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Social exclusion of single mothers in rural South Africa: The impact on psychosocial wellbeing and experiences

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ABSTRACT

Women who suffer to take care of their children and barely survive materially have little opportunity to devote attention to their psychosocial wellbeing. These women are kept alive by grants, but no attention is paid to their psychosocial health. This article reports on research aimed to investigate social and economic exclusion among a sample of single mothers living in a rural community to gain insight into the resultant impact of these exclusions on their psychosocial wellbeing. The study collected data through 16 semi-structured interviews with participants who were purposively selected. The interviews were conducted in isiZulu by social workers. A qualitative interpretive methodology was used to understand their experiences of social exclusion and the resultant psychosocial wellbeing of the sample. The interviews were transcribed and translated before being analysed with thematic analysis. The findings reveal that these single mothers are socially and economically excluded, with little opportunity for employment or upward financial mobility. The primary survival strategy of participants was dependent on the receipt of monthly cash transfers from the state, but this did not reduce the detrimental psychosocial impact. The psychosocial impacts of these circumstances included isolation, anxiety, depression, low self-esteem, hopelessness, mental illness, substance abuse and loss of autonomy. Social workers must prioritise developmental social welfare interventions and implement micro, meso and macro developmental social work programmes to intervene in addressing the psychosocial well-being and economic needs of single mothers in rural South Africa.

Keywords: livelihood approach; psychosocial wellbeing; rurality; single mothers; social exclusion; sustainable

INTRODUCTION

Social exclusion refers to the economic, social, political and cultural marginalisation of a group as a consequence of structural poverty, discrimination, dislocation and disenfranchisement (Chaskin et al., 2019). The dominant narrative assumes that social exclusion leads only to poverty (Dean & Platt, 2016). An expanded view, however, reveals that social exclusion also correlates with loneliness, an absence of social skills, a lack of opportunity for upward mobility, no predictability of access to goods and services, little democratic participation and no hope for an improved future (Falch-Eriksen, 2023). Chaskin et al. (2019) concur with this view in writing that social exclusion does not merely entail poverty and income deprivation, but includes dimensions such as social discrimination, segregation, abuse, disability and disenfranchisement. It impacts on institutional processes, resources, networks, social participation, cultural participation, health status, educational status, housing, social relationships and access to psychosocial assistance (Chaskin et al., 2019).

The literature presents three theoretical perspectives on the nature of social exclusion: first, as a concept driven by poverty; second, as a moral discourse about an "underclass"; and third, as involving structural issues and disconnection from formal employment opportunities (Chaskin et al., 2019). The essence of social exclusion, which radiates into many personal domains, concerns social integration and connection to the broader social ecology, or the absence thereof (Chaskin et al., 2019).

The prevalence of social exclusion is a severe challenge to social cohesion and solidarity between citizens. It is rooted in disregard for the dignity and human rights of marginalised groups (Falch-Eriksen, 2023) and it results from the failures of democratic political systems, the welfare system and the labour market (Mubangizi, 2018).

South Africa has adopted the White Paper on Social Welfare, a framework for implementing a developmental social welfare system to counter social injustice, discrimination and social exclusion (Gray & Lombard, 2022; Republic of South Africa, 1997). Over the past three decades, however, the reality has been that implementation by social workers has been hindered by a lack of clarity regarding functions and roles (Gray & Lombard, 2022). Despite its vision of a just and equitable welfare system, the White Paper on Social Welfare lacks an enabling framework (Gray & Lombard, 2022). The lack of such a welfare system fuels social exclusion. It is symptomatic of the disintegration of society where certain groups, such as single mothers, are not regarded as equals. This results in these individuals becoming disengaged, because their needs are not considered relevant to society (Falch-Eriksen, 2023).

Despite the Constitution of the Republic of South Africa (1996) and the Vision 2030 National Development Plan (National Planning Commission, 2012), which both commit to eradicating social exclusion, neither has explicitly addressed the gendered impact of poverty on women and single mothers. The proportion of women living below the poverty line is consistently

higher than that of men (Plagerson, 2023). The material, social, physical and psychological manifestations of social exclusion inevitably affect the psychosocial wellbeing of single mothers and their children.

