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REVIEW ARTICLE

The Associated Risk Factors for Perinatal Depression Among Teenage Mothers – A Narrative Review

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ABSTRACT

Introduction: This narrative review focuses on the risk factors of depression in perinatal teenage mothers, a significant global health concern with implications for mother and child's health. Perinatal depression is a common mental health disorder that affects a significant proportion of teenage mothers worldwide. Depending on the area and population under study, research has revealed that the prevalence of perinatal depression in adolescent women can vary from 33.2% to 74.3%. Given these concerns, this narrative review aims to examine the risk factors contributing to PND in perinatal teenage mothers, synthesizing evidence from global studies to inform targeted interventions. **Methodology:** This narrative review examined studies published in English from 2014 to 2024, sourced from Google Scholar, ScienceDirect, Scopus, PubMed, and ResearchGate. A structured search strategy was applied using Boolean operators (AND/OR) and Medical Subject Headings (MeSH) terms to identify studies on risk factors of perinatal depression among adolescent mothers. Studies were screened based on title, abstract, and full text, with inclusion criteria focusing on those addressing specific risk factors for perinatal depression in teenage mothers. The SANRA scale was used to assess study quality, ensuring methodological rigor. Key findings were thematically categorized and synthesized to identify common patterns and gaps in existing literature. **Results:** This review

identifies key factors contributing to perinatal depression among teenage mothers, including socio-demographic, economic, cultural, and trauma-related factors. Low education, single status, and financial hardship were linked to higher depression risk due to limited resources and healthcare access. Stigma, social isolation, and cultural expectations further exacerbated mental health challenges. Additionally, trauma and polyvictimization, such as childhood abuse and partner violence, significantly increased depression risk. These findings highlight the need for holistic interventions addressing social, economic, and psychological determinants. **Conclusions:** Perinatal depression is a significant concern among adolescent mothers, influenced by multiple social, economic, and psychological risk factors. This review underscores the need for targeted interventions, early screening, and effective mental health support to mitigate its impact. Addressing these gaps through research and policy development is crucial to improving maternal and child health outcomes.

INTRODUCTION

Perinatal depression (PND) is a common mental health disorder that affects a significant proportion of teenage mothers worldwide. Studies have shown that the prevalence of perinatal depression among teenage mothers can range from as low as 33.3% to as high as 74.3%, depending on the region and the population studied.

A mood illness known as PND strikes people during pregnancy or within a year after giving birth. The term "perinatal depression" now includes postpartum depression, following the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). While teenage pregnancy refers to pregnancy occurring in a female aged 10 to 19 years, as defined by the World Health Organization (WHO). It includes both pregnancies that result in live births and those that end in miscarriage or abortion.

PND among teenage mothers can have serious consequences for both the mother and the child. These consequences can be broadly categorized into short-term and long-term effects. The short-term effects of PND among teenage mothers include impaired maternal-infant bonding, reduced maternal responsiveness, and decreased ability to care for the infant (Miafo et al., 2024) (Nicolet et al., 2021). Additionally, perinatal depression can lead to poor pregnancy outcomes such as low birth weight and preterm delivery (Saud et al., 2024).

The long-term effects of PND among teenage mothers can be far-reaching and have implications for the child's development and the mother's mental health. For instance, children of mothers who experienced PND are at a higher risk of developing emotional and behavioral problems (Odawa et al., 2023). Additionally, teenage mothers who experience perinatal depression are at a higher risk of experiencing depression in subsequent pregnancies and beyond (Ngugi et al., 2024).

PND among teenage mothers is a significant public health concern, particularly in low- and middle-income countries (LMICs). This condition affects not only the mental health of the mother but also has implications for the well-being of the child. The prevalence of PND varies across different regions and is influenced by a variety of socio-demographic, economic, and cultural factors. This review provides a comprehensive overview of the prevalence of perinatal depression among teenage mothers, drawing on data from multiple studies conducted in different regions.

Given the high prevalence of PND among teenage mothers, it is essential to explore the associated risk factors and their impact on maternal and child health. This review aims to examine the global burden

of perinatal depression among adolescent mothers, identify key risk factors, and highlight gaps in the existing literature to guide future research and interventions.

MATERIALS AND METHODS

This narrative review included studies published in English from 2014 to 2024, sourced from Google Scholar, ScienceDirect, Scopus, PubMed, and ResearchGate. The search aimed to identify studies related to risk factors of teenage pregnancy and perinatal depression among adolescent mothers. Search terms and Boolean operators (AND/OR) were applied, including "teenage pregnancy," "adolescent mothers," "perinatal depression," "postpartum depression," "risk factors," and "mental health outcomes." Medical Subject Headings (MeSH) terms were used in PubMed to refine results.

