

Risk and Protective Contexts of Goal Adjustment among Young Mothers in Ondo West Local Government Area, Ondo State, Nigeria

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Abstract

Background: Adolescent motherhood disrupts the developmental pursuit of personally meaningful life goals, making goal adjustment, the capacity to disengage from unattainable goals and reengage with alternative ones, an important adaptive resource. However, little is known about the contextual factors that shape goal adjustment among young mothers in sub-Saharan Africa.

Objective: This study examined the contributions of childhood trauma, father presence, religious commitment, attachment dimensions, and parent–adolescent relationship quality to goal disengagement and goal reengagement among young mothers in Ondo State, Nigeria.

Methods: A cross-sectional survey was conducted among 266 young mothers aged 14–20 years ($M = 18.09$, $SD = 1.62$) purposively recruited from health facilities in Ondo West Local Government Area. Participants completed self-report measures of goal adjustment and the study predictors. Multiple regression analyses with HC3 heteroscedasticity-consistent standard errors were performed.

Results: The predictors explained 14.6% of the variance in goal disengagement and 43.4% of the variance in goal reengagement. Religious commitment emerged as the strongest positive predictor of goal reengagement, followed by father presence, secure attachment, and parent–adolescent relationship quality, whereas childhood trauma and dismissing attachment independently predicted lower reengagement. Dismissing attachment positively predicted goal disengagement, while father presence, religious commitment, and secure attachment were associated with lower disengagement, indicating greater persistence in attainable goals rather than premature withdrawal.

Conclusion: Goal reengagement appears substantially more responsive to relational and spiritual resources than goal disengagement. The findings suggest that strengthening secure attachment, paternal involvement, supportive parent–adolescent relationships, and engagement with faith communities, while addressing childhood trauma, may enhance young mothers' capacity to reconstruct meaningful life goals following early motherhood.

Keywords: Adolescent motherhood; Goal adjustment; Goal reengagement; Attachment; Childhood trauma; Father's Presence; Nigeria.

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INTRODUCTION

Adolescent and young-adult pregnancy and motherhood remain a major public health and developmental concern across sub-Saharan Africa. Regional estimates consistently place the sub-region among those with the highest prevalence of early motherhood globally, occurring against a backdrop of limited reproductive autonomy, constrained access to education, and significant gender inequality (Ajayi, Athero, Muga & Kabiru, 2023). In Nigeria, early childbearing curtails school continuity, narrows occupational prospects, and exposes young mothers to stigma, household instability, and reduced agency within the family (Alex-Ojei, Odimegwu, & Ntoimo, 2023). Beyond these material costs, early motherhood interrupts a core developmental task of adolescence and young adulthood: the formulation and active pursuit of personally meaningful life goals (Wrosch, Scheier, Miller, Schulz & Carver, 2003).

Goals organize behavior, provide a sense of direction, and structure identity across the life course (Austin & Vancouver, 1996; Locke & Latham, 2002). When a goal becomes unattainable, as frequently occurs when young women become mothers before completing school or achieving other developmental milestones, psychological well-being depends less on whether the original goal is ultimately attained and more on the individual's ability to adaptively disengage from that goal and reinvest effort in alternative, attainable goals (Wrosch et al., 2003). This capacity for goal adjustment comprises two complementary processes: goal disengagement (reducing effort and commitment toward an unattainable goal) and goal reengagement (identifying and committing to alternative goals). Importantly, both processes are theorized as adaptive within goal adjustment theory; difficulty with either is associated with poorer subjective well-being, rumination, and depressive symptoms (Wrosch, Scheier, Carver, & Schulz, 2003; Mens, Wrosch, & Scheier, 2015).

For young mothers, the capacity to adjust goals is unlikely to be uniform. It is shaped by the risk and resource contexts in which the individual is embedded, including her history of childhood adversity, the presence or absence of paternal support, her religious commitment, her attachment style, and the quality of her relationship with parents. A substantial literature links each of these factors individually to broader adjustment outcomes in adolescence and young adulthood (Bowlby, 1973; Krampe & Newton, 2006; Robin & Foster, 1989), yet few studies have examined them jointly, and fewer still have done so in West Africa, where extended kinship caregiving, communal religiosity, and distinct gender-role expectations shape the texture of both risk and support. This study addresses that gap directly.