Single-mother households have become the norm in South Africa (Callaghan et al., 2021). Despite the Child Support Grant available to single mothers, many continue to live in dire poverty. It has been confirmed that most households suffering from chronic poverty in South Africa are female-headed (Mkhize & Msomi, 2016) and most single mothers rely on a single income. They are thus more vulnerable to income insecurity and poverty (Mkhize & Msomi, 2016). The psychosocial well-being of single mothers in South Africa is negatively impacted by poverty, unemployment, a lack of basic services, low levels of education, inadequate healthcare and a feeling of social isolation (Nell et al., 2015). This aligns with findings by Mkhize and Msomi (2016) that African single mothers face numerous economic challenges which compromise their psychosocial wellbeing. This includes insufficient funds to support the family, having to play both parents' roles in the absence of a father, having inadequate time to spend with their children, difficulty balancing multiple roles and responsibilities, and a lack of social support.

For generations, single mothers in Africa have had to endure psychosocial barriers and economic exclusion on the grounds of gender inequality, as well as racial and sexual discrimination (Alloush, 2024). These inequalities also intersect with the disadvantages of their spatial context (Plagerson, 2023). The spatial context of Black women who live in rural areas is often characterised by poor to inadequate infrastructure, no socioeconomic development, no job opportunities or skill-development, no access to quality education, and a lack of basic services such as electricity, water and sanitation (Doss et al., 2019; Mkhize & Msomi, 2016; Mubangizi, 2018). Rural living in South Africa entails living with underdevelopment, poverty, food insecurity, violence, isolation, neglect, conservative value systems, corruption, unpredictability and exclusion (Moletsane & Ntombela, 2010). Statistics South Africa (StatsSA) (2019) found that 65.4% of the rural population in South Africa lives below the poverty line, compared to 25.4% in urban areas. Empirical evidence reveals that single mothers from rural areas have low satisfaction and quality of life, with negative affect and depression being prevalent (Koen et al., 2021). An American study found that people living in rural areas exhibit higher levels of depression, substance abuse, suicide attempts, incest and child abuse (Smalley et al., 2010). The cultural construct of gender and the social status of women in rural communities exacerbate their exclusion from decision-making and from access to financial, physical and social assets (Moletsane & Ntombela, 2010). In South Africa, all of these disadvantages often intersect with class and racial discrimination, resulting in the marginalisation and subordination of black women in the political, social and economic spheres of life in contemporary South Africa (Mubangizi, 2018).

The cumulative effects of these factors contributing to social exclusion may have profound consequences for the psychological wellbeing of single mothers in rural South Africa (Mkhize & Msomi, 2016).

PSYCHOSOCIAL WELLBEING OF SINGLE MOTHERS

Psychosocial wellbeing refers to the general mental, emotional and social health of an individual, and finding a sense of purpose and satisfaction in life. It encompasses psychological and social factors such as self-esteem, emotional regulation, resilience, interpersonal relationships, community support and social integration (Keyes, 2002). Psychosocial wellbeing is recognised as central to mental health (Eiroa-Orosa, 2020; Koen et al., 2021). The psychosocial well-being of single mothers internationally is more compromised, with a higher likelihood of their developing anxiety, depression and other psychopathologies compared to mothers with partners (Taylor et al., 2022). The international literature recognises that single mothers' mental health is further compromised by social stigma and feelings of loneliness and isolation (Taylor et al., 2022; Travis, 2023).

Research on the feminisation of poverty and social exclusion has provided empirical evidence that poverty has serious consequences for the socioemotional and cognitive development of single mothers (Raniga & Ringson, 2021). People experiencing social exclusion face a higher number of risk factors and significant psychological distress, but with fewer psychosocial resources (Cantos-Egea et al., 2023; Targosz et al., 2003). The factors with the most significant negative impact on psychosocial wellbeing included difficulties paying household expenses and depending on social benefits and grants to survive (Cantos-Egea et al., 2023). Mkhize and Msomi (2016) similarly found that African single mothers have insufficient funds to support their families and that state social grants are their consistent primary source of monthly income. South African evidence shows that despite access to the Child Support Grant to single mothers, many still live in dire poverty, have not completed schooling and are economically inactive (De Wet-Billings, 2022). More South African studies confirm the link between social isolation poverty, social stress and depressive disorders in single mothers This is likely to have adverse consequences on children and raises the possibility of intergenerational cycles of disadvantage and isolation (Hansen et al., 2024; Kim et al., 2024; Melamu et al., 2025; Targosz et al., 2003).

To alleviate the social exclusion of single mothers in rural areas, formal social assistance from social workers and the strengthening of support networks among friends, neighbours, and relatives are important (Lee & Jeong, 2016). The researchers could not locate another study conducted in South Africa that investigated the intersecting difficulties faced by socially excluded single mothers in a rural area. In South Africa, poor single mothers can apply for and receive social grants that help them meet the basic needs of their families. Yet the delivery of social services does nothing for their psychosocial wellbeing and quality of life. The findings of this study are intended to raise awareness and knowledge of the interplay between social and economic exclusion and psychosocial wellbeing. The aim is to make social workers aware of the urgency of the need for therapeutic and developmental intervention in this sector of society (Erasmus & Raniga, 2025; Spjeldnæs, 2021).

