'I have to pretend that I don't care': Stigma management among unmarried young mothers in South-Western Nigeria

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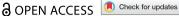Ayomide Oluseye ⬡, Philippa Waterhouse ⬡ and Lesley Hoggart ⬡

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ABSTRACT

Young mothers often encounter stigma and discrimination, affecting their lives and that of their children. This paper explores stigma management strategies and their effectiveness for young mothers in rural Nigeria. Ten key informants and 24 young mothers were recruited from Ife-East in South-Western Nigeria. Data from semi-structured interviews showed that societal disapproval of pregnant teenagers and young mothers were common experiences. Women used a range of strategies to actively cope with stigma including: belief in predestination, avoidance, concealment, and cohabitation. These strategies could be seen as tools to mitigate negative stereotypes and discrimination. However, they also had the unintended consequences of compounding many young women's difficult circumstances and exposing them to adverse outcomes, including gender-based violence, repeat pregnancies, poor mental health, and low uptake of services. The results show the need for policy frameworks to actively combat stigma by addressing the negative framing of early pregnancy and motherhood and promoting supportive environments for young mothers. Health professionals need to be trained to offer de-stigmatising services to encourage young mothers to seek help and reduce pre-existing inequities in access to services, and policies need to include measures that address the rights of young mothers and protect them from violence and abuse.

Introduction

Globally, an estimated 14% of young women give birth before the age of 18 annually (United Nations International Children's Emergency Fund [UNICEF], 2023). Young motherhood has long been linked to poor health (Maheshwari et al., 2022), economic (Bermea et al., 2018) and social (Bahamondes, 2019) outcomes for young women and their children. However, a growing body of research has debated this simplistic causal association (Chase, 2017), also suggesting that these constant negative discourses predispose pregnant teenagers and young mothers to stigma and discrimination (Harrison et al., 2017). Studies from high-income and low- and middle-income countries have described how stigmatisation leads to social exclusion, isolation and limited uptake of essential services (for example, Jones et al., 2019; Kotoh et al., 2022; Miller et al., 2021; Wainaina et al., 2021).

There is a growing body of literature on stigma management strategies. These studies document how stigmatised individuals avoid public spaces, withdraw from social activities, refuse to seek care, pass as normal, manage disclosure and distance themselves from their stigmatised identities in

efforts to manage stigma (for example, Alalouf & Soffer, 2022; Muse et al., 2021; Wakefield et al., 2021). However, research is concentrated in high-income countries and often focused on mental health and chronic illness (e.g. HIV status, chronic pain), and provides a limited understanding of the effectiveness of the strategies adopted. Drawing on data from South-Western Nigeria, this paper aims to: (1) explore community perspectives towards early pregnancy and motherhood; (2) examine how young mothers manage stigma and (3) highlight the costs associated with the stigma management approaches they adopt.

Sub-Saharan Africa has one of the world's highest incidences of early pregnancy and motherhood (Bain et al., 2022), and within sub-Saharan Africa, Nigeria has one of the highest adolescent birth rates (National Population Commission (NPC), 2018). Studies from sub-Saharan Africa indicate young mothers endure much stigma and lack of support in managing their new identities and responsibilities (Coast et al., 2019; Govender et al., 2020; Undie & Birungi, 2022). Despite this evidence, a lack of knowledge exists about young women's responses to stigma in sub-Saharan Africa.

Literature review

The conceptualisation of stigma is attributed to Goffman (1963), who defines stigma as a 'deeply discrediting attribute which reduces a person from a whole individual to a tainted, discounted one' (p. 13). Discrediting attributes result in a devalued social identity, separating individuals with undesirable traits from those with desirable ones. In Nigeria, as with many sub-Saharan African communities, prevalent social norms impact adolescent sexuality and expression (Mmari et al., 2017). The importance of abstinence and sexual purity are emphasised for adolescents; however, this societal expectation is placed disproportionately on young women (ibid.). Female virginity is seen as a marker of morality and a bargaining tool in bride price negotiations. A female virgin is considered virtuous, bringing honour to her family, future husband and the community at large (Rotimi, 2016). These ideologies are woven into women's identities from a young age and necessitate a need for them to remain virgins until marriage. In recent years, the notion of female virginity has been widely contested and critiqued due to its links with unequal gender relations and power dynamics (Matswetu & Bhana, 2018). This has led to abandoning harmful cultural practices (such as virginity testing) and associating the value of bride price with virginity (ibid.). Nevertheless, female chastity is still celebrated, and normative restrictions on women's sexuality persist, particularly for adolescent girls (Sieverding et al., 2018). It can therefore be concluded that the social identities of unmarried pregnant teenagers and young mothers in Nigeria are stigmatised because their situations deviate from societal expectations of morality, gender, and age-specific behaviours.