LITERATURE REVIEW

Goal Adjustment Theory

Goal Adjustment Theory (Wrosch et al., 2003) proposes that adaptive self-regulation in the face of blocked goals requires two distinct competencies. Goal disengagement refers to the capacity to withdraw effort and commitment from a goal that has become unattainable, thereby preventing the accumulative costs of persistent failure, rumination, and cortisol dysregulation (Wrosch, Scheier, & Miller, 2013). Goal reengagement refers to the capacity to identify meaningful alternative goals and reinvest motivational resources toward them, thereby sustaining purpose and positive affect (Wrosch, Bauer, & Scheier, 2005). Critically, both processes are framed as healthy and adaptive; difficulty disengaging is associated with ruminative thought and depressive symptoms, while difficulty reengaging is associated with reduced purpose in life and diminished positive affect (Mens et al., 2015; Verschuren &

Douilliez, 2022). For young mothers whose educational or vocational goals have been disrupted by early childbearing, the ability to disengage from a now-unattainable goal and reengage with a revised one is plausibly central to long-term psychosocial adaptation (Arends, Bode, Taal, & Van de Laar, 2013).

Adolescent Motherhood as a Goal-Disrupting Life Event

The theoretical relevance of Goal Adjustment Theory to adolescent motherhood is grounded in consistent empirical evidence that early childbearing constitutes a major disruption to goal structures across at least five intersecting domains. Educational discontinuity is the most extensively documented consequence. Stoner et al. (2019), in a longitudinal analysis of young women aged 13–20 in rural South Africa, demonstrated that pregnancy significantly increased the probability of school dropout, while prior dropout also elevated pregnancy risk, suggesting a mutually reinforcing cycle of educational exclusion and early childbearing. Alex-Ojei et al. (2023), drawing on communities in Ondo, Imo, and Katsina states, documented how Nigerian adolescent girls' pregnancy experiences are marked by school withdrawal, fear of stigma, and loss of peer belonging: the concrete empirical referents of what Goal Adjustment Theory names goal blockage. Beyond education, adolescent motherhood reconfigures occupational trajectories. Govender, Naidoo, and Taylor (2020), in a qualitative study with young mothers in KwaZulu-Natal, South Africa, found that participants retained professional ambitions but recognized that the structural conditions of early motherhood had materially narrowed attainable pathways, precisely the situation Goal Adjustment Theory addresses.

Identity restructuring, social stigma, and altered future planning further compound this disruption. Oluseye, Waterhouse, and Hoggart (2024), in a qualitative study with young mothers in South-Western Nigeria, found that societal disapproval was a pervasive experience driving coping strategies of concealment and withdrawal from community life. Research with adolescent mothers in KwaZulu-Natal further documented that stigma-driven isolation impacted negatively on educational and economic outcomes and could affect quality of life in adulthood. Despite these barriers, adolescent mothers engage in active, if constrained, revision of their future plans, consistent with Goal Adjustment Theory's emphasis on individual variability in adjustment capacity and the role of contextual resources in shaping whether that variability resolves toward adaptive reengagement or stagnation.

Attachment Theory and Goal Adjustment: Specific Mechanisms

Bowlby's (1973) attachment theory proposes that early caregiving relationships generate internal working models of self and others that shape emotional regulatory strategies and confidence in social support-seeking during times of stress. Three specific pathways link attachment style to goal adjustment. First, secure attachment facilitates goal disengagement through superior emotion regulation. Securely attached individuals have internalized a sense that distress is manageable and that support is available, enabling them to tolerate the affective costs of relinquishing an important goal without becoming overwhelmed (Mikulincer & Shaver, 2016). In contrast, dismissing-avoidant individuals, who have learned to suppress attachment needs and maintain emotional independence, may disengage from goals more readily precisely because their self-regulatory strategy involves emotional detachment rather than engaged investment. Second, secure attachment facilitates goal reengagement through active support-seeking. When securely attached individuals disengage from one goal, they are better able to use their attachment figures as a secure base from which to explore and commit to new goals (Bowlby, 1973). Dismissing-avoidant individuals, by contrast, resist dependence on others and are less likely to draw on social support when constructing revised life plans,

which may inhibit reengagement. Third, fearful-avoidant and preoccupied-anxious attachment styles introduce competing inhibitory dynamics. Fearfully attached individuals desire closeness but distrust others, and preoccupied-anxiously attached individuals over-invest in relational concerns in ways that may crowd out goal revision, producing weaker and less consistent associations with goal adjustment than either the secure or dismissing profiles (Mikulincer & Shaver, 2016).

Childhood Trauma and Goal Adjustment

Adverse childhood experiences, including physical, emotional, and sexual abuse and neglect, are robustly associated with impaired self-regulation and goal pursuit. The landmark Adverse Childhood Experiences Study (Felitti et al., 1998) established that cumulative adversity is associated with worse health and behavioral outcomes across the life course, while Hughes et al.'s (2017) systematic review and meta-analysis of 37 studies confirmed that multiple adverse childhood experiences significantly increase the risk of poor mental health, diminished resilience, and impaired coping. