

Review Article

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Experiences influencing the mental health of young mothers in West Africa: a scoping review

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Abstract

Background: Globally, West Africa has one of the highest levels of adolescent childbearing. This review explores peer-reviewed empirical literature to identify what is known about the experiences influencing the mental health of young mothers in West Africa.

Methods: A search was conducted across six databases, covering the period January 2010 to August 2025. Additional articles were identified through knowledge of the authoring team and manual searching of websites. Peer-reviewed articles were included if they reported empirical research, included mothers aged 19 years and younger at the time of birth in their sample, were studies that reported on the experiences of young mothers and linked these to young mothers' mental health, reported research conducted in a West African country and were published in the English language. Overall, 21 studies were included in this review, 12 identified via the database search and nine via the other methods described. The findings of the included studies were analysed using thematic analysis.

Results: Most articles (n=15) reported on research conducted in Ghana, five reported on research conducted in Nigeria and one research study was conducted in The Gambia. The included articles found that young mothers' experiences of stigma and discrimination, partner, family and social support, financial and health challenges, difficulties with childcare, young mothers' faith and their hopes for the future influence their mental health.

Conclusion: This scoping review highlights a complex mix of cultural, psychological, and social influences on young mothers' mental health in West Africa.

Keywords: Young motherhood; adolescent mothers; mental health; West Africa

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INTRODUCTION

Globally, 13% of women are estimated to give birth in adolescence [1]. West Africa has some of the highest levels of adolescent childbearing globally [2], with an estimated adolescent birth rate of 105 births per 1,000 young women aged 15-19 years, compared to the global average of 42 births per 1,000 adolescent women [3]. In sub-Saharan Africa, including West Africa, early motherhood is often considered as a significant public

health concern with negative health, educational, economic and psychosocial risks for both young mothers and their children [4,5]. Thus, many young mothers in West Africa often experience stigma, isolation, lack of support and discrimination within health, educational and social settings [6-8]. A large body of research in sub-Saharan Africa focuses on the predictors of adolescent pregnancy and its associations with educational and physical health outcomes [4,5,9-12]. Although an increasing number of studies have documented the stigma and challenges experienced by pregnant adolescents and young mothers, comparatively little attention has been directed toward their mental health. In recent years, several scientific reviews have begun to address aspects of

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this issue. Roberts et al. [13] examined mental health among adolescents living with HIV who have experienced a pregnancy; Ajayi et al. [14] provided evidence on the experiences of pregnant and parenting adolescents, identifying poor mental health as one of several emergent themes. Similarly, Palfreyman and Gazeley [15] collated risk factors for mental ill-health reported among pregnant and post-partum young women. Despite these contributions, important knowledge gaps remain. First, existing reviews predominantly conceptualise mental health in terms of mental distress or clinically defined mental health disorders, even though the World Health Organization (WHO) emphasises that mental health is a holistic, continuum-based construct encompassing more than the absence of disorder [16]. As a result, they provide limited insight into the broader spectrum of mental wellbeing including positive mental health, resilience, coping, and protective social environments.

Secondly, prior reviews aggregate evidence from across sub-Saharan Africa or focus on specific sub-populations such as adolescents living with HIV thus leaving a gap in understanding how contextual factors unique to West Africa shape the mental health of young mothers. Given the region's distinct sociocultural norms, health-system structures, and gendered expectations involving early motherhood, there is a need for a region-specific investigations. Accordingly, our present scoping review provides regional analyses beyond the focus on mental distress and mental health conditions. We identified the factors and experiences that influence the mental health of young mothers in West Africa, focusing on the holistic definition of mental health as described by WHO [16]. Further, we mapped and critically described the methodological characteristics of studies examining the mental health of young mothers in West Africa. By assessing philosophical perspectives, research methodology, methods used to collect data, and sampling strategies, we aimed to clarify the strengths and limitations of the existing evidence base and highlight areas where further research is needed. Such research is essential for the achievement of the United Nations' Sustainable Development goal of leaving no one behind [17].

MATERIALS AND METHODS

The reporting of this scoping reviews follows and adheres to the Preferred Reporting Items for Systematic Reviews and Meta-analyses Extension for Scoping Reviews (PRISMA-ScR) checklist [18]. A completed checklist can be found in the Supplementary Materials (Table A). We adopted a scoping review methodology as it is suitable for identifying the nature and extent of literature [19] and thus aligns with the aims of our research. We followed Arksey and O'Malley's [20] guidance for conducting scoping reviews, identifying the review question, finding relevant studies, selecting studies, charting the data, and collating, summarising and reporting the results. We also conducted a critical appraisal of individual sources of evidence.

Although not mandatory, critical appraisal is performed in scoping reviews when relevant to the aims of the review [21] and can strengthen conclusions and recommendations for research and practice [22]. Arksey and O'Malley [20] highlight the iterative process of scoping reviews and note that researchers may refine key parameters during the early stages rather than have fixed definitions at the outset. In line with this approach, we did not publish the protocol in advance. Nevertheless, to maintain transparency and minimise potential bias, we documented methodological decisions and refinements in a working protocol document and discussed the processes within the team.

Search strategy

We conducted a comprehensive search across six databases: PubMed, PsycINFO, SCOPUS, SciELO, Education Research Complete and ERIC, covering the period from 1 January 2010 to 31 January 2024. A second set of searches was run on the 11th of August 2025, covering the period from January 2024 to capture any papers published subsequently. The search strategy was tailored for each database using keywords derived from our research objective in terms of population and context. Controlled vocabulary was not used. For the population, we included terms such as adolescent mother, young mother, teen mother, girl mother, early motherhood, adolescent childbearing, and adolescent parenting. The context focused on West Africa, encompassing countries like Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo. We did not include specific mental-health-related terms (for example, wellbeing, psychological distress, depression, coping) in the structured search. This decision was intentional as many relevant studies in this field do not reference mental health or wellbeing explicitly in titles or abstracts but discuss these dimensions within the full text. To take an inclusive approach and avoid missing such studies, we used broader population- and context- focused terms, which allowed us to capture literature that addressed mental health indirectly. An example of the search strategy for PubMed can be found in Table B in the Supplementary Materials.

Eligibility criteria

We developed our eligibility criteria based on population, concept and context format [21] and types of sources.

Inclusion criteria: Studies were eligible for inclusion if they were empirical research articles published in peer-reviewed journals and focused on young mothers aged 19 years or younger at the time of birth, with results that could be distinguished from those of older mothers (i.e., >19 years of age) or pregnant adolescents if also included in the sample. We included studies that examined the experiences of young mothers and explicitly linked these experiences to their mental health. Eligible studies also needed to be conducted in a West African country and employ quantitative, qualitative, or mixed methods

research designs. Studies were restricted to those published in the English language due to practical reasons. The team consisted only of English speakers; cost constraints prevented translation of papers. The exclusion of non-English studies in our review may have in omission of research articles from from Francophone or Lusophone West Africa, and this is discussed in our limitations.