In Goffman's view, a stigmatised social identity changes how individuals are perceived, resulting in labelling, discrimination and social exclusion (Books & Goffman, 1969). Nigeria's media often negatively portrays early pregnancy and motherhood as a 'Future ruin' (The Guardian, 2022), a 'Plague' (This Day, 2022) and a 'Nightmare' (Nation, 2014). Policy discourses focus on interventions to curb the 'problem' of teenage pregnancy and motherhood and encourage adolescents to make 'good choices'. These predominant narratives – with undertones of shaming and gender stereotypes about sexuality – continue reinforcing negative social constructions and societal attitudes towards pregnant teenagers and young mothers. The few studies into the experiences of pregnant teenagers and young mothers document the use of judgemental language to label young women (Melvin & Uzoma, 2012), experiences of public ridicule, expulsion from school and lack of support among unmarried pregnant teenagers and young mothers (Degge et al., 2022; Olorunsaiye et al., 2022), as well as negative attitudes among healthcare workers towards unmarried pregnant adolescents (Dairo & Atanlogun, 2018).

To avoid stigma, Goffman theorises that individuals engage in a process known as impression management – an attempt to mitigate, deflect, modify and defend their identities (Books & Goffman, 1969). In impression management, Goffman proposes a dramaturgical model of social engagement consisting of two players; an 'actor' who attempts to control how others perceive

them and the 'audience' which reacts to the actor based on the impression made (ibid.). Here, the fundamental aim of the actor is to project themselves in a positive light, either to gain social acceptance or build a distinctive social image. This paper draws on the concept of face-work – an aspect of impression management – to analyse young mothers' narratives of their stigmatised selves and efforts to manage their deviant identities. Goffman (1955) notes that when individuals perceive that they may encounter stigma-induced threats, they work actively to manage social impressions by constructing a self-image (face) that is different from their stigmatised identity. This 'face' portrays the self in socially acceptable ways and is mainly managed by concealing prior 'mistakes' and 'making a good showing of themselves' (Goffman, 1955, p. 20). In situations where individuals possess non-concealable stigmatising traits (such as early pregnancy and motherhood) that challenge the positive public images they strive to portray, they engage in actions that salvage their identities (i.e. save face) (ibid).

Most of the literature using impression management theories often focuses on corporate leadership, organisational studies, and politics (Al-Shatti et al., 2022). Impression management theory, rarely used in early pregnancy and motherhood research, is used to gain insight into young mothers' stigma management strategies, how they project a positive image within their communities and how this shapes their experiences and outcomes. Taking into consideration the negative framing of early pregnancy and motherhood in Nigeria, it is not far-fetched that many unmarried pregnant teenagers and young mothers adopt various strategies to manage the impression of members within their societies.

Stigma management strategies can often be presented positively. Studies conducted in many African countries show how young mothers challenge negative stereotypes and demonstrate resilience in adverse conditions (Gyan, 2017; Singh & Naicker, 2019). Within Global North settings, evidence shows how young mothers are able to manage stigma by reconstructing positive identities for themselves and achieving their personal aspirations (Ellis-Sloan, 2022). However, while acknowledging young women's agency and resilience in overcoming stigma, it is important also to recognise that the stigma management practices which young mothers adopt may compound the challenges that they face. This paper aims to shed light on the interplay between young mothers' agencies and some of the negative consequences of the stigma management strategies that they adopt. Our intent is not to position young mothers as helpless victims but rather to examine the effectiveness of the stigma management strategies they adopt and how it impacts their quality of life. This evidence is crucial for informing contextual policies and localised interventions aimed at managing stigma and improving the outcomes of pregnant teenagers and young mothers in Nigeria.