Consequently, in this study we investigated two interrelated questions: first, we examined the presence and manifestations of social exclusion of single mothers in rural South Africa, and then studied the impact of this exclusion on participants' psychosocial experiences and wellbeing.

METHODOLOGY

A qualitative interpretive methodology was adopted for the research design to achieve the study's objectives. This study aimed to examine the extent of social exclusion among single mothers in rural South Africa and the impact of this on the participants' psychosocial wellbeing. A qualitative interpretive methodology provides a structured approach to understanding the richness of settings and participants' circumstances. It increases the efficacy of integrating qualitative research into evidence that can be used to shape practice (Aguirre & Bolton, 2014). Qualitative methods provide a deeper understanding of individuals' lived experiences and their contextual realities, as Thompson et al. (2021) posit. Through in-depth engagement with participants, this methodology enabled exploration of complex social dynamics and personal narratives, offering rich insights into the nature of social exclusion among single mothers and its impact on their psychosocial wellbeing.

Research context

The study was carried out in Mbazwana in the Umkhanyakude Municipal area of the KwaZulu-Natal province in South Africa. With its population speaking predominantly isiZulu, Mbazwana is close to Sodwana Bay, a hub for a range of diverse marine life that attracts local and international tourists. Mbazwana was chosen as a research site because it faces serious challenges, including food insecurity, inadequate housing and widespread poverty (Mkhize, 2018; Mpanza & Govender, 2017). Single mothers shoulder the responsibilities of both parental roles in this community, struggling to meet their children's psychosocial and material needs.

The authors collaborated with two social workers who were employed at two different non-governmental organisations to conduct the interviews. These social workers were trained, contracted and remunerated for this work. We decided on this approach, because interviews with vulnerable populations must preferably be conducted by professionals who are professionally skilled to do so.

Population and selection of participants

This site was purposively selected for the research, as we had access to the community through social workers, and because it was a typical rural area in South Africa. The single mothers from this population were appropriate to answer the research questions and achieve the study objectives. The strategy for purposive sampling was aligned to meet the study's aims (Campbell et al., 2020).

The inclusion criteria were: African women who had resided in the uMkhanyakude district for at least two years; women who were single and did not cohabit with a partner since the focus of our study was single mothers; each single mother was caring for at least one minor child, as we were explicitly looking for mothers who were caring for minor children on their own; they also had to be heads of their households, since the study focused on women who were sole providers.

Participant selection initially followed a purposive sampling method, in which the social workers from two local NGOs each selected two women. This was followed by selecting

another 14 single mothers through nonprobability snowball sampling. Snowball sampling takes when researchers start with a small number of contacts, or "seeds", who meet the inclusion criteria, and then ask these participants to recommend others in the community who also meet the inclusion criteria (Parker et al., 2019). The method used existing social networks within the community to identify suitable participants. All participants completed the informed consent forms. Data saturation was reached after conducting 16 interviews.

Data collection

The two contracted social workers each conducted semi-structured interviews with eight women. Semi-structured interviews were the method of choice because they allow open-ended probing questions on a specific topic and the possibility of follow-up questions (Adams, 2015). These semi-structured interviews were conducted in isiZulu. The interview schedule covered issues such as social grants, household expenses, psychological challenges and coping strategies. Each interview lasted 1 hour and provided rich insights into the challenges women face. The prolonged engagement and richness of the stories of the single mothers bolstered the trustworthiness of the results.

Data analysis

Data analysis followed Clarke and Braun's (2017) five-step framework for thematic analysis. Thematic analysis facilitates the identification and interpretation of patterns of meaning in qualitative data (Clarke & Braun, 2017). This rigorous process ensured systematic exploration and interpretation of the collected data. The objectives were to examine the extent of social exclusion of single mothers in rural South Africa and the impact of this exclusion on the participants' psychosocial wellbeing.

To fulfil the objectives, special care was taken to examine responses containing mentions of the nature of social exclusion, comprising economic exclusion, unemployment, poverty, exclusion from opportunity, political exclusion, unequal access to education, health care and social services, stigma, isolation and cultural exclusion (Chaskin et al., 2019) We then devoted special attention to the sub-concepts of psychosocial wellbeing, such as self-esteem, self-concept, coping skills, resilience, sense of purpose, cognitive functioning, support systems, communication skills, sense of belonging, independence and autonomy (Ryff, 2013).