Exclusion criteria

Studies were excluded if they focused on pregnant adolescents or mothers older than 19 years. Studies were also excluded if some of their findings focused on young mothers (aged 19 years or younger), but it was not possible to separate the data in the analysis or description of results from pregnant adolescents or mothers older than 19. We also excluded studies that described the experiences of young mothers without considering the impact on, or its links to their mental health. Multi-country studies were excluded if data from West Africa could not be distinguished from data from other regions. In addition, opinion pieces, theoretical papers, commentaries, and literature reviews without primary data were excluded. Finally, non-peer-reviewed articles such as dissertations, government reports, and grey literature were also excluded from this study.

Study screening and selection

The screening process was conducted in four stages using Covidence, a systematic review software. Initially, all references were imported into Covidence, where duplicates were automatically removed. Any remaining duplicates were then manually removed by LR. Each

article's title and abstract were independently screened by two team members (either PW, CL, JO, AO, LR), and articles clearly unrelated to the research topic were excluded. In cases of disagreement, a third independent decision was sought. In the next stage, the full texts of the articles were screened against the inclusion and exclusion criteria. Each article was assessed by two independent reviewers (either CL, AO, LR, or PW). Reasons for exclusion were selected from a predefined list in Covidence, and any disagreements about the inclusion of an article or reasons for exclusion were resolved through discussions between CL, PW, and AO until a consensus was reached. Studies that met all inclusion criteria were included in the final review.

Data extraction and synthesis

PW and JAM extracted data from the articles included in the review. The extraction was guided by an extraction form developed by the research team and piloted independently by PW and JAM using two articles. PW and JAM compared their pilot extractions to ensure that the table was mutually understood, and the details of information extracted from the studies were consistent. The extraction form included the article title, authors and date of publication, location of the study, study purpose, study design, data collection method, study population and sample size. Any uncertainties in data extraction were discussed with a third reviewer (AO) and joint decisions made.

We synthesised the data from the results of the 21 studies using Braun and Clarke's [23] six-step thematic analysis.

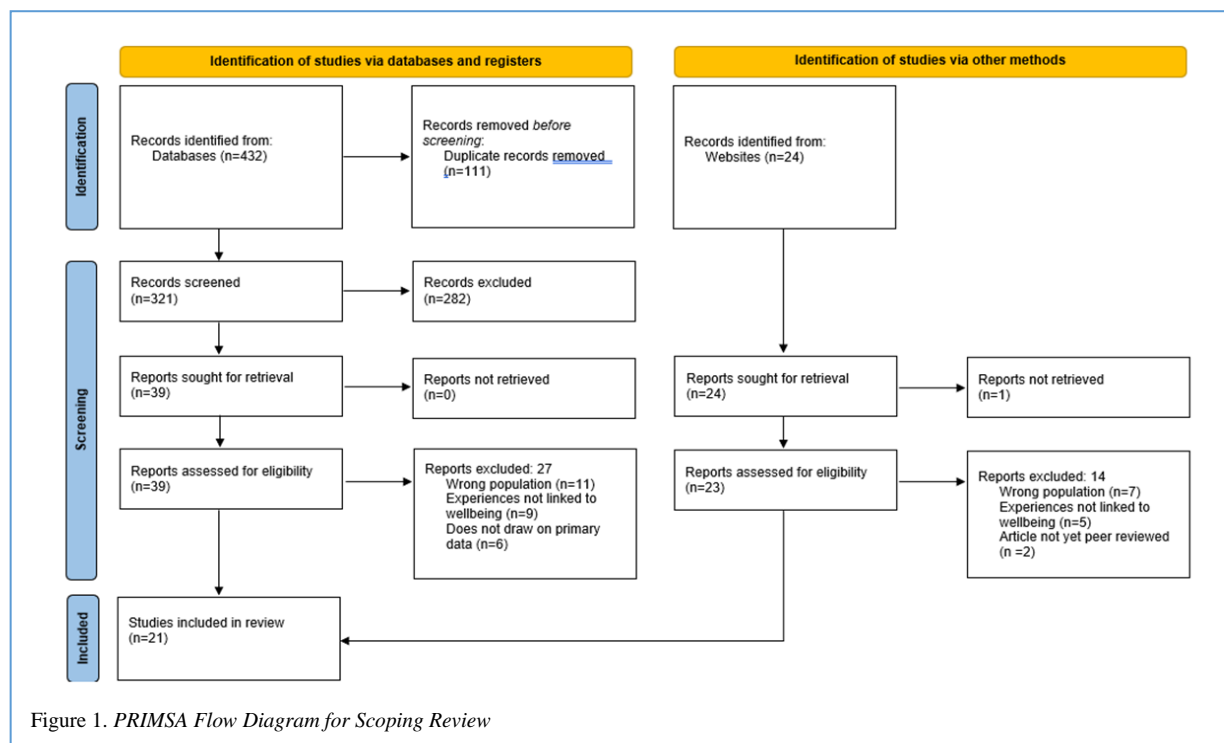
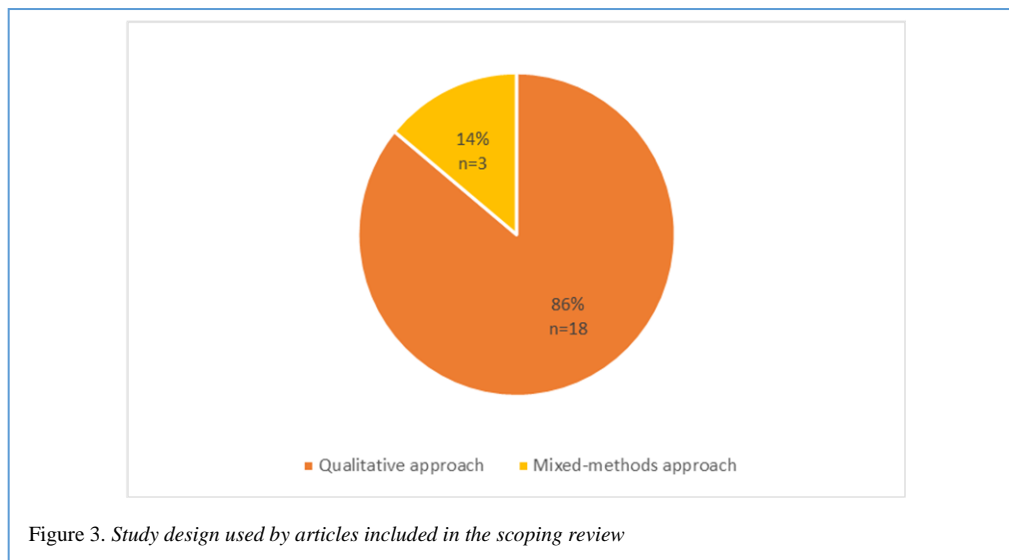


Figure 1. PRISMA Flow Diagram for Scoping Review

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The article by Posey et al. [36] explored barriers, facilitators and coping strategies related to food access among young mothers. The remaining articles explored the assets available to young mothers to secure a livelihood [37], the consequences of young motherhood for education [38], how young mothers reconstructed positive identities in prevailing negative societal representations of young motherhood [39], the factors contributing to repeat pregnancy among young mothers [40], factors associated with immunisation hesitance and non-compliance [41], and how young mothers conceptualised social support [42].