Methods

Study setting and participants

The qualitative study was conducted in a rural community in Ife East, Osun State, South-Western Nigeria. Thirty-four participants – 24 unmarried young mothers and ten key informants – were recruited using a combination of purposive and snowball sampling. Young mothers recruited for this study were 18–30 years old and had their first child before 19 years. They were also of Yoruba ethnic origin and were unmarried at the time of birth. Information sheets containing study details were distributed in community halls, schools, and community health centres. Additionally, local community members also helped to identify potential participants. We conducted semi-structured in-depth interviews with unmarried young mothers to capture their lived experiences surrounding early pregnancy and motherhood, coping strategies, and the challenges faced. These interviews were often conducted in community halls, and available open spaces in schools and hospital centres. Although the interviews were conducted retrospectively, and there might have been a degree of recall bias, the narratives that participants recalled regarding their experiences were significant as they represent long-lasting impressions and emotional impacts.

Key informants were recruited to elicit community perspectives towards early pregnancy and motherhood and complement and contextualise young mothers' narratives. We purposively sought individuals who had; (1) Knowledge of the culture; (2) been residents in the community for more than ten years, and (3) experience working with unmarried pregnant teenagers and young mothers. Key informants were identified from institutions (i.e. churches, mosques), schools, community health centres and government parastatals (i.e. ministry of health officials, and local government workers).

Data generation

Data collection occurred between November 2018 to January 2019. The semi-structured interviews were conducted in the English and Yoruba languages by the first author – who is fluent in both languages and was a doctoral researcher with training in public health and qualitative research – at the time of the interview. Prior to the interviews, the interview guides were pilot-tested with one unmarried young mother and key informant, and appropriate adjustments were made where necessary. For instance, the order of the questions was rearranged, and some questions were rephrased for clarity. The first author also considered how their own personal characteristics could impact the research and their relationship with the participants. For both young mothers and key informants, certain demographic characteristics (such as age, gender, and ethnic origin) familiarised the first author with the participant's socio-cultural contexts, which helped establish rapport. As the first author did not experience early pregnancy and motherhood, a lack of a shared identity with the participants conferred the first author with an outsider status. Nevertheless, this proved advantageous as the participants became experts in narrating their lived experiences.

At the start of the interview, the purpose of the study was explained to each participant in their preferred language (English or Yoruba). Participants' sociodemographic details, informed consent, and consent for audio recording were also obtained in writing from all participants. A total of 22 interviews were conducted in the Yoruba language, and twelve were conducted in English. All interviews were audio-recorded and lasted between 30 and 60 min. Field- notes were also used to record memos, and personal reflections. Participants were provided with vouchers as an appreciation for their time. Once interviews were completed, participants could receive their transcripts and a summary of the research findings. Instead, most participants requested a replay of the recordings after the interview, and sometimes elaborated on some of the answers provided during the interviews. These further elaborations were captured in the field notes.

Ethical considerations

This study obtained ethical approval from the Open University Human Research Ethics Committee (HREC) (ethics code: HREC/2290/) and was conducted following the guidelines from the 'National code of health research ethics' of Nigeria (Ogunrin et al., 2016). Transcripts were anonymised, and pseudonyms were assigned to all participants to ensure confidentiality, and all participants were informed of their right to withdraw their consent at any point in the study.

Data analysis

All interviews were transcribed and translated by the first author into the English Language. The transcripts of the interviews conducted in English were proofread, and the transcripts of the Yoruba to English translations were cross-checked with professional translators to ensure that they accurately captured participants' accounts. Transcripts were also cross-checked for accuracy with audio recordings. The data obtained were analysed thematically using the Smith et al. (2009) Interpretative Phenomenological Analysis (IPA) approach. This approach involved

continually reading and rereading transcripts to highlight emerging themes and codes identified at conceptual levels (ibid). The research team read two transcripts each to develop an initial list of codes. These emerging codes were discussed, and a framework was developed to code the remaining transcripts. New codes emerging during subsequent coding in other transcripts were added to the framework upon consultation with the research team. Once this was completed, a visual board was created to identify patterns, themes, and relationships between the codes. Descriptive themes underwent an in-depth conceptual analysis, and a cross-case analysis of transcripts was carried out to identify patterns and differences in participants' narratives and experiences. The research team often discussed coding discrepancies until a consensus was reached. Themes and subthemes were constantly modified, re-grouped and transcripts were re-coded. This systematic approach to the analysis helped the researchers maintain rigour, consistency and contribute to a meaningful understanding of the research topic, whilst still retaining its complexity.