Ethical considerations

Ethical considerations remained paramount throughout the research process, with measures taken to protect participants' anonymity and dignity and obtaining their informed consent. Interviews took place in June 2022. Ethical clearance was obtained from the Research Ethics Committee of the University of Johannesburg before commencing the study in June 2017. The ethical clearance number is REC-01-162-2017.

Informed consent was obtained from all participants, with clear explanations regarding the study's objectives, procedures and their right to withdraw at any stage without consequences (Hammersley & Traianou, 2012). Participants could ask questions before the interviews began. As the participants are part of a vulnerable population, interviews were conducted with sensitivity by trained registered social workers who always kept the participants' wellbeing in

mind. Given the sensitive nature of the topic, confidentiality and anonymity were strictly maintained by using pseudonyms and removing identifiable information from transcripts (Wiles et al., 2008). All data were stored in encrypted files on password-protected laptops. Only the researchers have access to the data. The voice recordings were encrypted and are password-protected.

Trustworthiness

To ensure trustworthiness, the study adhered to Lincoln and Guba's (1985) criteria of credibility, dependability, transferability and confirmability. Credibility was established through peer debriefing among researchers and social workers. The researchers maintained ongoing discussions with social workers to validate interpretations and ensure alignment with participants' lived experiences (Shenton, 2004). Dependability was reinforced by maintaining a careful audit trail, documenting decisions made throughout the research process, and employing thematic analysis guided by established frameworks (Clarke & Braun, 2017). Transferability was ensured by providing thick descriptions of the research context, enabling future researchers to assess the applicability of the findings in similar settings (Nowell et al., 2017). Lastly, confirmability was enhanced by reflexivity, in which researchers continuously reflected on their positionality and potential biases, ensuring that findings were grounded in participants' narratives rather than in the researchers' preconceptions (Berger, 2015).

By integrating these ethical and methodological safeguards, this study upheld high standards of research integrity, ensuring that the findings provide an authentic and trustworthy representation of the lived realities of single mothers in rural South Africa.

FINDINGS

Biographical profiles of participants

All single-mother participants living in rural areas were solely responsible for generating income for their households. On average, these households consisted of 6.3 individuals. Participants ranged in age from 21 to 80, with an average of 2.6 biological children and 1.26 grandchildren per household. At the time of data collection in 2022, the upper-bound poverty line was R1,417 per person per month (StatsSA, 2022).

All participants received the Child Support Grant, amounting to R480 per child per month, and various other government support grants, ranging from R480 to R4,860 per month at the time of data collection for this study. The child support grant is crucial as 13 million children in South Africa receive it (South African Social Security Agency, 2024), with 70% of the money used for food expenses. While studies recognise the positive impact of the Child Support Grant on households, the grant does not alleviate mental health challenges such as anxiety and depression, or enhance life satisfaction for recipients (Garman et al., 2022). Despite its success in poverty alleviation, it does little to address growth stunting among South African children (Silondile et al., 2022).

Only 43% of participants sought additional income beyond government grants, with only one participant having formal employment. Limited access to education exacerbates unemployment, with 54% of unemployed women without a Grade 12 qualification (StatsSA,

2023). This underscores the significance of education in mitigating unemployment and reducing poverty rates (Raniga, 2020).

The following themes discussed below were distilled from the interviews and the thematic analysis of data collected from single mothers.

Economic exclusion and lack of opportunity

A key theme that emerged from interview data was economic exclusion and lack of access to jobs and livelihood opportunities. In South Africa, more than 17 million individuals receive social grants, the biggest and most significant contributor being the Child Support Grant, granted to 12 million children (Granlund & Hochfeld, 2020). At the same time, participants made it clear that the amount of money the grants offer is far too little and barely covers basic household expenses.

> Participant 8: *"The grant is not enough to fulfil the family's basic needs."*
>
> Participant 16: *"The grant does not meet all the family's needs; it is only a child support grant for two children, and all six of us rely on it".*
>
> Participant 10: *"It is the only income the family receives".*

Like Participant 10, most participants reported receiving grants as their only predictable source of income.