Critical appraisal of articles

Table D in the Supplementary Materials shows the results of the quality assessment of the 21 included articles using the Joanna Briggs Institute (JBI) critical appraisal tool [24]. Of the 21 articles, six were deemed as having congruity/alignment between the stated philosophical position and methodology. In many articles, the philosophical position of the authors was not stated or was not clear. For most of the articles, there was congruity between the research methodology and (a) the research objectives (n=18), (b) the methods used to collect the data (n=17), (c) the representation and analysis of the data (n=16), and (d) the interpretation of the results (n=17). It should be noted, however, that in many articles, only a broad qualitative methodology was referred to rather than a specific methodology stated.

In most articles (n=17), there was no statement locating the researcher culturally or theoretically. Most articles (n=19) also did not contain a description of the influence of the researchers on the research (and vice versa). In two articles, whilst the influence of the lead researcher on the data collection process was reflected upon by the authors, they did not address how the research impacted the researcher and how they responded to events that arose during the study. In all articles but two, the participants

and their voices were adequately represented using quotations. In three articles, it was unclear whether the research had gained ethical approval from a research ethics committee.

Lastly, in 18 articles, the conclusions stated were supported by the results presented. Summing the number of JBI categories where the question scored positively for each article gives an indication of the quality of an article. Figure 5 displays the distribution of these quality scores. Four articles [35,36,38,42] had a score of below 50% (and could be considered weak in quality), 11 [6,8,25,27-29,31,32,37,40,41] had scores of 50% or greater but below 75% (and could be considered moderate in quality), and six articles [7,26,30,33,34,39] had scores of 75% or greater (and could be considered high in quality).

Experiences influencing the mental wellbeing of young mothers

Young mothers' experience of stigma and discrimination, partner, family and social support, financial and health challenges, difficulties with childcare, their faith, and their hopes and dreams were all found to influence mental health. These are discussed in further detail below.

Experience of motherhood in general: In six articles, the impact of motherhood in general or the relationship between mothers and their children was discussed. In the research reported by Gyesaw and Ankomah [6, p.778] and Oluseye et al. [39, p.5], some participants described how their children made them "happy", whilst in Asirifi et al.'s study [27, p.150], motherhood was described by one participant as bringing "joy and fulfilment". In contrast, in Anima et al.'s [26] photovoice research in the Volta

Region of Ghana, some young mothers expressed not wishing to be alive. One participant took a photograph of stacked concrete bricks explaining they represented the

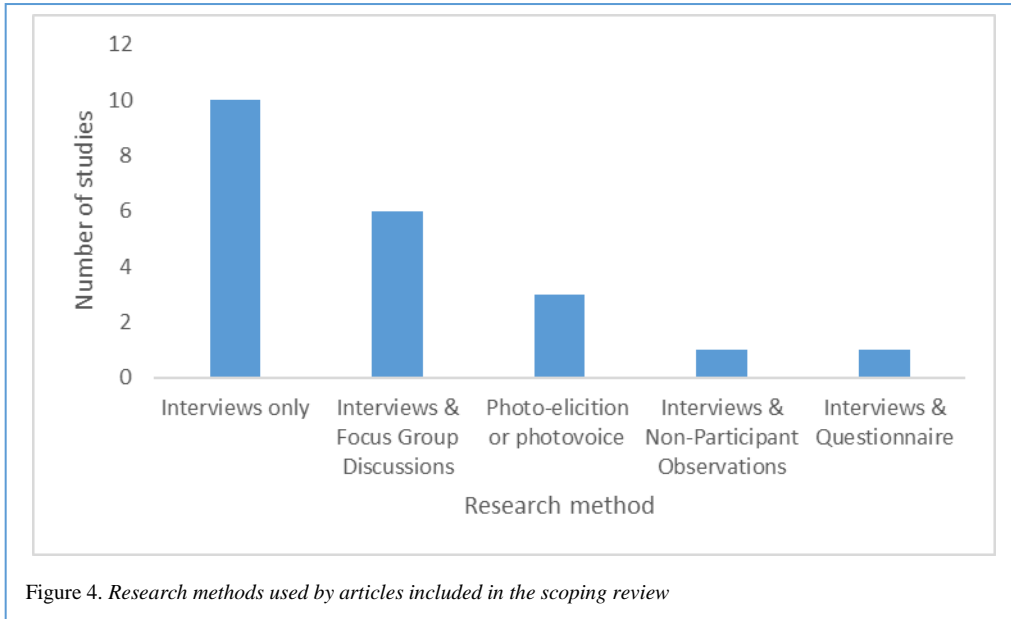


Figure 4. Research methods used by articles included in the scoping review

weight they felt they were under. In Okine et al.’s [32] research on the challenges experienced by young mothers in Ghana, one participant described how she would get depressed and angry at her children. In both Morgan et al. [38] and Asirifi et al. [27], it was explained how the transition to motherhood could result in stress and anxiety or loneliness. The experience of motherhood, therefore, could be seen to have both positive and negative influences on young women’s mental health.

The experience of stigma: In multiple studies, the stigma experienced by young mothers was linked to feelings of shame [30,33,35,38,42]. Participants in Morgan et al.’s [38] study explained that social isolation made them feel suicidal. In Suglo et al.’s [33] study, participants described how breastfeeding in public could make them feel ashamed, as it identified them as a young mother.

Whilst social isolation caused these participants deep emotional distress, in Oluseye et al.’s [7] research, one participant described avoidance, in terms of withdrawing from different places and avoiding interacting with others, as a way to manage stigma and to “make myself happy and okay” (p.8). In Morgan et al. [8, p.7], one participant emphasised that they did not allow negative stereotypes about young mothers define her. Key informants and young mothers also described the hurt that young mothers could feel when receiving abusive comments from healthcare providers [27,31,33] or the humiliation, discomfort, and exclusion caused by peers and teachers [8,32,36], which could result in them withdrawing from healthcare and educational settings. From the studies reviewed, stigma and discrimination experienced by young mothers can be seen to have severe implications for their mental health, including leading to suicidal thoughts.

The impact of the absence or presence of support: Emotional support from religious associations [37] and parents and other family members [27,34] was important in encouraging young mothers not to “give up” [37, p.9] and to overcome negative emotions about their situation and build their self-confidence. In Oyetunde et al.’s [42] study in Ibadan, Nigeria, one participant described how support provided by their partner in helping them ignore social stigma prevented her from committing suicide. Morgan et al.’s [8] research into young mothers’ re-entry into schooling in Ghana illustrates the importance of awareness and sensitisation programmes, counselling services and formal peer mentoring schemes for empowering young mothers, helping them deal with emotional challenges and creating inclusive environments.