Study Selection and Quality Assessment

Studies were screened based on title and abstract for relevance, followed by a full-text assessment. Inclusion criteria required studies to specifically address risk factors contributing to perinatal depression among adolescent mothers. Studies focusing on general maternal populations without an age-specific analysis were excluded. To ensure methodological rigor, the SANRA scale (Scale for the Assessment of Narrative Review Articles) was used to assess the quality and reliability of included studies (Baethge et al., 2019). Studies scoring 9 or higher on the SANRA scale were considered high quality and included in the review.

Data Extraction and Synthesis

Key findings from selected studies were summarized and synthesized under the initial thematic categories of socio-demographic, economic, cultural, and trauma-related factors. During the thematic synthesis, additional categories emerged inductively, including healthcare-related barriers, emotional abandonment, and psychological/lifestyle stressors. A qualitative synthesis approach was used to identify patterns and gaps in the existing literature.

RESULTS

PND among teenage mothers shows considerable variation across different countries, with reported prevalence ranging widely depending on the study population and methodological approaches used. Table 1 presents the prevalence estimates identified in this review. Cameroon and Kenya each appear twice because multiple studies from these countries used different populations, methodologies, or screening tools, resulting in distinct prevalence figures. These variations highlight how contextual and methodological factors influence the reported burden of PND among adolescent mothers.

Table 2: Summarizes the prevalence of perinatal depression among teenage mothers reported across different countries included in this review.

Country/Region	Country/Region	Citation
Cameroon	60.8%	(Miafo et al., 2024)
Cameroon	70.0%	(Nicolet et al., 2021)
Kenya	74.3%	(Ngugi et al., 2024)
Kenya	70.8%	(Odawa et al., 2023)
Nepal	33.3%	(Pokharel et al., 2023)
Iraq	44.4%	(Saud et al., 2024)
South Africa	42.8%	(Seakamela et al., 2023)
United States	33.2%	(Killian-Farrell et al., 2017)

Thematic Analysis of Factors Associated with PND

Teenage mothers experience PND due to a range of interconnected factors that extend beyond individual characteristics. The studies included in this review revealed several recurring themes that influence the psychological well-being of teenage mothers. These themes reflect social, economic, cultural, emotional, and structural determinants that interact to shape vulnerability to PND. The following sections present each theme in detail.

Socio-Demographic Factors

Socio-demographic characteristics such as age, marital status, and educational level play a critical role in influencing the risk of PND among teenage mothers. Studies show that adolescents who are single or separated face substantially higher depressive symptoms than those with partner support (Nicolet et al., 2021). Additionally, lower educational attainment is associated with increased vulnerability, likely due to limited access to resources, reduced health literacy, and fewer social support mechanisms (Saud et al., 2024; Hassan et al., 2024).

Beyond structural disadvantages, developmental factors also contribute to increased susceptibility. Teenage mothers are navigating the transition from adolescence to adulthood, often without adequate emotional or social support. This period is characterized by identity formation, emotional instability, and limited coping skills. Unplanned pregnancies, relationship instability, and unsupportive family environments further heighten emotional distress. Compared with adult mothers, adolescents have lower emotional maturity and fewer adaptive coping mechanisms, making them more prone to PND (Ngugi et al., 2024).

The interplay between these socio-demographic factors particularly young age, limited education, and lack of partner support creates a foundation of vulnerability that interacts with other risk domains.

Economic Factors

Economic hardship is one of the most significant contributors to PND among teenage mothers. Many adolescents come from socioeconomically disadvantaged backgrounds marked by unemployment, poverty, food insecurity, and dependence on others for financial support. These challenges create chronic stress, reduce opportunities for personal growth, and restrict access to essential healthcare services (Hassan et al., 2024; Saud et al., 2024; Seakamela et al., 2023).

Financial strain and material deprivation also contribute to feelings of hopelessness and loss of control. When adolescents are unable to meet basic needs for themselves or their infants, their emotional burden intensifies. Economic instability often intersects with other risk factors such as trauma exposure, stigma, and emotional neglect, magnifying the overall psychological load. This cumulative pattern of disadvantage increases the likelihood of developing perinatal depressive symptoms.

Emotional abandonment

Emotional abandonment characterized by a lack of emotional support from partners, family members, or the community emerged as a prominent contributor to PND. Teenagers who face rejection, harsh treatment, or indifference from their closest social circles report heightened feelings of isolation, worthlessness, and shame (Ngugi et al., 2024).

Stigma surrounding adolescent pregnancy often amplifies emotional abandonment, particularly in conservative or low-income settings. This lack of emotional buffering reduces resilience and leaves young mothers without the interpersonal support needed to manage the demands of early motherhood. Emotional abandonment also interacts with other stressors such as poverty and cultural expectations, creating a compounded psychological burden that increases vulnerability to depression.