> Participant 1: *"The child support grant has been the only source of income for a very long time".*

Currently, the Child Support Grant pays R500 per child per month to whoever is the child's primary caregiver (South African Social Security Agency, 2024). Most adults applying for the child support grant are the biological mothers of the children (Granlund & Hochfeld, 2020). Research has established that the Child Support Grant improved household nutrition and food security and has positive educational effects (Granlund & Hochfeld, 2020). The Child Support Grant is intended to supplement household income and improve children's food security, however, state grants alone cannot move the poor out of poverty (Granlund & Hochfeld, 2020). Even though some of a family's basic needs are serviced through grants, it does not improve the quality of life or the chances of upward financial mobility. Furthermore, receiving a grant does not mean individuals are not socially and economically excluded; in fact, the extent of dependency on the grant, as demonstrated in our data, speaks to a dire situation of disenfranchisement, social and economic exclusion, and deprivation. These findings are similar to those of a study by Cantos-Egea et al. (2023), which found that economically excluded families have difficulty paying household expenses and depend on social grants. The same study also linked social exclusion to unemployment, precarious employment and a lack of skills. All of our participants echoed this.

> Participant 13: *"My whole family depends on the child support grant and the disability grant as we are a family of twelve, and nobody is working".*
>
> Participant 3: *"My daughter is not working. She has been applying for jobs, but no luck".*

Participant 11: *"My eldest children are not lucky in getting jobs".*

Even attempts to be economically active through various entrepreneurship were unsuccessful.

Participant 6*: "My daughter tried to make money by baking and selling cakes in the community and also by selling chips and sweets, which she eventually stopped when she felt it was not making a profit".*

Participant 15: *"The only way to make an extra income is to do laundry in the community, work in the fields or look after children".*

There is a marked lack of hope, dreams and career prospects for earning a sustainable, predictable income in rural communities. Poor access to economic opportunities in the formal work sector is one of Africa's most significant causes of poverty (Dube, 2019). South Africa's macroeconomic policies maintain a societal structure which enables certain groups to prosper while depriving others (Dube, 2019). Typical patterns emerging are that the already poor have no access to economic opportunities, no capital to create such opportunities, and no hope of lifting themselves out of poverty (Dube, 2019). This supports the idea that some people are favoured with inclusion and opportunity, while others are excluded. In the light of our data, these rural-living single mothers are excluded from economic opportunity and unable to lift themselves out of poverty. Raniga (2018) argues that national poverty-reduction strategies are not yielding sufficient economic growth and stability. This includes a failure to take gender into account as closely implicated in South Africa's macroeconomic strategy. Without economic opportunities, employment and upward financial mobility, there is a lack of predictability in the supply of necessities, especially food.

Poverty and precarious employment

Even though the government consistently pays grants each month, participants report that the amounts are insufficient, resulting in an inadequate and unpredictable food supply.

Participant 2: *"Yes, we often do not have enough food. To manage the situation, I go look for piece jobs".*

All participants, except one, report that there are times when they do not have enough food at home, and that adults must skip meals to ensure that children do not go hungry. There is also plenty of evidence that participants often have to innovate to have access to enough food to feed their children.

Participant 6: *"Yes, I lost my mother in 2021, who was a breadwinner within the family; the family started struggling to get enough money to buy food. I am selling fruits and vegetables, and with the money, I buy food for the day."*

Participant 16: *"It happens a lot that we do not have enough food; I have planted vegetables, which also helps a lot".*

Food insecurity may result in women resorting to risky coping strategies that compromise mental health (Ivers & Cullen, 2011). Household food insecurity correlates with poor mental health (Cole & Tembo, 2011). Cole and Tembo (2011) argue that stressful life events do not

need to be dramatic to affect mental health profoundly and that long-term stressors of everyday life, such as food insecurity, take a significant toll on the mental health of individuals.

One of the most significant signs of social exclusion is the deprivation that participants endure. Even though participants receive grants, they are stretched to the limit by their essential needs and have no options or variety.

> Participant 12: *"We are limited to eating maybe once a day".*
>
> Participant 6: *"…there would be so little that is left for it to cover the rest of the month, the adults in the house would opt not to eat…"*
>
> Participant 13: *"Sometimes I opt not to eat and give to grandchildren, as it is hard for them to understand the situation".*
>
> Participant 8: *"Yes, sometimes I do not eat, just as long as the children get something to eat before they sleep and in the morning before school".*

Almost all participants say they buy clothing only when there is an extreme need. None of the monthly expenses shared by participants were allocated to enriching personal development, relaxation or enjoyment. These families have the bare minimum to help them survive. They are excluded to the point where growth and aspirations are not considered options.

The psychosocial impact of exclusion

The structure of psychosocial wellbeing is built around self-esteem, self-concept, coping skills, resilience, sense of purpose, cognitive functioning, support systems, communication skills, sense of belonging, independence and autonomy (Ryff, 2013).

An inability to cover basic needs predicts poor psychological wellbeing, especially when accompanied by inequality (Sainz et al., 2021). Socioeconomic status influences individuals' self-concept – how they define themselves – and shapes how they interpret the world in variable ways (Sainz et al., 2021).