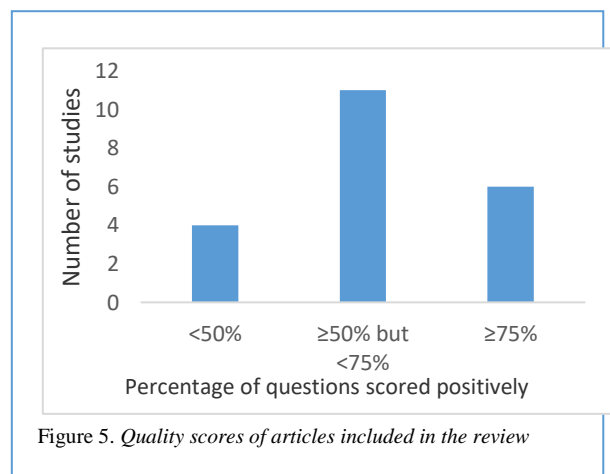


Figure 5. Quality scores of articles included in the review

In contrast, when young mothers did not receive instrumental or emotional support, it could lead them to feel “rejected” [32, p.872] or result in them regretting not seeking an abortion for their pregnancy [6]. Furthermore, key informants in Okine et al.’s [32] study and mothers in Bah’s [35] study described how young mothers could experience depression due to a lack of support from their partner or family. The negative consequences of the absence of support from, or the difficult relationship with, the father of their children were noted in several studies. In Amina et al.’s [26] photovoice research in Ghana, one participant used a photograph of a stick in cement to explain how she could not grow due to the irresponsibility of the father of her child. The denial or rejection of responsibility by paternal partners was also described as resulting in young mothers feeling sad, unhappy or depressed [27,29,32], whilst Morgan et al. [38] highlighted the stress that can be caused by relationship breakdown.

Some young mothers felt pressured sexually by their partners. For example, in Bah’s [35] study, one young mother explained how the father of her child used her for sex, which they felt they were unable to deny, as she wanted the father to build a relationship with their children. This was described as leaving them depressed and stressed. In Okine and Daki-Gyeke’s [40] research into the factors driving repeat pregnancies among young mothers, one participant reported the fear she felt about their partner leaving them if she did not give him another child. For some young mothers, deciding to cohabit with their partners could be a strategic decision, that in the short-term, may be protective of their mental health through reducing the experience of stigma, but in the longer term, could threaten their mental health if the relationship deteriorated and particularly if the young woman was subjected to domestic violence by her partner [7].

Support can take informal or formal forms. Formal forms, which can be located in school and health settings, include counselling services and mentorship programmes. The informal sources of support referred to by young mothers often included partners and family members. Support can be important in moderating the relationship between difficult experiences, such as stigma, and mental health. The absence of support can result in feelings of rejection.

Financial and health challenges: Financial difficulties in general were linked to feelings of suffering [38], worry [27,29] and frustration [32]. In Oluseye’s et al.’s [7] study of young motherhood in Nigeria, the strategy of pretence, whereby young mothers, despite financial difficulties, would buy themselves gifts and dress well to pretend everything was going well, was described as emotionally taxing. Feelings of anxiety and worry were described when financial difficulties meant that mothers could not access healthcare [34], purchase essential medication [38] or meant they had to take their children to work in

situations which could damage their health [29]. Health challenges can also impact mental health. Complications at childbirth, whilst frightening at the time, also left some participants scared to have sex in the longer term [27,29]. In Melvin and Uzoma’s [25] study the difficulties caused by the combination of child illness and financial difficulties was described by one participant as leaving her “crying a lot” (p. 560), whilst in Bah’s [35] study one mother referred to the difficulties of caring for a child, especially when they were sick, as an “uphill battle” (p.129). Childhood vaccinations were also reported to impact young mothers’ mental health in Omobowale et al.’s [41] study into vaccine hesitancy and the impact of mobile immunisation clinics in Ibadan, Nigeria. For example, one participant described feeling scared due to the vaccination (mis)information that they heard. Financial and health challenges can cause young mothers’ anxiety and worry.

Difficulties with childcare: In two studies [25,34], a lack of confidence or knowledge in childcare practices was described as resulting in anxiety or frustration. In Suglo et al.’s [33] study, the effect of breastfeeding on mental health was described. This included how lack of milk production could cause worry, how interruptions to sleep were stressful, and how breastfeeding restricted some mothers going out and could result in them feeling trapped. In Bah’s [35] study, difficulties with childcare meant some of their participants reported missing out on social events and spending time with their peers, which resulted in reported feelings of loneliness, with a participant noting that “with this baby my life is near empty” [35, p.129]. For young mothers who were thinking of resuming their schooling, the thought of trying to combine studying with their childcare responsibilities was described as leaving them in fear [38], whilst Melvin and Uzoma [25] noted that the difficulties of this combination left some of their participants who were in education feeling unable to cope. Lack of confidence about childcare practices and the management of childcare alongside other responsibilities can be a source of strain.

Faith as a form of coping: Faith was described as a form of coping in three studies. Faith was described as helping some mothers overcome the fear of childbirth [29]. In Frimpong-Manso et al.’s [28] research among care-experienced youth, one participant explained that they “didn’t feel bad” about not being able to take up an educational scholarship due to motherhood because “if it’s still God’s desire to get one, I will” (p.689). Similarly, in Oluseye et al.’s [7] study in Osun State, Nigeria, young mothers viewed their early pregnancy as motherhood as “pre-destined” (p.7) and therefore unavoidable, and this was used to navigate their stigmatised identity. Faith can be a protective factor to young mothers’ mental health.

Dreams and hopes for the future: Dreams and hopes for the future were seen in some studies as protective of mental health, acting as a source of motivation [26,39], or

inhibiting mental health through young mothers seeing that their educational and relationship dreams had been shattered [6,25,29,32,38]. For example, in Gyesaw and Ankomah's [6, p.778] study, one participant used the words "I was hurt" when asked to describe how they felt about the disruption to their education. In contrast, in Amina et al.'s photovoice study [26], participants used pictures of lanterns and electronic plugs to represent their future and to describe how they had hopes for their future. Similarly, in the study by Oluseye et al. [39], some participants expressed hope and optimism for the future, viewing their challenges as only temporary. The impact of dreams and hopes on the mental health of young mothers is, therefore, complex.

DISCUSSION

In our examination of the 21 studies included in this review, we identified several factors or experiences influencing young mothers' mental health, even though this was not the primary focus of many of the studies. Despite the limited availability of published research in this area, there was consistency in the findings across studies, revealing a complex mix of cultural, psychological, and social influences on young mothers' mental health.

Our scoping review builds on previous reviews conducted by Roberts et al. [13], Ajayi et al. [14] and Palfreyman and Gazeley [15]. It includes a larger number of studies from the West African context, reflecting the growing research interest and increased publication of studies on young motherhood in recent years. While previous sub-Saharan African reviews largely defined mental health in terms of distress or mental ill health, we adopted a more holistic view in line with Keyes [43], who identifies emotional wellbeing as a core component of mental health. In contrast to the reviews by Ajayi et al. [14] and Palfreyman and Gazeley [15], we also found a small number of studies that described positive aspects of motherhood and their contribution to young women's mental health. In the papers by Gyesaw and Ankomah [6], Oluseye et al. [39], and Asirifi et al. [27], some young mothers described the positive contribution that the transition to motherhood made to their emotional wellbeing (for example, feelings of happiness and joy). However, in Asirifi et al. [27], challenges were also discussed, as well as feelings such as anxiety and strain described. This indicates the dynamic nature of mental health and how individuals can experience a range of positive and negative emotions [44]. Galderisi et al. [44] argue that what is important to mental health is a sense of 'internal equilibrium' (p.231).

Keyes [43] further identifies social wellbeing, including feeling a sense of community, as a part of mental health. One of the most salient findings in this review is the pervasive stigma associated with young motherhood. Cultural and religious norms that emphasise abstinence, sexual restraint, and family honour often reinforce

negative attitudes toward adolescents and unmarried young women who become mothers [7,39]. Across several studies [8,31,32,33,35,36,38], young mothers reported negative treatment from peers, family members, teachers, and healthcare providers. This often led to emotional distress, with some young mothers expressing profound feelings of shame, sadness, suicidal thoughts, and social isolation. Similar impacts of stigma on young mothers' mental health have been documented globally [45,46] and align with earlier reviews by Ajayi et al. [14] and Palfreyman and Gazeley [15] in sub-Saharan Africa, which also identify stigma, discrimination, and social rejection as significant threats to young mothers' mental health.

To mitigate the negative mental health effects of stigma, some young mothers, as noted in Oluseye et al.'s [7] study, used coping mechanisms such as withdrawal, avoidance or cohabitating with their partners. While withdrawal and avoidance strategies provide short-term protection against stigma, they can have long-term implications for mental health through deepening social isolation. Furthermore, a study conducted in the UK has noted that these coping mechanisms can perpetuate silence around young mothers' mental health issues and hinder their access to much-needed support [47]. In Oluseye et al.'s [7] study, the strategy of cohabitation was observed to have resulted in some young mothers being exposed in the longer term to domestic violence. Therefore, strategies that young mothers adopt against stigma can come with longer-term consequences for their wellbeing.

Our review builds upon other investigations by Roberts et al. [13], Ajayi et al. [14] and Palfreyman and Gazeley [15] by shedding light on how individuals' coping strategies can influence their wellbeing. The ability to cope with adverse life events or life stresses has been included in various definitions of mental health [16,44]. In addition to the use of avoidance and withdrawal to mitigate the impact of stigma, the reviewed studies revealed that young mothers also use cognitive restructuring and acceptance as a form of coping. Faith emerged as an important coping mechanism, particularly in the face of the social and emotional challenges of young motherhood. Three studies included in the review described how young mothers turned to religious beliefs to calm their fears [29] or find meaning and acceptance in their situations, viewing motherhood as part of God's plan [7,28].

In the wider motherhood literature, faith and spirituality have also been seen as a coping mechanism for mothers to manage the challenges associated with caring for children with disabilities [48-50]. Faith was seen to play a dual role in our review, functioning both as a positive coping mechanism and as a means of redefining the social narratives around young mothers' experiences. Another strategy mentioned in the studies was the reframing of challenges that they faced as only temporary, which gave young mothers hope and optimism for their future [26,39].

This strategy of cognitive restructuring, whereby participants reframed the challenges that they faced and stigmatising aspects of their experience, has been found in other studies [51,52].

Having hope and dreams for the future for some young women in the literature was a protective factor of mental health and allowed them to cope with the challenges of motherhood, however for other women disruptions to their life plans caused by motherhood brought emotional distress. For example, similar to Palfreyman and Gazeley [15], we found that leaving or interrupting schooling can be distressing for young mothers; however, in some of the studies we reviewed, the hope of returning to education served as a source of motivation.

Our review extends existing insights by considering the experiences of young mothers beyond the perinatal period (see for example Palfreyman and Gazeley [15]), allowing us to capture a wider range of childcare-related stressors and coping strategies. This broader focus highlights the complex relationship between childcare demands, coping mechanisms, and young mothers' mental health. Within some reviewed studies, young mothers reported feeling anxious and overwhelmed by the demands of motherhood, especially when lacking confidence in childcare practices [e.g. 25,34]. Young mothers' limited knowledge and skills regarding childcare practices is also highlighted by Ajayi et al.'s [14] review of the experiences of young mothers in sub-Saharan Africa, however the links to mental health is not made explicit. Evidence from the UK and US suggests that home visits, parental coaching, and mothering programmes can improve young mothers' caregiving abilities and mental health [53,54]. Therefore, establishing dedicated health support services, such as mother support groups, home visits and counselling tailored to young mothers, can prove useful.

In two studies in Nigeria and Ghana, the prospect of balancing childcare responsibilities with schooling further heightened young mothers' stress [25,38]. This issue of conflict between responsibilities also arose in Morgan et al.'s [38] study in reference to how caring for children in the workplace could result in threats to the health of children. Whilst childcare responsibilities were noted to constrain adolescent mothers' ability to resume schooling, in Ajayi et al.'s [14] scoping review of the experiences of young mothers in sub-Saharan Africa, the impact of childcare challenges on maternal mental health was not made explicit. The challenges of combining work or study with family are not well recognised by discourses in the region, and where policy does exist, this is mostly in relation to the formal work sector [55]. Navigating the balance between child-rearing and schooling [56] or economic activity [57] has been discussed as a factor impacting maternal wellbeing across sub-Saharan Africa. Furthermore, research has challenged the widely held assumption regarding the compatibility of caring for children whilst working in the informal labour sector or

the widespread availability of extended family support in the region [57-59].

As found by the reviews by Ajayi et al. [14] and Palfreyman and Gazeley [15], in our review financial challenges were another key theme affecting young mothers' mental health. The reviewed studies highlighted that economic hardship often led to frustration, anxiety, and feelings of helplessness and worry as mothers struggled to provide for their children [27,29,32,38]. This was especially pronounced when healthcare access was limited or when mothers were forced to take on unfavourable work situations [25,35]. Whilst many African nations have health insurance, these often do not have good population coverage [60]. The multilayered challenges of finding paid work and its impact on mental health and the overall experience of young motherhood have also been documented in studies in South Africa and Kenya [61,62]. The impact of financial insecurity, therefore, extends beyond the direct emotional toll and interacts with other factors like healthcare access, education, and quality of life, further complicating the mental health landscape for these mothers.

Lastly, support from family and partners was consistently identified in this review as a protective factor for young mothers' mental health [27,34,37,42]. Several studies conducted in Eastern and Southern Africa also support this finding that the presence of support contributes to positive mental health outcomes [45,61]. Conversely, the absence of partner support, especially when fathers denied responsibility or when partner relationships broke down, exacerbated feelings of depression, stress, and hopelessness [26,32,35,38]. This aligns with findings by Palfreyman and Gazeley [15], whose review of quantitative studies of perinatal mental health in sub-Saharan Africa found lack of social support to be one of the most frequent risk factors for depression in the perinatal period. The particular impact of abandonment of young mothers by their partners is also highlighted by both Ajayi et al. [14] and Palfreyman and Gazeley [15]. As it is clear that the quality of young mothers' relationships is important for their mental health, building social support networks can be particularly important for this group. In particular, the mental health of young mothers is connected to their relationships with their child's father and indicates the need for father-focused interventions. Yet the experiences of fathers in the sub-Saharan Africa context are under-researched, and more research with this group is required to inform policy and interventions. A growing body of research from South Africa [63,64] indicates that issues of poverty and unemployment hinder young men in providing financially for their children, impacting their sense of identity and their engagement with their children. Such results highlight the need to support young men also in the transition to fatherhood.

Our critical appraisal of articles highlighted areas that could be strengthened in further research. The most common weakness was the majority of studies did not include a statement locating the researcher culturally or theoretically and did not provide a description of the influence of the researcher on the research (and vice versa). Furthermore, only a minority of articles were assessed as having alignment between their philosophical position and methodology. For most articles, the philosophical position of the authors was not stated or clear. Furthermore, a specific methodology was not always referred to in articles. Authors need to reflect more explicitly on ontological assumptions and consider how this influences epistemological stance, and consequently the chosen methodology. In reporting, philosophical perspectives and methodology need to be made explicit. The use of guidelines such as the consolidated criteria for reporting qualitative research (COREQ) [65] can increase the quality of articles and transparency of research.

It should be noted that there was an unequal geographical representation of countries included in our review. Most studies were conducted in Ghana and Nigeria. We are unable to say if this is the result of a deficiency of research in other countries in West Africa, or rather, is a result of a limitation of our scoping review being restricted to publications in the English language. The exclusion of non-English studies in our review may have resulted in the omission of research conducted in Francophone and Lusophone West African countries. As a result, perspectives, experiences and factors influencing mental health within these settings may be underrepresented in our findings. In addition, because we excluded multi-country studies where West Africa-specific data could not be separated, we may have missed some useful contextual insights that were embedded in wider regional or continental analyses. Future reviews should include the searching of French and Portuguese language databases and collaboration with Francophone and Lusophone researchers. The exclusion of grey literature may also have missed potentially relevant studies and findings.

Conclusion

In research and policy arenas, increasing attention, especially since the COVID-19 pandemic, has been given to the mental health of adolescents [66]. Governments, health professionals and other key stakeholders involved in the lives of young people are being urged to collaborate in raising awareness, reshaping environments that influence mental health and strengthening the systems that care for young people's mental health [67]. This scoping review has highlighted a complex mix of cultural, psychological, and social influences on young mothers' mental health in West Africa.

It highlights the direct and indirect impact of stigma and discrimination and a lack of social support on young mothers' mental health. Future interventions must aim to shift negative socio-cultural attitudes towards early

motherhood within communities. Community-based interventions can focus on reshaping societal perceptions, with public education campaigns aimed at increasing awareness of the experiences of young mothers, the benefits of supporting them and reducing stigma. Research into interventions to tackle stigma and support school re-entry in the Volta Region of Ghana highlights the importance of including community leaders and key stakeholders in such interventions [8]. While some West African countries, such as Ghana, have school re-entry policies, gendered and discriminatory attitudes continue to exclude young mothers from education. Alongside re-entry policies, interventions are required to create inclusive learning environments by tackling the negative perceptions of young mothers commonly held by educational professionals [68].

The results of this scoping review also point towards the need for policy and interventions to recognise the challenges that young mothers face in combining work or study with family. Africa Education Watch [69] argues that the school re-entry policy in Ghana has been limited by infrastructure shortages, which include a lack of public nurseries and preschools near schools. Financial challenges were also a main stressor identified in this scoping review. The impact of cash transfer programmes on mental wellbeing, which are conditional on school re-entry or vocational training, is currently being piloted and assessed in Burkina Faso [70]. Economic empowerment programmes, including skills training and microfinance initiatives, can help alleviate financial pressures and improve young mothers' ability to provide for themselves and their children. However, to be successful, these need to also acknowledge the childcare responsibilities and needs of young mothers. The pilot study in Burkina Faso is additionally assessing the impact of subsidised childcare [70].

Despite West Africa having some of the highest levels of adolescent childbearing globally [2], this scoping review has revealed that the mental health experiences of young mothers in the region remain largely understudied. Addressing this gap is essential for creating effective interventions that meet the specific needs of young mothers. In many studies included in this review, mental health was not the focus of the research. As recommended by Palfreyman and Gazeley [15] future research needs to consider how young mothers themselves frame and define mental health. This includes research that uses a longitudinal design to explore the evolving nature of young mothers' mental health. Mental health is not a fixed state, but rather a dynamic process, that changes in response to individual and environmental influences and life events [44]. Research by Oluseye [39] in South-West Nigeria highlights the fluidity of young mothers' experiences, and how those who initially struggle with stigma associated with young motherhood are able to successfully reject these stereotypes and reconstruct positive motherhood identities. Additionally, in our

review, most studies used interviews or focus group discussions to explore young mothers' experiences. Focus group discussions could be used to go beyond this to explore young mothers and other key stakeholders, such as community members, the media, and health and social care professionals' views on how interventions can be designed or improved upon to better meet young mothers' needs.

DECLARATIONS

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Consent to publish

All authors agreed on the content of the final paper.

Declaration of interest statement

The authors report there are no competing interests to declare.

Author contribution statement

PW, AO: Conceptualisation of the review, design of the review strategy, abstract or paper screening, data extraction, manuscript writing and review. CL: Conceptualisation of the review, design of the review strategy, abstract or paper screening, manuscript writing and review. JAM: Conceptualisation of the review, design of the review strategy, data extraction, manuscript writing and review. LR: Design of the review strategy, abstract or paper screening, manuscript review. JS: Conceptualisation of the review, design of the review strategy, abstract or paper screening, manuscript review. MA: Conceptualisation of the review, design of the review strategy, manuscript writing and review. All authors have read and approved the final manuscript.

Data availability statement

Data sharing is not applicable to this article as no datasets were generated or analysed during the current study.

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Supplementary materials

Table A Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	p.1441
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	p.1441
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	p.1441-1442
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	p.1442
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	p.1442
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status) and provide a rationale.	p.1442-1443
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	p.1442
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Supplementary Materials
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	p.1443
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	p.1443
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	p.1443
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	p.1443
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	p.1443
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	p.1444
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	p.1444-1445 & Supplementary Materials
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	p.1444-1445 & Supplementary Materials
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Supplementary materials
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	p.1446-1448
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	p.1448-1450
Limitations	20	Discuss the limitations of the scoping review process.	p.1450
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	p.1450-1451
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	p.1451

* Checklist from Tricco et al. [15]