Respondents' characteristics

Table 1 displays young mothers' sociodemographic characteristics. Of the 24 young mothers who participated in this study, ten were aged 15 years at the birth of their first child; eight were 16 years; four were 17 years, and two were 18 years of age. At the time of the interview, sixteen of the study participants were unemployed, three were students, three were working in the informal sector, and the remaining two were employed in governmental institutions. Most of the participants were living alone ($n = 12$), and others were cohabiting with their partners ($n = 10$) or living with their parents ($n = 2$).

Table 2 provides an overview of the key informants' characteristics. The number of years key informants lived within the community ranged from 15 to 25 years. Six of the key informants were female, while four were male. In the table, we exclude key informants' positions within the community as this can make them easily identifiable. In our study, the key informants

Table 1. Young mothers' sociodemographic characteristics.

Participants' Pseudonym	Age at time of interview	Age at birth of child (years)	Occupation
Dupe	19	16	Unemployed
Titi	20	16	Informal employment
Kike	20	16	Unemployed
Tanwa	30	15	Formal employment
Tola	26	18	Informal employment
Sade	30	15	Unemployed
Ola	20	17	Unemployed
Sayo	20	15	Unemployed
Abiodun	24	18	Formal employment
Bola	26	16	Informal employment
Tutu	27	15	Informal employment
Lola	20	17	Unemployed
Bose	30	15	Informal employment
Anu	20	15	Informal employment
Dunni	21	16	Unemployed
Itunnu	20	15	Unemployed
Wura	18	16	Unemployed
Tope	22	16	Unemployed
Funke	25	17	Informal employment
Ajoke	23	17	Informal employment
Toke	21	16	Unemployed
Tayo	19	15	Unemployed
Tinu	19	15	Unemployed
Tade	18	15	Unemployed

In this study, participants in informal employment where young mothers who engaged in low-skilled jobs and had poor earnings which were not sufficient to meet their basic needs (< $1.90 a day).

Table 2. Key Informants' sociodemographic details.

Participants Pseudonym	Sex	Number of years resident in community
Bolanle	F	20 years
Bosede	F	25 years
Baba Ijo	M	25 years
Alfa	M	25 years
Iyaloja	F	30 years
Iyalode	F	55 years
Oloye	M	60 years
Balogun	M	20 years
Abeni	F	15 years
Abidemi	F	15 years

consisted of; secondary school teachers ($n = 2$), community religious leaders ($n = 2$), community elders ($n = 2$), community health workers ($n = 2$), local government chairman ($n = 1$) and women community leader ($n = 1$).

Results

Two overarching themes of relevance for impression management, were identified in data analysis. These themes revolved around community perceptions towards early pregnancy and motherhood; and young mothers' stigma management practices. These will be unpacked further in the following sub-sections.

Community perception towards early pregnancy and motherhood

The key informants' narratives reflected an uncritical acceptance of what they described as strong community values. The clearest example of this was a fixation on sexual purity for females and strong disapproval of early pregnancy and motherhood. As one key informant commented:

> Our culture values modesty. At that age, you are not supposed to be engaging in sex, it is totally unacceptable. If a girl gets pregnant young, she has brought shame to her family. You'll see everyone – her friends, parents, teachers, elders, community members – reacting negatively to her. So many of them try to hide their pregnancy.
>
> Abeni, School teacher

Abeni's narrative shows how young women can offend the collective conscience of their society by engaging in sex at an 'inappropriate' age and becoming pregnant young. Implicit in this narrative is also a belief that there is a right time to engage in sex, become pregnant and become a mother. This shows the culturally rigid stance towards young women's sexual expression and reproductive autonomy. By stating that a young girl can bring shame to her family due to her pregnancy, Abeni additionally describes how young women's sexual expressions have significant implications for both herself and her family. Balogun, a local chief, explains this further:

> Young girls have to take caution to be moral because it has implications. If a girl is pregnant, she has stained the family name because people will think her parents are irresponsible for not training her in the right way. She also causes issues for herself because nobody will help her, her life will become difficult. Here, the men prefer ladies who haven't given birth before. If a lady has given birth before, she is no longer new, she is now second-hand … As a man, you don't want to be married to someone who had a child as a teenager; nobody prays for that. Even the parents of the man will not accept her.
>
> Balogun, local chief

Again, Balogun's narrative alludes to the communal belief that there is a right way to engage in sex, become pregnant and become a mother – a perspective rooted and shaped by cultural and social norms. Thus, violations of this social script will lead to difficulties and a lack of support. Analysis

across key informants' narratives implied that people considered 'early pregnancy' as a shame or stain to the family because it violated traditional values of preserving young women's virginity until marriage. Within the Yoruba community, education and marriage are highly valued for upward social mobility (Adegoke & Steyn, 2018). In this study, early pregnancy and young motherhood were seen to be associated with poor educational outcomes, increased poverty, and future difficulties with marriage. These outcomes were also collectively seen as undesirable by key informants, bringing a poor reputation to the family.

Additionally, the view of a woman as 'second hand' explains how the societal value of a young woman becomes diminished due to her spoiled identity as a single unmarried young mother. This informs us of how stigma is used to control young women's sexual and reproductive autonomy within the community by determining how they should bear children (within the confines of marriage) and who they bear them with (their husbands only).

Further analysis of key informants' narratives revealed negative stereotyping of unmarried pregnant teenagers and young mothers and a general acceptance of the need to punish them for deviating from normative societal standards:

> … When we see a girl get pregnant, it's obvious that she is wayward and her future is already doomed … Here, she will be beaten and removed from school. If we do not beat them, punish them, others will begin to do the same. People's attitude towards pregnant girls here is a lesson to others that when society says abstain, you abstain.
>
> Iyalode, Women community leader

This narrative highlights the chain of consequences that can be expected for unmarried pregnant teenagers and young mothers within the community. As highlighted in the narrative, these consequences are purposely meted out to unmarried pregnant teenagers and young mothers and seen as necessary to avoid 'infecting' others with their spoiled identities and ensure that young women conform to societal expectations of sexual expression.

Stigma management: Strategies and costs

The above quotes have painted a vivid picture of the community's stigmatisation of early pregnancy and motherhood. We now turn to an analysis of the approaches that young mothers adopted to cope with their experiences of stigma and discrimination. These approaches include self-protection, avoidance, concealment and cohabitation.

Self-protection

A few young mothers in this study framed their pregnancies as an act of God in a bid to protect themselves. In their narratives, they described their pregnancies as divine interventions, explaining that they were following the path pre-destined for them by God. Tayo sheds light on these beliefs below:

> I did not want to get pregnant, but I think mine was pre-destined. If God has destined that it will happen, it will happen, it is pre-destined. If God has said that you will give birth as a teenager, there is no way one can do it or try to avoid it, it will still happen. So, I do not think it was avoidable for me. I am just following the path God chose for me.
>
> Tayo (pregnant at 15 years, interviewed at 19 years)

Drawing on Yoruba culture, *Ayanmo* is the cultural belief that God decides a person's destiny before being born, in a way that cannot be altered (Dopamu, 2012). According to this belief, individuals are not agents of free will but humans acting out a script written by God (ibid). In Tayo's excerpt, she draws on *Ayanmo* to absolve herself from blame and proactively repair her stigmatised identity by suggesting that God played a directive role in her pregnancy. In this way, she portrays her 'offence' as unintended, claiming she was under the influence of something she had no control over. Like

Tayo, many other young mothers drew on this notion and consoled themselves with the idea that there was a 'good' reason behind their circumstances. Some participants rationalised that God allowed them to get pregnant because 'they may be infertile in the future' or that God used the pregnancy to 'delay them' and 'reorder their paths' like a blessing in disguise. This helped them to internally manage the stigma associated with their young motherhood identities and navigate their negative representations within the society.