> Participant 7: *"Some extended family members are doing better in life."*

The way sentences are phrased implicitly explains how the participant feels. They can communicate a sense of resignation, helplessness and feeling left behind, leading them to perceive themselves as "not doing well enough in life". Other participants echoed this emotion.

> Participant 2: *"We struggled then and are still struggling now."*

This indicates an internalised learned helplessness, as the participant has become resigned and accepted that they are "not doing well in life". Learned helplessness, in this sense, stems from the experience of frustration because of an inability to change a situation (Xue et al., 2023). The internalisation of learned helplessness results in a loss of motivation to respond to adverse circumstances (Xue et al., 2023). It is also associated with a feeling of loss of control, agency and autonomy, resulting in stress and inducing depression (Xue et al., 2023). Learned helplessness is directly linked to low self-esteem and high anxiety (Demir, 2023). The anxiety is almost tangible in some responses.

Participant 3: *"No, there is never a time when there is enough."*

Participant 6: *"The whole family puts their hopes on me."*

Participant 9: *"I am always worried."*

Socioeconomic status also shapes how society defines and stereotypes a group (Sainz et al., 2021). Excluded individuals, like our participants, are dehumanised (Sainz et al., 2021) in ways that harm their identity and psychosocial wellbeing (Sainz et al., 2021). Denial of humanity in deprived individuals and self-dehumanisation have detrimental mental health consequences for individuals (Sainz et al., 2021). A deprived life is often internalised through negative self-evaluations, as well as manifesting a greater vulnerability and less resilience to external threats and shocks (Sainz et al., 2021).

Examples of these shocks are events such as job losses, the death of family members and declining income, which often precede episodes of mental illness (Marbin et al., 2022; Ridley et al., 2020). Poverty causes mental illness directly and indirectly. This happens as a result of ubiquitous worries, stress, anxiety and uncertainty. Findings on the effects of poverty on childhood development include a decline in physical health, increased exposure to crime, low social status and social isolation (Marbin et al., 2022; Ridley et al., 2020).

Participant 5: *"My daughter has health and mental problems; I have tried several times to talk to her about getting help, but she refuses and fights me."*

Participant 4: *"My daughter is drinking and smoking dagga, which makes the situation hard as she does not contribute at home."*

More research confirms that single parenthood predisposes women to stress, anxiety, panic disorders, phobias, PTSD, OCD and substance abuse as a result of the burden of having to take care of the family alone (Callaghan et al., 2021; Ushie et al., 2021).

Poverty can exaccerbate a vulnerability to mental illness, but this relationship is bidirectional, as mental illness can also be a contributory factor to the perpetuation of poverty (Ridley et al., 2020). Consequently, some people living in poverty might become entangled in a psychological poverty trap, shifting between poverty and mental illness.

Participant 4: *"She takes all that money and spends it on alcohol and dagga."*

Depression is another debilitating symptom that is linked to poverty, but which can also adversely affect an individual's ability to work and be economically stable (Smith & Mazure, 2021). Women are affected by depression more often than men, and low-income parenting women are at high risk of developing depression (Smith & Mazure, 2021; Gariépy et al., 2016). Although depression can be treated, access to help is rare in rural areas. Long-term untreated depression and anxiety compromise functioning on many levels, such as the ability to earn a living. Longitudinal studies with large samples indicate that parenting in stressful circumstances is also associated with a failure-to-thrive in children (Smith & Mazure, 2021). Depression and helplessness are evident in some participants' responses.

Participant 2: *"I get very sad when I do not have anything to give my children when they come from school."*

Participant 14: *"Everything is on my shoulders."*

Participant 6: *"I do not know what tomorrow brings."*

Participant 5: *"Life has been very hard for me because I have to carry the burden of raising the kids alone."*

In the process of trying to keep food on the table, most participants describe giving up their independence, pride, agency and autonomy mostly by borrowing and begging from others.

Participant 5: *"Yes, I do struggle and end up borrowing money from my neighbour."*

Participant 8: *"Yes, it happens a lot, especially towards the end of the month, that is when I will borrow money from my neighbours."*

Participant 15: *"Yes, I would eat sometimes at the neighbour's house, go visit, spend a few hours there till they eat, so I get dished for as well."*

The loss of autonomy means that external forces pressure the person to act in ways that are not inherent to their nature. They are forced into this behaviour by the inability to survive without relying on others (Deci & Ryan, 2013). Higher levels of psychosocial wellbeing are associated with greater autonomy, critical thinking and cognitive abilities (Melendro et al., 2020). This dependence on others might indicate a loss of autonomy, but it also confirms the presence of a social support network amongst participants. Social support contributes to psychosocial wellbeing.

