These methods were selected to elicit comprehensive, contextually embedded accounts of participants' experiences and to capture multiple perspectives on the implementation and impact of support programmes.

Semi-Structured Interviews

A total of 20 individual interviews were conducted with adolescent mothers. Each interview lasted between 45 and 60 minutes and followed a semi-structured interview guide that explored topics such as the availability and accessibility of school-based support programmes, the nature of academic and emotional support received, challenges encountered during pregnancy and post-natal schooling, and the perceived influence of the programmes on their educational outcomes. Interviews were conducted in a language preferred by the participant, English, Sepedi, or Shangaan, and were audio-recorded with informed consent. Translation and back-translation protocols were used to ensure the accuracy and cultural relevance of the data collection tools (Maree, 2020).

Focus Group Discussions

Two focus group discussions were conducted with educators, each involving three participants from one of the selected schools. Each session lasted approximately 90 minutes. The discussions explored educators' perceptions of programme effectiveness, resource availability, institutional readiness to support pregnant learners, and implementation challenges. FGDs provided a platform for educators to reflect collectively on their practices and share diverse opinions, enriching the data with comparative insights and group dynamics. All FGDs were moderated by the researcher, recorded with permission, and transcribed verbatim.

Throughout the data collection process, field notes were taken to document non-verbal cues, environmental observations, and researcher reflections, which added interpretive depth to the emerging findings.

Ethical Considerations

Ethical clearance for this study was obtained from the Research Ethics Committee of a South African university (Ref No: Rec-240816-052). Formal permission to conduct research in the selected schools was granted by the Mpumalanga Department of Education. Informed written consent was obtained from all adult participants, and for those under the age of 18, both assent and parental or guardian consent were secured. Participants were assured of their right to confidentiality, voluntary participation, and the option to withdraw from the study at any time without consequences. Pseudonyms were used in all transcripts to ensure anonymity and protect the identities of participants. Given the sensitivity of the subject matter, arrangements were made with a trained school-based social worker to provide psychosocial support in the event of emotional distress arising during or after participation.

Data Analysis

Data from the interviews and FGDs were analysed using thematic analysis, guided by Braun and Clarke's (2006) approach. This method was selected for its flexibility and ability to organise rich qualitative data into meaningful themes. The process involved six steps: familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Transcripts were read repeatedly to ensure deep immersion, and coding was conducted both manually and using NVivo 12 qualitative data analysis software to support the systematic organisation of data. Initial codes were grouped into categories, which were then refined into overarching themes that addressed the core research questions. Examples of emergent themes included: programme accessibility, support satisfaction, institutional barriers, peer and teacher stigma, and empowerment and resilience.

To enhance the credibility of the analysis, member checking was conducted with a subsample of adolescent participants to validate the researcher's interpretations. Peer debriefing and cross-coding by a second analyst were used to improve dependability, while detailed contextual descriptions support transferability. A reflective journal was kept throughout the research process to account for the researcher's positionality and ensure confirmability (Lincoln & Guba, 1985).

Limitations

While this study provides valuable insights, it is important to acknowledge several limitations. First, the study focused on only two schools within a specific district, which may limit the transferability of findings to other rural or urban contexts. Secondly, due to the sensitive nature of teenage pregnancy, there is a possibility that some participants may have withheld information or responded in socially desirable ways. Measures such as building rapport and ensuring confidentiality were employed to mitigate this. Finally, while qualitative research does not aim for generalisability, future studies could complement these findings with a quantitative analysis of programme impact on academic performance indicators such as attendance and examination results.

Trustworthiness

To ensure the rigour and credibility of this qualitative study, Lincoln and Guba's (1985) criteria for trustworthiness were applied throughout the research process. Credibility was established through prolonged engagement with participants, triangulation of data sources, specifically by incorporating perspectives from both adolescent learners and educators, and the use of member checks to validate the accuracy of the data and interpretations. Transferability was facilitated by providing a rich, thick description of the research context, participant demographics, and emergent findings, allowing readers to determine the applicability of the results to other similar contexts. Dependability was achieved by maintaining a comprehensive audit trail of all methodological decisions, including data collection procedures, analytical processes, and reflective journaling, thereby enhancing the transparency and consistency of the study. Finally, confirmability was reinforced through peer debriefing, researcher reflexivity, and efforts to maintain neutrality during data interpretation, ensuring that the findings were shaped by the participants' narratives rather than researcher bias or preconceptions.

Results

The findings presented in this section are based on data collected through in-depth interviews with 20 adolescent mothers and two focus group discussions with six educators from two high schools in the Bohlabela District, Mpumalanga. Thematic analysis was employed to systematically interpret the qualitative data, resulting in the emergence of five overarching themes. These themes reflect both the experiences of pregnant learners and the perspectives of key school personnel involved in supporting them. The results highlight the complexity of navigating adolescent pregnancy within the education system and underscore the varying degrees of support, stigma, and resilience encountered across the two schools studied. Table 1 presents a summary of the emergent themes and associated subthemes.

Table 1: Summary of Emerging Themes and Subthemes

Theme	Subthemes
Access and Utilisation of Support Programmes	Informal support systems, inconsistent availability, and teacher-led efforts
Academic Continuity and Engagement	School attendance, dual burden of school and motherhood, and academic fatigue
Psychosocial Support and Emotional Well-being	Emotional resilience, absence of professional counselling, and peer isolation
Stigma and Discrimination	Peer shaming, teacher attitudes, self-stigma
Challenges to Effective Implementation	Policy gaps, limited infrastructure, and a lack of trained personnel

Access and Utilisation of School-Based Support Programmes

The first theme that emerged from the data was the Access to and Utilisation of School-Based Support Programmes. This theme explores the extent to which pregnant learners were aware of, accessed, and benefited from support services provided by their schools. Across both institutions, adolescent mothers reported the existence of informal support systems, often driven by the goodwill of individual teachers rather than structured, institutionalised programming. Although learners acknowledged being allowed to remain in school during and after pregnancy, consistent access to tailored academic or psychosocial support was found to be lacking.

Several participants indicated that the only support available to them was limited to flexible attendance policies and occasional emotional check-ins by sympathetic educators. There was minimal evidence of coordinated interventions such as reintegration plans, scheduled academic assistance, or school-based healthcare services.

"They let me come to school, but I don't get help with my missed work. Sometimes I don't even know where to start when I return after being absent." – Thandaza, 17 years old

In both schools, learners emphasised that while they appreciated not being expelled or formally discouraged from attending school, they did not feel actively supported in managing their dual roles as students and mothers. Most forms of assistance were perceived as unstructured and dependent on individual teacher discretion.

Educators echoed these sentiments, stating that while they tried to assist learners, there were no formal guidelines or dedicated resources for supporting pregnant students. Some teachers voluntarily offered after-school help, emotional encouragement, or leniency with deadlines, but these actions were not embedded within a school-wide framework.

"We're not given any training or tools to help these girls. We do what we can, but it's based on personal effort, not policy." – John, *Educator F1*

Moreover, there was a notable lack of awareness among learners about existing support structures beyond their immediate classroom environment. None of the adolescent mothers interviewed reported accessing external social services or health professionals through the school. The absence of referrals or collaboration with district health and social services suggested a fragmented support environment that relied heavily on informal networks and the initiative of individual educators.

Despite these gaps, a few participants described moments where they felt genuinely supported by teachers who offered encouragement and mentorship, highlighting the importance of relational support in the absence of formal programmes.

"My LO [Life Orientation] teacher always asked how I was doing. Even if I missed work, she made me feel like I still belonged in class." – Sibongile, 16 years old

Overall, the theme underscores the reality that while pregnant teenagers in the two schools are not systematically excluded from education, the support mechanisms available to them are inconsistent, informal, and insufficiently institutionalised. There is an evident need for formalised programme structures that include clear guidelines, trained personnel, and intersectoral linkages with health and social development services to ensure comprehensive support for pregnant learners.