Avoidance

Within the community, participants described how they actively avoided public spaces where they had previously encountered stigma:

> When I was pregnant, people kept making fun of me everywhere I went. So I decided to stop going out to make myself happy and okay. For about six months, especially when I started showing, I would lock myself in the room and not step out to eat or bathe. I stopped speaking to my friends and asking them for their lesson notes too. I was worried I would run into someone who would make fun of me because we lived in a shared space. I would only bathe in the middle of the night and come out in the dark to buy food because it's difficult for people to recognise me.
>
> Dunni (pregnant at 16 years, interviewed at 21 years)

Within the healthcare system, young mothers also shared experiences of how healthcare workers reacted negatively towards them and treated them unprofessionally. This discouraged most of them from accessing essential services:

> When I used to go for ante-natal, they [healthcare workers] would start mocking us, and so I stopped going because of that. I was determined not to go again, even when I felt sick. I began to go to the mission house [traditional birth assistant] instead because they were more accommodating, even though all we do is sing, pray and drink holy water. Yes, the healthcare is different, but I'll never go to the hospital again.
>
> Dupe (pregnant at 16 years, interviewed at 19 years)

According to young mothers in this study, these negative encounters also involved stereotyping them as 'irresponsible' and 'promiscuous'. These narratives describe experiences of discrimination within the healthcare system. While avoidance is often seen as a passive stigma management strategy (Wainaina et al., 2021), participants' refusal to use public spaces and engage with friends and healthcare services shows how they actively use avoidance to manage the effects of stigma. Though helpful for mitigating the impact of stigma, this act of agency has significant implications for adolescent maternal healthcare and social relationships as it led young mothers to uptake poorer healthcare services and withdraw from their social circles.

Concealment

Some young mothers described how they went to great lengths to control their public identities and people's impressions. These young mothers explained that they sometimes lied about the true nature of their relationships with their partners or concealed their real financial situations in attempts to make their social circumstances less stereotypical. For instance, Ajoke explained how she often tried to hide her challenges in her interactions with others:

> I would act fine so that people would think I was fine. I have to pretend that I don't care about being a young mother. Sometimes I would go out and buy things for myself and say my boyfriend bought them for me, even though I know it's a lie. I have to dress well anytime I go out and spend money well so that people would not think that I am suffering, but the truth is that life is difficult. I'm doing this so they would stop making fun of me and disgracing me.
>
> Ajoke (pregnant at 17 years, interviewed at 23 years)

Enhancing appearances can help to counter perceived negative images (Wakefield et al., 2021). However, hiding the reality of one's circumstances in attempts to present their situations in a

favourable light can pressure individuals to constantly strive to meet the audience's expectations (ibid). In conversations with young mothers who adopted this approach, they explained how emotionally and financially tasking it was to try to match societal expectations. They also noted how these strategies constrained their abilities to seek help because they feared that seeking help would reveal their true circumstances. As a result, they limited public appearances. Young mothers' narratives illustrate that while concealment can help manage stigma, it is not sustainable and can lead to dire consequences such as social isolation and financial challenges.

Cohabitation

Findings from young mothers' narratives showed that it was a common experience to be evicted from their parent's homes. The data analysis revealed that this was often done to punish young girls for getting pregnant out of wedlock, to protect the family's honour or to avoid the economic burden of caring for an additional child. For young mothers in these precarious situations, they often moved in with their partners:

> When my parents sent me away, I didn't want people to start making fun of me and saying that I did not find anyone to accept my pregnancy, so my boyfriend and I went to stay with his grandmother in a nearby village until I gave birth. Many people did not know our story and assumed we were married. This made it easy for me to cope.
>
> Wura (pregnant at 16 years, interviewed at 18 years)

Cohabiting with her partner gave Wura a form of passing, allowing her to project an impression of a family that is viewed as socially acceptable. This earned her acceptance from her new community members. Although many young women explained that cohabitation helped control their exposure to stigma, the data revealed that it sometimes had unintended consequences of reinforcing social isolation and limiting young women's access to support. One young mother, Tope, details how things changed from support to abuse within a few months of moving in with her partner:

> When I moved in with them, after a while, She [partner's mother] began to beat me and treat me badly. She was very mean to me, but I stayed because I had nowhere else to go. My boyfriend also began beating me, and his mother supported him in beating me. They both made my life miserable, but I stayed because I knew no one else would accept me.
>
> Tope (pregnant at 16 years, interviewed at 22 years)

Tope's narrative presents a sense of helplessness in managing her social situation during pregnancy, which was also exacerbated by isolation from friends and family. Hence, while cohabiting initially allowed her to pass as 'normal' (short-term protection), it later became counter-productive, making her vulnerable to domestic violence (long-term consequences). This shows how efforts to manage the effects of stigma can intersect to worsen the vulnerability of young mothers to poor outcomes.