The participants' narratives indicate some solidarity with their communities at the meso level, especially regarding food supply. Solidarity is evidenced in responses to our question about how participants manage when they do not have enough food for their families. All but one of our participants spoke about getting support from neighbours, spaza shops and the community when they do not have food for their families.

Participant 4: *"We go to the nearby tuck shop, take groceries, and pay when I receive the grant."*

Participant 7: *"I will borrow money from my neighbours or get credit at the nearby shop."*

The principles of ubuntu, underpinned by humaneness, compassion and solidarity shown in communities, offer a practical solution when families lack access to food (Ndhlovu, 2024). The essence of this solution is to shift nutritional needs from individual to collective responsibility (the community) (Ndhlovu, 2024). In this sense, our participants are not entirely socially excluded, but are supported by the broader community in times of need.

Another part of our interviews, however, revealed deep emotional isolation and loneliness felt by the single mothers in carrying the sole responsibility for the wellbeing of their families. This presented as a private sense of loneliness at a micro level, one they endure as the sole providers for their families.

Participant 8: *"I worry about not having enough food because everything is on my shoulders."*

Participant 5: *"After losing both my parents, life has been very hard for me."*

Participant 14*: "I might die too and leave behind my two-year-old orphaned."*

Participant 9: *"I constantly worry if there will be enough food."*

Participant 6: *"I am a breadwinner. If there is no food, everyone looks at me to try and make some means of getting food."*

Psychological wellbeing is associated with better physical health and a longer life expectancy, whilst low psychological wellbeing worsens the progression of chronic diseases such as HIV and diabetes (Hernandez et al., 2018). Some of our participants mentioned physical illness.

Participant 4: *"My other daughter has health and mental problems."*

Participant 11: *"I am suffering from a heart problem, so I need to attend the hospital regularly, and my eldest children are not lucky in getting Jobs."*

DISCUSSION

None of the participants expressed hope for change, dreams of a brighter future, or aspirations toward upward economic mobility. Considering the nature of social exclusion as documented in the literature alongside our participants' experiences, it is clear that they are economically and socially excluded. The circumstances of our participants accord with many of the descriptions of social exclusion in the literature. These include economic exclusion, political exclusion, loneliness, lack of opportunity, lack of predictability with access to opportunities, deprivation, disability, illness and poverty. Considering the intersection of low levels of education, economic exclusion, poverty, rurality and single motherhood, our participants seem to be in a challenging position where they struggle to survive materially and psychosocially. No participant mentioned prospects of upward economic, social or occupational mobility. These levels of poverty and unemployment correlate with feelings of being forgotten and excluded by society. This sense of isolation, anxiety, hopelessness and despair inevitably results in indirect impacts on the psychosocial wellbeing of our participants. The participants feel lonely and isolated while carrying the responsibility of being the only provider in the family, even though unemployed, with no possibility of this situation changing in the future. Responses, however, also highlight how interactions with their neighbours, families and communities sustains them in the worst times of food insecurity. This evokes the African philosophy of ubuntu, which emphasises solidarity and interdependence among community members (Mbokazi et al., 2023). Ubuntu represents a distinctive African philosophy of communal identity, compassion, reciprocity, dignity, harmony and humanity (Mbokazi et al., 2023). This study testifies to ubuntu still being a lived philosophy, which is reflected in support among rural South Africans. It is also the single most effective contributor to psychosocial wellbeing that emerged from the data.

In the lives of these participants, there are no options for anything that might improve their psychosocial wellbeing, quality of life, personal development, career development or

democratic participation. They lack material resources, and their lives revolve around scraping by to help their families survive. Exclusion from jobs and opportunities limits hope for relief. Consequently, they do not express personal desires or dreams. Their levels of deprivation in this situation limit them to lower-level functioning, where self-actualisation is not an option. This may lead to a sense of lack of purpose in life, failure to realise their potential, and a lower quality of life and satisfaction. These factors compromise psychosocial wellbeing (Koen et al., 2021). A lack of life-satisfaction correlates positively with negative affect, anxiety, depression, impaired physical health and stress (Nell et al., 2015), whilst fulfilling individual desires and achieving goals are critical for wellbeing (Ndaguba & Ijeoma, 2019). Constant physiological and emotional stress as a result of limited options, depletes their mental and emotional resources as well as the capabilities needed to sustain motivational drive and weather the challenges that are detrimental to their psychosocial well-being and that of their children (Dodge et al., 2012).