Academic Continuity and Engagement

The second theme explores how pregnancy impacts the educational engagement and academic progression of adolescent mothers. Most participants expressed a strong desire to complete their education; however, the realities of pregnancy and early motherhood posed significant barriers. Many struggled with maintaining regular attendance due to antenatal appointments, health complications, or the need to care for their infants.

"*Sometimes I stay at home because the baby is sick or because I couldn't sleep the whole night. It's hard to concentrate when you're tired.*" – Mavu, 18 years old

Participants highlighted a lack of academic support for catching up on missed lessons, which led to academic disengagement and, in some cases, repeated grades. While teachers made informal efforts to assist, there was no formal mechanism for individualised learning plans or remedial teaching for pregnant learners.

"*No one follows up with them after being absent for weeks. By the time they return, they are too far behind, and some just give up.*" – Angela, *Educator F2*

Educators further noted that the inflexible curriculum structure and examination schedules did not accommodate the unique needs of pregnant learners, resulting in increased dropout rates during the third trimester or shortly after delivery.

"*We try to motivate them to return, but without childcare support or flexible timetables, most don't make it through matric.*" – Grace, *Educator F5*

This theme highlights the urgent need for structured academic reintegration policies, differentiated instructional approaches, and flexible learning schedules to promote educational continuity for adolescent mothers.

Psychosocial Support and Emotional Well-being

Adolescent mothers reported experiencing a wide range of emotional and psychological challenges during pregnancy and after childbirth. Feelings of anxiety, social isolation, fear of judgment, and low self-esteem were commonly cited. Many learners stated that they had no access to formal psychological counselling within the school and had to rely on peers or sympathetic teachers for emotional support.

"*I felt so alone. Even when I came back to school, I couldn't talk to anyone about how I was feeling. I just cried during lunch break sometimes.*" – Bongani, 17 years old

The absence of professional counselling services was acknowledged by educators, who expressed frustration at their inability to provide adequate emotional support to learners because of a lack of training and institutional resources.

"*We are not psychologists. These girls carry heavy emotional burdens, and we don't always know how to help them.*" – Sandra, *Educator F3*

Only one of the two schools had periodic visits from a school social worker, and those visits were infrequent and focused primarily on administrative referrals rather than therapeutic engagement. This left a significant gap in addressing the mental health needs of pregnant learners, some of whom had experienced depression, trauma, or abandonment.

"*When my boyfriend left, I thought of quitting school. It was too much. I wish there was someone I could talk to who understood.*" – Andile, 16 years old

This theme emphasises the necessity of integrating mental health services into school-based support programmes, particularly in rural settings where external services are limited or inaccessible.

Experiences of Stigma and Discrimination

Stigma emerged as a significant barrier to both academic and emotional well-being. Adolescent mothers reported facing discriminatory attitudes from peers, teachers, and sometimes family members. These experiences often led to social withdrawal, reduced class participation, and feelings of shame and marginalisation.

"Some teachers treated me like I had done something wrong. They ignored me or made rude comments. It made me hate coming to school." – Azwi, 15 years old

Peer interactions were particularly problematic, with participants describing gossip, teasing, and isolation during break times or in group projects.

"Girls in my class stopped sitting with me. They called me 'mama' and laughed behind my back." – Thando, 17 years old

Educators acknowledged that while some staff members were empathetic, others held judgmental views that negatively affected the school climate for pregnant learners. In both schools, there was no clear policy or training to sensitise staff on handling such situations or promoting inclusivity.

"We've never had a workshop on dealing with pregnant learners. Some teachers are supportive, others think it's a disgrace and act that way." – Lambert, *Educator F6*

The pervasive nature of stigma reinforces the importance of sensitisation and inclusivity training for both students and staff. Addressing stigma is essential not only for learner retention but also for fostering a supportive and equitable school environment.

Challenges to Effective Programme Implementation

The final theme identified several systemic and structural challenges that hinder the effectiveness of support programmes. Both learners and educators highlighted the absence of a formal framework to guide the support of pregnant learners. There were no standardised protocols, and programme delivery relied heavily on individual discretion.