Findings also showed how cohabiting limited young mothers' sexual autonomy as they spoke of difficulties in negotiating safe sex with their partners. These difficulties led to further pregnancies:

> Seven months after my first child, I got pregnant again. I was not really happy about this because I hoped to just nurse my child for a year and return to school. I did not want to get pregnant again, but I couldn't refuse him [partner] from having sex with me because he had the right since we were living together … the second pregnancy really delayed my plans. It took me two extra years to get back on my feet again.
>
> Funke (pregnant at 17 years, interviewed at 25 years)

Thus, while cohabitation can protect from social disapproval, this face-saving method can further limit young women's educational attainment and future aspirations within the study area.

Discussion

Early pregnancy and motherhood expose young women to a specific type of stigma grounded in cultural beliefs of morality, ageism, and gender expectations (Ruzibiza, 2020). While many studies have examined the adverse outcomes of early pregnancy and motherhood (see for example: Ayamolowo et al., 2019; Oyeyemi et al., 2019), and a few have documented their experiences of stigma (Degge et al., 2022; Olorunsaiye et al., 2022), our study also explores young women's stigma management practices and the impacts of these strategies on their outcomes and quality of life. It is important to acknowledge that many findings have shown how young mothers are able to demonstrate resilience and achieve success in redefining young motherhood positively, including pursuing successful careers and educational aspirations (Ellis-Sloan, 2022; Gyan, 2017; Singh & Naicker, 2019). We recognise the diversity of these experiences among young mothers and the range of responses to their challenges. The point of this paper is to highlight the difficulties that young mothers experience in navigating stigma and showcase some of the consequences of management. In this way, this paper contributes insights into the growing literature on the complex experiences of unmarried pregnant teenagers and young mothers in sub-Saharan Africa.

It should be acknowledged that our data collection was restricted to one settlement in South-Western Nigeria. The experiences of unmarried young mothers in this study may differ from those in other areas (for example; differences in experiences between married teenagers and unmarried teenagers). Notwithstanding, the findings reported in this paper offer unique insights into the trajectory of young women's lives when they experience unintended pregnancy and early motherhood, particularly in contexts marked by stigma.

Our findings reveal how perceptions of early pregnancy and motherhood shape community attitudes towards unmarried pregnant teenagers and young mothers. Across key informant interviews, themes reflective of morality, punishment and societal disapproval of unmarried pregnant teenagers and young mothers were evident. These findings enhance our cultural understanding of early pregnancy and motherhood stigma and echo previous research on community perspectives towards adolescent sexuality in Nigeria (Degge et al., 2022; Sieverding et al., 2018). Our findings on community perceptions are not unique to the Nigerian context as other studies in sub-Saharan Africa highlight similar findings. For example, Lundgren et al. (2018) and Svanemyr (2019), in their respective studies in Uganda and Zambia, highlight the impact of social norms in predisposing pregnant teenagers and young mothers to poor life outcomes.

This paper highlights some of the main strategies young women use to manage early pregnancy and motherhood stigma. Previous research across different countries has highlighted the use of both avoidant and corrective approaches in managing stigma (Undie & Birungi, 2022; Wainaina et al., 2021). Our paper shows significant commonalities and polarities with these findings. For instance, the themes captured in our analysis corroborated findings in Ghana of how pregnant adolescents withdraw from school and social gatherings to avoid stigma (Kotoh et al., 2022). Our findings on negative experiences within healthcare systems align with findings from a Canadian and Ghanaian study which showed how young mothers delay and disengage with healthcare services due to judgemental health worker attitudes (Harrison et al., 2017; Kotoh et al., 2022). However, our findings go beyond this to reveal how these stigma management strategies lead to the uptake of poorer healthcare services. Similarly, studies in South Africa and the UK have highlighted how pregnant teenagers concealed their pregnancies by wearing loose clothing and tightening their bellies (Leese, 2016; Phiri et al., 2021). Our results contribute an additional type of concealment – where lying is used to hide the true nature of circumstances – and describe its potential consequences for young women's social and mental health.