Cultural Factors

Cultural norms, societal expectations, and gender roles significantly influence the prevalence and severity of PND among teenage mothers. In many contexts, adolescent pregnancy is stigmatized, leading to social isolation, judgment, and diminished community support (Hassan et al., 2024). Such stigma can discourage help-seeking behavior, delay access to antenatal or mental health services, and contribute to internalized shame.

Moreover, cultural beliefs shape how mental health issues are perceived and addressed. In settings where mental health is stigmatized or poorly understood, depressive symptoms may go unrecognized or minimized. Cultural norms also influence family responses and healthcare interactions. When teenage pregnancy is viewed as socially unacceptable, young mothers are more likely to experience emotional abandonment, reinforcing their vulnerability (Nicolet et al., 2021). Overall, cultural influences do not operate in isolation but interact with socioeconomic and familial dynamics to intensify psychological distress.

Trauma and Polyvictimization

Trauma exposure is one of the strongest predictors of PND among adolescent mothers. Experiences such as intimate partner violence, childhood sexual or physical abuse, and the loss of a caregiver significantly increase the likelihood of developing depression during the perinatal period (Killian-Farrell et al., 2017). Polyvictimization, exposure to multiple types of trauma further elevates this risk and has been associated with suicidal ideation among adolescent mothers (Miafo et al., 2024).

Trauma rarely occurs in isolation; it frequently coexists with socioeconomic hardship, disrupted schooling, and strained family relationships. This cumulative disadvantage exacerbates psychological vulnerability and limits access to supportive resources. Adolescents with traumatic histories may have fewer coping skills, weaker support networks, and higher exposure to ongoing stressors, making them particularly susceptible to perinatal depression.

Healthcare related barrier

Healthcare-related barriers significantly hinder the early detection and management of PND among teenage mothers. Practical obstacles such as long distances to healthcare facilities, inadequate transportation, and unsafe environments reduce clinic attendance (Hassan et al., 2024). Additionally, adolescents frequently report negative encounters with healthcare providers, including judgmental attitudes and lack of empathy, which discourages help-seeking (Ngugi et al., 2024).

The limited integration of mental health screening within antenatal services means that early symptoms of depression often go unrecognized. These barriers not only delay care but also reinforce feelings of shame and isolation, especially when combined with cultural stigma or emotional neglect. The absence of adolescent-friendly healthcare models further reduces opportunities for early intervention.

Psychological and Lifestyle Stressors

Teenage mothers commonly experience psychological, and lifestyle stressors related to the sudden assumptions of adult responsibilities. Sleep deprivation, physical exhaustion, and dissatisfaction with the baby's sex have been reported as sources of distress (Ngugi et al., 2024; Miafo et al., 2024). The demands of caring for an infant while still navigating their own emotional development place substantial strain on adolescent mothers.

These stressors often intensify pre-existing vulnerabilities created by trauma, stigma, and socioeconomic hardship. When combined, the physical burden of caregiving, emotional instability, and limited social support create a high-risk environment for the onset or worsening of PND.

Overall, these themes do not exist independently. Instead, they interact dynamically where trauma intensifies emotional abandonment, stigma influences healthcare experiences, and poverty magnifies psychological stress. This interconnected pattern highlights the need to understand PND among teenage mothers as a multidimensional issue rather than a set of isolated risk factors.

Table 2: Summary of the result

Factors	Description	Supporting Studies
Socio-Demographic	Teenage mothers with lower education and single or separated marital status have a higher risk of perinatal depression due to limited access to resources and support	Nicollet et al., 2021; Saud et al., 2024 Hassan et al.,2024
Economic	Low socioeconomic status and financial hardship increase the risk of perinatal depression among teenage mothers, especially those with limited healthcare access.	Saud et al., 2024 ; Seakamela et al., 2023
Cultural	Stigma, social expectations, and gender roles contribute to perinatal depression by leading to social isolation and a lack of community support.	Hassan et al., 2024; Nicollet et al., 2021
Trauma & Polyvictimization	Teenage mothers who experience childhood trauma, intimate partner violence, or multiple traumatic events are at a significantly higher risk of perinatal depression.	Killian-Farrell et al., 2017; Miasfo et al.2024
Healthcare	Healthcare staff judgemental and lack of empathy attitude.	Hassan et al., 2024; Ngugi et al., 2024
Emotional Abandonment	Lack of emotional support from parents, partners, and the community	Ngugi et al.,2024
Psychological & Lifestyle stressor	Physical exhaustion from caring for the child	Ngugi et al.,2024 Miafo et al.,2024

DISCUSSION

This narrative review highlights several factors contributing to PND among teenage mothers. Key risk factors identified in the literature include low socioeconomic status, lack of social support, trauma and polyvictimization, healthcare staff related, emotional abandonment, psychological and lifestyle stressor.