"There is no written document that tells us what to do when a learner is pregnant. We just react based on what we think is best." – Cane, *Educator F1*

Schools lacked dedicated personnel such as trained counsellors, reintegration officers, or programme coordinators. Moreover, there were no dedicated funds or infrastructure, such as private counselling spaces or onsite childcare facilities to accommodate the needs of adolescent mothers.

"Sometimes I bring my baby because I can't leave her at home. They don't allow me inside the class with her, so I go back home." – Mbonzi, 18 years old

There was also limited coordination between schools and other sectors, such as health and social development. Referral pathways for antenatal care, birth registration, or social grants were ad hoc and inconsistent. Educators expressed frustration over the lack of intersectoral collaboration.

"We're not connected to clinics or social workers. Everything is fragmented. The girls suffer because we're working in silos." – Charlotte, *Educator F2*

These challenges point to the urgent need for a coordinated, multisectoral response that combines education, health, and social protection services to ensure the holistic support of pregnant learners in school settings.

In summary, the qualitative findings reveal that while some supportive efforts exist within the schools, they are largely informal, inconsistent, and insufficiently structured to meet the complex needs of pregnant teenagers. Adolescent mothers face numerous academic, emotional, and social obstacles that compromise

their ability to succeed in school. Without formalised programmes, institutional support, and multisectoral collaboration, school-based interventions will continue to fall short of their intended impact.

Discussion

This study explores the lived experiences of adolescent mothers and school personnel regarding school-based support for pregnant learners in the Bohlabela District, Mpumalanga. The findings reveal a fragmented and informal support system, exacerbated by curriculum rigidity, emotional neglect, stigma, and structural barriers. These results are consistent with existing literature and highlight a disconnect between policy intent and practice on the ground.

Fragmented Application of Policy

Although South Africa's National Policy on the Prevention and Management of Learner Pregnancy in Schools supports pregnant learners returning to school, our findings indicate a lack of formal implementation. Educators rely on ad hoc teacher-led initiatives rather than structured institutional support. Similar observations are reported by Twalo (2024), who concluded that reintegration policies are inconsistently applied, with school management teams often ill-equipped to coordinate support effectively. School Health Practitioners themselves have expressed frustration with "top-down" policy directives and inadequate training, leaving them uncertain about their roles.

The incoherence in implementing learner-pregnancy policy was also documented by the Commission for Gender Equality, which found policies unevenly applied, limited training, and fragmented learner support agents across provinces. This systemic fragility undermines policy effectiveness and contributes to poor outcomes for pregnant learners.

Academic Disruption and Educational Disengagement

The dual burden of motherhood and school attendance resulted in absenteeism, fatigue, and waning academic engagement. These disruptions echo findings from Mokoena and Van Breda (2021), who reported increased school dropout among adolescent mothers in rural South Africa (HR = 2.36 for pregnancy and HR = 3.58 for disengagement). Although policies allow early return to school post-delivery, they often do so without planning for academic reintegration or learning recovery. Our participants described overwhelming pressure to catch up without receiving tailored support, resulting in repeating grades or dropping out altogether.

Emotional Vulnerability and Lack of Psychosocial Support

The study reveals significant emotional distress, including anxiety, isolation, and depression among learners, compounded by the absence of professional counselling within schools. This finding aligns with Steventon *et al.* (2022), who documented similar psychological stressors among teenage mothers in rural Limpopo. Goffman's stigma theory reinforces our understanding of how such experiences lead to internalised shame and social withdrawal (Goffman, 2009).

Moreover, a positive mental health impact was noted where informal teacher or peer support existed, but participants lamented the absence of structured psychological services. This omission resembles the challenges described by Steventon *et al.* (2022) and Ngqola *et al.* (2021). Integrating mental health practitioners and psychosocial training into school support protocols could significantly improve learners' well-being.