A unique finding in this study centred on how young mothers drew on traditional beliefs of pre-destination to manage stigma – an approach not documented elsewhere in the literature. This offers a new perspective into the role of meaning-making in managing the impact of stigma. Various

research shows that stigmatised individuals often struggle with feelings of helplessness and hopelessness (Degge et al., 2022; Olorunsaiye et al., 2022). By viewing their pregnancies as an act of predestination, participants in this study were able to accept their circumstances, find social support and navigate the challenges faced. This shared belief can also foster a sense of belonging and provide a supportive community for young women facing similar stigmatising experiences. Our study thus calls for more research on developing tailored stigma management interventions that consider diverse belief systems and cultural contexts, as this may contribute to more effective and inclusive strategies for supporting individuals facing stigma.

There is a need to focus on how stigma management strategies can further spoil one's identity. Some of the strategies adopted by young mothers in this study, such as avoidance and cohabitation, seemed to compound young women's adverse circumstances and expose them to negative outcomes, including gender-based violence, further unintended pregnancies, poor mental health, school drop-out and low uptake of essential health services. Thus, while young mothers were strategic in their approach to managing stigma, this protection came at a price. Other studies conducted in sub-Saharan Africa also show similar findings, highlighting how stigmatisation can further increase the vulnerability of young women to adverse outcomes (Govender et al., 2020; Ruzibiza, 2020). Together, these findings add credence to research critiquing the simplistic association of early pregnancy, motherhood and poor outcomes.

Conclusion and recommendations

Our paper has shown that stigma can have significant negative consequences for the lives of young unmarried mothers. This underscores a need for systemic change across key structural and social systems. Currently, there is a lack of a policy framework to address the negative framing of early pregnancy and motherhood in Nigeria. This may be due to fears that encouraging the de-stigmatisation of early pregnancy and motherhood may lead to its increase. Nevertheless, the consequences of these negative framings are real and are mirrored in young women's experiences of stigma within health, educational, social and media discourses. This shows a need to shift from the homogeneous negative view of early pregnancy and motherhood to a multifaceted approach that promotes resilience and inclusion among unmarried young mothers. Because behaviours are entrenched in social norms, it is unlikely that solely focusing on these approaches will yield sustained shifts in attitudes towards pregnant teenagers and young mothers over time. However, continuous community and stakeholder engagement in tackling social norms on adolescent sexuality can help sensitise and encourage inclusive approaches to supporting pregnant teenagers and young mothers.

Data from UNICEF (2023) shows that only five in ten adolescent girls receive four or more antenatal care visits in sub-Saharan Africa. To improve adolescent maternal health outcomes, healthcare providers need to be trained to offer de-stigmatising services and provide the necessary support to enhance well-being outcomes and reduce pre-existing inequities in access to services. These approaches, applied in high-income countries (Laurenzi et al., 2020), have resulted in positive outcomes for pregnant teenagers and young mothers. Further, improving family planning access for young mothers and equipping them with safe sex negotiation skills can thus contribute to reducing further unplanned pregnancies among this group.

Due to their stigmatised identities, unmarried pregnant teenagers and young mothers are often vulnerable to gender-based violence, poor mental health outcomes, and the risk of early and forced marriages – but this is often overlooked. It is well documented that social support networks can improve mother and child's well-being (Laurenzi et al., 2020). Therefore, it is necessary to build supportive networks that give pregnant teenagers and young mothers access to mental health services, peer support groups and Gender-based Violence services. This can help to mitigate some of the adverse consequences of the stigma management strategy adopted by young women.

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Author contribution statement

AO, PW and LH contributed substantially to the conception of the work. AO, PH and LH developed the research design while AO collected and analysed the data. AO and PW drafted the article, and LH was involved in revising it critically for important intellectual content. The research team (i.e. AO, PW and LH) were involved in the systematic analysis of the data. AO, PW and LH have approved the final version of the manuscript to be published and agree to be accountable for all aspects of the work.

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