Findings from this review align with previous studies indicating that teenage mothers are particularly vulnerable to perinatal depression due to their unique life stage and associated challenges (Goossens et al., 2015). Consistent with research in sub-Saharan Africa and South Asia, financial instability and unplanned pregnancies were recurrent risk factors. Similarly, studies in Western countries have emphasized the role of past trauma and intimate partner violence (IPV) in triggering depressive symptoms among young mothers. These findings highlight the urgent need for accessible support systems, including online counselling platforms that offer confidential mental health services tailored to teenage mothers. Additionally, establishing emergency shelters and safe spaces can provide immediate protection and stability for those facing domestic violence or housing insecurity, ensuring their safety while also addressing their emotional and psychological needs.

However, there are notable differences in the reported risk factors across regions. In some cultures, teenage pregnancy is more socially accepted, potentially reducing stress and stigma. Conversely, in societies where teenage pregnancy is highly stigmatized, teenage mothers experience greater social isolation, which exacerbates depressive symptoms. These findings suggest that addressing perinatal depression requires context-specific interventions that consider cultural and societal norms. For instance, in more conservative or stigmatizing settings, community education campaigns and family-inclusive counselling may help reduce stigma and foster acceptance. Meanwhile, in areas where social acceptance is high, but healthcare access remains limited, strengthening service

delivery through mobile health (mHealth) platforms, adolescent-friendly clinics, and school-based support may be more effective. Overall, integrating cultural understanding into mental health programming is key to ensuring that interventions are both respectful and responsive to the unique challenges faced by teenage mothers across diverse settings.

One crucial strategy is improving mental health screening and support. Routine screening for depressive symptoms should be integrated into antenatal and postnatal care services, particularly for teenage mothers who are at higher risk (Shahhosseini et al., 2015). Early identification of depression can facilitate timely intervention and reduce the long-term psychological impact on both the mother and child. Providing targeted training for healthcare staff is essential in addressing perinatal depression among teenage mothers. Such training can help reduce the likelihood of healthcare providers displaying judgmental attitudes, which often discourage young mothers from seeking help. Instead, equipping staff with the skills to respond empathetically and supportively can foster a more welcoming and understanding environment. This, in turn, encourages open communication, early detection of mental health concerns, and more effective intervention, ultimately improving outcomes for both the mother and her child.

Another essential approach is strengthening social support systems. Teenage mothers often experience social isolation, stigma, and a lack of emotional support. Community-based interventions, including peer support groups and mentorship programs, can provide them with a sense of belonging, reduce loneliness, and improve emotional well-being. Encouraging family involvement and fostering supportive relationships within communities can further enhance their resilience.

Economic and educational empowerment is also a key component in addressing perinatal depression. Many teenage mothers face financial instability, which adds to their stress and anxiety. Providing financial assistance, access to education, and vocational training can equip them with the skills and resources needed for economic independence. Reducing financial insecurity can help alleviate the psychological burden and improve both maternal and child health outcomes.

Finally, interventions addressing IPV should be incorporated into mental health programs. Teenage mothers who experience IPV are at an increased risk of perinatal depression and other adverse health outcomes. Healthcare providers should screen for IPV during prenatal visits and ensure affected individuals receive the necessary protection, counseling, and legal assistance.

The findings from this review highlight the need for a multi-faceted approach to addressing perinatal depression among teenage mothers. A combination of healthcare, social, and economic interventions can help mitigate the risk factors contributing to perinatal depression and improve the overall well-being of teenage mothers. By implementing these comprehensive strategies, healthcare systems and policymakers can create a more supportive environment for teenage mothers, reducing the prevalence of PND and improving their overall quality of life.

Despite extensive research on PND, several gaps remain in the literature. Many studies focus on individual risk factors, while fewer explore the intersectionality of multiple contributing factors. Additionally, most research relies on cross-sectional designs, limiting the ability to establish causal relationships between identified risk factors and perinatal depression.

Another limitation is the lack of longitudinal studies tracking the mental health trajectories of teenage mothers over time.

Understanding how depressive symptoms evolve from pregnancy to postpartum could provide better insights into long-term mental health outcomes. Moreover, research is limited on how interventions targeting teenage mothers differ in effectiveness based on age, socio-economic status, or cultural background.

CONCLUSION

PND among teenage mothers is a significant public health issue that requires urgent attention. The prevalence of perinatal depression varies widely across different regions, reflecting differences in socio-demographic, economic, and cultural factors. Addressing this issue requires a multi-faceted approach that incorporates prevention, early detection, and treatment. By implementing these strategies, healthcare professionals can improve the mental health outcomes of teenage mothers and their children, ultimately reducing the long-term consequences of perinatal depression.

CONFLICT OF INTEREST

The author declares no conflict of interest related to this study.

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