Stigma, Peer Norms, and Discriminatory School Culture

Stigmatising attitudes were pervasive. Adolescent mothers recounted bullying, sarcastic remarks, and social exclusion. These experiences are consistent with Steventon *et al.*'s (2022) and Muthelo *et al.*'s (2024) findings on rural stigma and echo broader global evidence that teenage pregnancy is socially constructed as deviant behaviour (Ellis-Sloan, 2014). The lack of teacher sensitisation training facilitates attitudinal discrimination, reinforcing exclusion. Addressing stigma through school-wide interventions, empathy training, and peer education programmes is essential to building inclusive school cultures.

Structural and Systemic Barriers

Participants identified significant challenges, including a lack of childcare, transport support, and the absence of intersectoral collaboration. This aligns with literature advocating for integrated responses across education, health, and social services (BMC Public Health, 2021). In Madibeng (Northwest Province), Ramalepa *et al.* (2020) found that learners strongly desired clinic presence in schools and formal collaboration with health services. Personal crowdfunding to pay for transport or buy diapers was common among our participants, further highlighting social inequities and poor school infrastructure (e.g., overcrowding and a lack of private spaces).

Table 2: Themes, Literature Support, and Policy Implications

Theme	Findings	Literature	Policy Implication
Policy Fragmentation	Teacher-led, informal support; variable policy enactment	Twalo (2024), DOE 2024, CGE report 2023	Rigorous implementation with training, accountability
Academic Disruption	Absenteeism, fatigue, and disengagement	Pettifor *et al.* (2021), DOE interviews	Provide catch-up tutoring, flexible academic schedules
Emotional Hardship	Anxiety, isolation; informal emotional aids only	Steventon *et al.* (2022); Muthelo *et al.* (2024); Goffman (2009)	Integrate school-based counsellors, psychosocial screening
Stigma and Discrimination	Bullying, labelling, and teacher prejudice	Steventon (2022), Ellis-Sloan (2014).	Sensitisation training, inclusive school culture
Systemic Barriers	No collaboration, lack of infrastructure, poor coordination	BMC Public Health (2021), Ramalepa (2020), Stats SA infrastructure	Coordinate multi-sector efforts; provide transport, infrastructure

Recommendations

Based on the findings of this study, several critical recommendations are proposed to enhance the effectiveness of school-based support for pregnant learners in rural South African contexts. First, there is a need for stronger policy integration and capacity building. Clear and consistent guidelines on the implementation of the National Policy on the Prevention and Management of Learner Pregnancy must be communicated to all school stakeholders. School leaders and educators should receive formal training to ensure that policies are interpreted uniformly and applied effectively, with robust mechanisms for monitoring, evaluation, and accountability.

Second, academic flexibility should be institutionalised to accommodate the unique learning needs of pregnant learners. Schools should offer modular, catch-up classes and adopt differentiated, individualised learning pathways that mitigate the impact of absenteeism and academic disruption. This would require curriculum innovation and teacher support to sustain learner engagement throughout pregnancy and postnatal periods.

Third, the provision of comprehensive psychosocial support is essential. Schools should either deploy qualified counsellors or establish functional referral systems with local mental health professionals to address the emotional and psychological challenges experienced by pregnant learners. Fourth, stigma-

reduction initiatives must be embedded within staff development programmes. This includes sensitisation workshops, anti-discrimination policies, and the creation of peer-support networks to foster inclusion and empathy within the school environment.

Fifth, multisector collaboration is vital. Schools must develop structured referral systems and formal partnerships with local health clinics and social welfare departments. These linkages should include accessible onsite or mobile health-care services tailored to adolescent mothers. Lastly, infrastructure and logistical support should be prioritised. This includes the provision of private rest spaces, safe childcare facilities within or near schools, and transportation subsidies for learners and their infants to reduce travel burdens and enhance school attendance.

Together, these recommendations underscore the need for a holistic, rights-based approach that acknowledges the complexity of adolescent motherhood and ensures equitable access to education, care, and support.