Table B Search strategy

Database	PubMed
Search Fields	Title and abstract
Filters:	English language, Published from 2010/1/30-2024/1/30
Search Terms	("Adolescent mother*" [Title/Abstract] OR "young mother*" [Title/Abstract] OR "teen* mother*" [Title/Abstract] OR "girl mother*" [Title/Abstract] OR "early motherhood" [Title/Abstract] OR "young motherhood" [Title/Abstract] OR "adolescent motherhood" [Title/Abstract] OR "adolescent childbearing" [Title/Abstract] OR "adolescent parenting" [Title/Abstract] OR "early childbearing" [Title/Abstract] OR "adolescent child-bearing" [Title/Abstract] OR "early child-bearing" [Title/Abstract]) AND (West Africa [Title/Abstract] OR Benin [Title/Abstract] OR Burkina Faso [Title/Abstract] OR Cape Verde [Title/Abstract] OR Cote D'Ivoire [Title/Abstract] OR Gambia [Title/Abstract] OR Ghana [Title/Abstract] OR Guinea [Title/Abstract] OR Guinea-Bissau [Title/Abstract] OR Liberia [Title/Abstract] OR Mali [Title/Abstract] OR Mauritania [Title/Abstract] OR Niger [Title/Abstract] OR Nigeria [Title/Abstract] OR Senegal [Title/Abstract] OR Sierra Leone [Title/Abstract] OR Togo [Title/Abstract])

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Table C Overview of articles included

Author(s) (date)	Location of study	Study purpose	Study design	Data collection methods	Sample	Sample size
Anima et al. (2022)	Volta Region, Ghana	To explore the lived experiences of teenage mothers and the role of their experiences in transforming their lives	Qualitative	Photovoice with interviews	Young mothers aged 15-19 at time of the study	30
Anima & Tamphah-Naah (2023)	Volta Region, Ghana	To identify assets available to school dropout teenage mothers and how they are using these assets to secure some form of livelihood.	Qualitative	Interviews Focus group discussions	Young mothers aged 14-19 at the time of the study Key informants comprising of community members, religious leaders, health, and educational professionals	45 young mothers 17 key informants
Asirifi et al. (2024)	Dormaa East District, Ghana	To explore the childrearing experiences of young mothers	Qualitative	Interviews	Mothers aged 13 to 19 years at the time of the study who had given birth less than two years previously	30
Bah (2016)	Kanifing Municipality, The Gambia	To explore the causes of teenage pregnancy and childbearing, examine the problems that teenage mothers encounter during motherhood, examine the way that teenage mothers cope and adapt to motherhood.	Mixed methods	Interviews Questionnaires (open and closed questions)	Adolescent mothers who had their children when they were aged 19 or young (most aged 13-18). Professionals (sector unclear)	10 young mothers 5 professionals
Boateng et al. (2023)	Central Region, Ghana	To explore the factors influencing recurrent teenage pregnancies and the challenges confronted by these teenage mothers.	Qualitative	Interviews	Young mothers aged 16-19 at time of first birth	40
Dzotsi et al. (2020)	Accra, Ghana	To explore the challenges faced by teenage mothers.	Qualitative	Interviews	Young mothers aged 15-19 years at the time of the study	28
Gbogbo (2020)	Volta Region, Ghana	To explore young mothers' coping strategies during their transition to motherhood.	Qualitative	Interviews Focus group discussions	Young mothers aged 15-19 at the time of the study	12 interviews 80 FGDs
Gyesaw & Ankomah (2013)	Accra, Ghana	To explore the experiences of unmarried teenage mothers in relation to pregnancy, delivery, and early motherhood.	Qualitative	Interviews Focus group discussions	Aged 14-19 years at the time of the interview	Interviews – 9 FDGs - 54
Frimpong-Manso et al. (2022)	Ghana & Uganda	To explore the parenting experiences of young women who have left care.	Qualitative	Interviews	Aged 25-26 at the time of interview and aged 16-19 at time of first birth	10 (5 from Ghana)
Melvin & Uzoma (2012)	Osun state, Nigeria	To explore adolescent mothers' subjective wellbeing by focusing on childbirth, mothering experiences and available networks of support.	Qualitative	Interviews	Young mothers aged 13-20 at time of first birth. Gave birth within three years preceding the survey.	30
Morgan et al. (2022)	Volta Region, Ghana	To examine the predisposing factors to teenage motherhood as well as the consequences of teenage motherhood on the education of adolescent mothers.	Mixed methods	Interviews (open and closed questions)	Young mothers aged 10-19 at time of first birth	85

Table C Overview of articles included

Author(s) (date)	Location of study	Study purpose	Study design	Data collection methods	Sample	Sample size
Morgan et al. (2025)	Volta Region, Ghana	To explore how teenage mothers experience stigma and discrimination during post pregnancy school re-entry phase	Qualitative	Interviews	Mothers aged 13 to 19 years at the time of the study who a) had been pregnant during school, b) temporarily left school but had since returned, c) were currently enrolled in an educational institution, d) re-engaged in the year before the study Teachers, administrators and counsellors who a) had a minimum of four years' work experience, with at least two years before the implementation of the re-entry policy and two years afterwards, b)resided in the study municipalities (Ho and Hohoe) for at least four years, c) experienced at least two incidents of teenage pregnancy in their schools since the policy's implementation, had responsibilities related to student welfare and support. Community leaders who had a) lived in the community for at least five years before the study, b) been actively involved in educational policies and interventions during that time, c) possess knowledge about teenage pregnancy and the school re-entry policy.	55 young mothers 18 teachers 10 school management committee members
Oluseye et al. (2023)	Osun state, Nigeria	To explore community perspectives towards early pregnancy and motherhood; examine how young mothers manage stigma and highlight the costs associated with the stigma management approaches they adopt.	Qualitative	Interviews	Young mothers aged 18-30 at the time of the study, had their first birth before 19 years	24 young mothers 10 key informants
Oluseye et al. (2024)	Osun state, Nigeria	To explore how unmarried mothers are able to positively reconstruct their identities despite prevailing negative societal representations of young mothers	Qualitative	Interviews with photo-elicitation	Young mothers aged 18-30 years at the time of the study, had their first birth before 19 years	24
Okine & Daki-Gyeke (2020)	Accra, Ghana	To explore factors contributing to repeat pregnancies among teenage mothers, their knowledge of contraception as well as perceived barriers to contraceptive use/	Qualitative	Interviews Focus Group Discussions	Mothers aged below 20 years and had two or more children, as well as those who had one child and were pregnant with the second child. Health workers	33 young mothers 8 health workers

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Table C Overview of articles included