For a society to be healthy, the satisfaction of its members' desires is essential (Ndaguba & Ijeoma, 2019). However, in the face of hunger and adversity, these personal needs are not prioritised.

The deprivation that the participants experience will undoubtedly affect their sense of environmental mastery and psychosocial wellbeing (Koen et al., 2021). A caring, responsive society and government view its citizens as holistic beings with deep, nuanced needs that go beyond the need for food. Failure to see marginalised groups through a lens that focuses on strength, potential and enablement results in depriving them to the point of denying their humanity and human rights. When deprivation is underpinned by inequality of gender, ethnicity and ability, its impact on psychosocial wellbeing is exacerbated even further (Eiroa-Orosa, 2020).

CONCLUSION

The findings from this study are intended to contribute to the psychosocial wellbeing of single mothers in a rural area by raising awareness of the interplay between social and economic exclusion and psychosocial wellbeing. Social workers and policy makers need to design interventions keeping in mind that the provision of social grants is not enough to break the cycle of poverty and ensure the health of single-mother-led rural families. The urgent need for therapeutic social work that develops individuals and builds on their strengths cannot be overstated.

Although this study was localised in Mbazwana, the results can be helpful to social workers serving rural-living single mothers across South Africa and Africa. It can also inform the Department of Social Development's future policy direction and priorities.

The empirical evidence from this study confirms a relationship between social exclusion and a lack of psychosocial wellbeing in single mothers living in rural South Africa. The Bill of Rights in Chapter 2 of the Constitution of the Republic of South Africa guarantees all South Africans fundamental human rights. This includes the right to adequate living standards, dignity, social security, participation in political processes and equality before the law (Walsh, 2017). These rights can only be realised in the lives of socially excluded South Africans through an effective

social welfare system that serves the psychosocial needs and development of individuals and assists them in creating and harnessing economic opportunities.

Developmental social welfare is people-centred, democratic and rooted in participation and empowerment (Gray & Lombard, 2022). Developmental social welfare functions at all levels of social work and can include indigenised case work, group work and community work. The lack of a properly functioning welfare system in South Africa (Gray & Lombard, 2022) has contributed to the situation of the participants and other marginalised groups in South Africa. Only when marginalised groups are awarded the possibility of a prosperous and fulfilled life and upward mobility, and troubled individuals have access to indigenised psychotherapy, can our welfare system be deemed successful. Unless these features are in place, the low levels of psychosocial wellbeing in mothers may have transgenerational effects on their children.

RECOMMENDATIONS AND IMPLICATIONS FOR SOCIAL WORK

This evidence that the social exclusion of our participants results in poor psychosocial wellbeing underscores the urgent need for developmental social work interventions in the lives of single mothers in rural South Africa. For social workers to adequately reach and service communities such as that of our participants and intervene appropriately, developmental social work programmes need to be implemented (Gray & Lombard, 2022).

It is recommended that social workers and policymakers prioritise two main areas of concern for the Department of Social Development: the first on social and economic exclusion, and the second on improving psychosocial wellbeing. These interventions should be at the macro, meso and micro levels.

For the first programme on social and economic exclusion, the following aspects are examples of developmental social work initiatives to be established and maintained:

- Strengthening social networks between women and eliminating isolation by creating community-based cooperatives, where women can pool resources and start small businesses;
- Using these social networks to create a psychosocial and emotional support network for women;
- Linking up women in these areas with vocational and skills training centres, and enabling them to attend courses;
- Arranging successful mentors and role models to guide and advise women and cooperatives;
- Creating extensive sustainable community gardens with fruit and vegetables;
- Introducing poultry keeping in line with communal responsibilities;
- Establishing community-led child care support groups or centres to free mothers up to pursue employment and training;
- Offering financial literacy programmes.

For the second programme on psychosocial well-being, the following courses of action are recommended:

- Establish a community-based mental health support service that offers therapeutic group work sessions addressing anxiety, depression, helplessness, single parenthood, self-care, coping strategies, storytelling sessions, resilience and stress management;
- Establish a community-based or mobile counselling facility with therapeutically focused social workers that is available for individual therapy;
- Conduct community-based workshops on mindfulness, relaxation and topics that promote general wellbeing;
- Run trauma-informed care programmes that offer healing and recovery for survivors of various traumas by social workers;
- Establish peer support groups that can be run without the presence of a professional;
- Conduct positive parenting workshops and training in early childhood development.

Comprehensive social work programmes such as those outlined above are essential to reduce inequality on material and psychosocial levels for marginalised groups such as single mothers living in rural areas.

AUTHOR BIOGRAPHIES

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