Limitations and Future Research

The study's qualitative nature in two schools limits broad generalisability. Self-report bias may also have influenced results. Future research should entail quantitative assessments of programme impact on academic and psychosocial outcomes and expand to additional rural districts. Longitudinal research could illuminate the trajectories of adolescent mothers who receive structured support compared to those without it.

Conclusion

This study explored the effectiveness of school-based support programmes for pregnant teenagers in two high schools within the Bohlabela District of Mpumalanga, South Africa. Drawing on qualitative data from adolescent mothers and educators, the research uncovered critical gaps in programme implementation, institutional capacity, and systemic support. While the South African policy framework mandates the right to education for pregnant learners, the study reveals that in practice, these rights are inconsistently applied, and support mechanisms are largely informal, discretionary, and uncoordinated (Department of Basic Education [DBE], 2021; Jochim, 2021).

A key finding is that most adolescent mothers remain motivated to complete their education despite facing significant personal, social, and academic challenges. However, their aspirations are undermined by inconsistent attendance due to health issues, fatigue, and caregiving demands, all within the context of under-resourced school environments. The absence of structured academic reintegration measures, such as flexible learning options or dedicated tutoring, creates additional educational barriers, often culminating in poor performance, repetition of grades, or early dropout (Stoner *et al.*, 2019; Ramalepa *et al.*, 2020).

Furthermore, the psychosocial burden experienced by pregnant learners was palpable throughout the study. Emotional distress, anxiety, and isolation were common, yet access to school-based counselling or mental health services was almost non-existent. Teachers, while often empathetic, were not adequately trained to provide psychosocial support and expressed frustration with the lack of institutional guidance. These findings point to a clear disconnect between learners' needs and the availability of responsive, structured interventions (Steventon *et al.*, 2022; Ngqola *et al.*, 2021).

Stigma, both overt and subtle, continues to play a significant role in shaping the experiences of pregnant learners. Peer shaming, social ostracism, and negative attitudes from educators compromise the learning environment and undermine the self-esteem and educational engagement of adolescent mothers. This further reinforces the importance of addressing cultural perceptions, institutional attitudes, and the hidden curriculum that perpetuates stigma within schools (Goffman, 2009; Ellis-Sloan, 2014; Steventon *et al.*, 2022).

At a systemic level, the study identifies the absence of intersectoral coordination as a major hindrance to effective support. Education, health, and social services often operate in silos, with limited referral

mechanisms or collaborative frameworks. Schools lack the infrastructure, staffing, and financial resources to meet the complex needs of pregnant learners, such as access to maternal healthcare, childcare facilities, or social protection, resulting in fragmented and often ineffective interventions (Macleod & Tracey, 2010; BMC Public Health, 2021; Klugman *et al.*, 2014).

The findings emphasise the need for a comprehensive, structured, and human-centred response that goes beyond policy rhetoric. If adolescent mothers are to remain in school and achieve academically, schools must move from reactive to proactive approaches. This involves formalising reintegration programmes, equipping teachers with psychosocial training, combating stigma through inclusive practices, and building collaborative networks with health and social development sectors (Department of Women, Youth and Persons with Disabilities, 2022; DBE, 2021).

Moreover, attention must be paid to the broader social determinants of education and health, including poverty, gender inequality, and the lack of access to services. Addressing the educational needs of pregnant learners in rural areas such as Bohlabela cannot be detached from addressing these intersecting structural barriers. A multisectoral, intersectional approach that is sensitive to the unique realities of adolescent mothers in rural contexts is essential for achieving equitable access to education and for upholding the principles of social justice, health equity, and gender equality (WHO, 2020; UNAIDS, 2022).

In conclusion, the study reinforces that school-based support for pregnant learners is not just a policy requirement but a moral imperative. When adolescent mothers are empowered through inclusive, comprehensive support systems, they are more likely to remain in school, complete their education, and break cycles of intergenerational poverty and exclusion. The transformation of these systems must be prioritised in order to ensure that no learner is left behind, regardless of their pregnancy status (Jochim, 2021; Steventon *et al.*, 2022; Ngqola *et al.*, 2021).

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