Author(s) (date)	Location of study	Study purpose	Study design	Data collection methods	Sample	Sample size
Okine et al. (2020)	Accra, Ghana	To explore the challenges faced by teenage mothers with repeat pregnancy and support services available to them.	Qualitative	Interviews Focus group discussions	Young mothers aged 16-19 at the time of the study, aged 11-16 at time of first pregnancy.	33 young mothers 8 health workers
Omobowale et al. (2023)	Ibadan, Nigeria	To explore factors associated with immunization hesitance and non-compliance among adolescent and young mothers and to explore mobile immunization clinic as a possible solution to young mothers' immunization challenges.	Qualitative	Non-participant observations Interviews	Mothers aged 17-23 years at the time of the interview	21 young mothers 6 significant others to the young mothers.
Oyetunde et al. (2025)	Ibadan, Nigeria	To explore how adolescent mothers residing in urban slums of Ibadan conceptualise social support	Qualitative	Interviews Community mappings FGDs	Mothers aged 17 to 19 years at the time of the study residing in urban slums across the five local areas of Ibadan	20 interviews FGDs – unclear the number of participants
Posey et al. (2024)	Cape Coast, Ghana	To explore barriers, facilitators and coping strategies related to food access among pregnant adolescents and adolescent mothers	Mixed method	Questionnaire Photovoice with interviews and FGDs	Mothers aged 12 to 19 with a child aged under the age of five living in a peri-urban community Pregnant adolescents aged 12 to 19	23 adolescent mothers 11 pregnant adolescents
Suglo et al. (2024)	Accra, Ghana	To explore the breastfeeding challenges of adolescent mothers	Qualitative	Interviews	Mothers aged 15 to 19 years at the time of the study who had delivered their child and were receiving outpatient care at the Korle Bu Teaching Hospital.	13
Twintoh et al. (2025)	Central Region, Ghana	To explore the postpartum experiences of teenage mothers	Qualitative	Interviews with pictorial diary/guide	Mothers aged 13 to 19 years at the time of the study who had given birth less than two years previously	30

Table D. *Critical appraisal of included articles*

	Anima & Tampah-Naah (2023)	Anima et al. (2022)	Asirifi et al (2024)	Bah (2016)	Boateng et al. (2023)	Dzotsi et al. (2020)
(1)Is there congruity between the stated philosophical position and methodology	Unclear	Yes	Yes	Unclear	Yes	Unclear
(2)Is there congruity between the research methodology and the research objectives	Yes	Yes	Yes	Yes*	Yes	Yes*
(3)Is there congruity between the research methodology and the methods used to collect the data	Yes	Yes	Yes	No	Yes	Yes*
(4)Is there congruity between the research methodology and representation of data	Yes	Yes	Unclear	Unclear	Yes	Yes*
(5)Is there congruity between the research methodology and interpretation of the results	Yes	Yes	Yes	No	Yes	Yes*
(6)Is there a statement locating the researcher culturally or theoretically?	No	No	No	No	No	No
(7)Is the influence of the researchers on the research, and vice versa addressed	No	No	No	No	No	No
(8)Are participants, and their voices, adequately represented	Yes	Yes	Yes	No	Yes	Yes
(9)Is the research ethical according to current criteria, or recent studies, and is there evidence of ethical approval by an appropriate body	Yes	Yes	Yes	Unclear	Yes	Yes
(10)Do the conclusions drawn in the research report flow from the analysis, or interpretation of the data	Yes	Yes	No	No	Yes	Yes
Percentage of “yes” responses	70%	80%	60%	10%	80%	70%

*Specific methodology not specified. Broad methodology, e.g. qualitative, referred to.

	Frimpong-Mason et al. (2022)	Gbogbo (2020)	Gyesaw & Ankomah (2013)	Melvin & Uzoma (2012)	Morgan et al. (2022)	Morgan et al. (2025)
(1)Is there congruity between the stated philosophical position and methodology	No	Yes	Unclear	Unclear	Unclear	Unclear
(2)Is there congruity between the research methodology and the research objectives	Yes*	Yes	Yes*	Yes*	Unclear	Yes*
(3)Is there congruity between the research methodology and the methods used to collect the data	Yes*	Yes	Yes*	Yes*	Unclear	Yes*
(4)Is there congruity between the research methodology and representation of data	Yes*	Yes	Yes*	Yes*	No	Yes*
(5)Is there congruity between the research methodology and interpretation of the results	Yes*	Yes	Yes*	Yes*	Yes	Yes*
(6)Is there a statement locating the researcher culturally or theoretically?	No	No	No	No	No	No
(7)Is the influence of the researchers on the research, and vice versa addressed	No	No	No	No	No	No
(8)Are participants, and their voices, adequately represented	Yes	Yes	Yes	Yes	Yes	Yes
(9)Is the research ethical according to current criteria, or recent studies, and is there evidence of ethical approval by an appropriate body	Unclear	Yes	Yes	No	Yes	Unclear
(10)Do the conclusions drawn in the research report flow from the analysis, or interpretation of the data	Yes	Yes	Yes	No	Yes	Yes
Percentage of “yes” responses	60%	80%	70%	50%	40%	60%

*Specific methodology not specified. Broad methodology, e.g. qualitative, referred to.

	Okine & Daki-Gyeke (2020)	Okine et al. (2020)	Oluseye et al. (2024)	Oluseye et al. (2023)	Omobowale et al. (2023)	Oyetunde et al. (2025)
(1)Is there congruity between the stated philosophical position and methodology	Unclear	Unclear	Yes	Unclear	Unclear	Yes
(2)Is there congruity between the research methodology and the research objectives	Yes*	Yes*	Yes	Yes	Yes*	No
(3)Is there congruity between the research methodology and the methods used to collect the data	Yes*	Yes*	Yes	Yes	Yes*	Unclear
(4)Is there congruity between the research methodology and representation of data	Yes*	Yes*	Yes	Yes	Yes*	Unclear
(5)Is there congruity between the research methodology and interpretation of the results	Yes*	Yes*	Yes	Yes	Yes*	Unclear
(6)Is there a statement locating the researcher culturally or theoretically?	No	No	Yes	Yes	No	No
(7)Is the influence of the researchers on the research, and vice versa addressed	No	No	Half yes/half no	Half yes/half no	No	No
(8)Are participants, and their voices, adequately represented	Yes	Yes	Yes	Yes	Yes	No
(9)Is the research ethical according to current criteria, or recent studies, and is there evidence of ethical approval by an appropriate body	Yes	Yes	Yes	Yes	Yes	Yes
(10)Do the conclusions drawn in the research report flow from the analysis, or interpretation of the data	Yes	Yes	Yes	Yes	Yes	Yes
Percentage of “yes” responses	70%	70%	95%	85%	70%	30%

* Specific methodology not specified. Broad methodology, e.g. qualitative, referred to.

	Posey et al. (2024)	Suglo et al. (2024)	Twintoh et al (2025)
(1)Is there congruity between the stated philosophical position and methodology	Unclear	Unclear	Unclear
(2)Is there congruity between the research methodology and the research objectives	No	Yes	Yes
(3)Is there congruity between the research methodology and the methods used to collect the data	No	Yes	Yes
(4)Is there congruity between the research methodology and representation of data	No	Yes	Yes
(5)Is there congruity between the research methodology and interpretation of the results	No	Yes	No
(6)Is there a statement locating the researcher culturally or theoretically?	No	Yes	Yes
(7)Is the influence of the researchers on the research, and vice versa addressed	No	No	No
(8)Are participants, and their voices, adequately represented	Yes	Yes	Yes
(9)Is the research ethical according to current criteria, or recent studies, and is there evidence of ethical approval by an appropriate body	Yes	Yes	Yes
(10)Do the conclusions drawn in the research report flow from the analysis, or interpretation of the data	Yes	Yes	Yes
Percentage of “yes” responses	30%	80%	70%

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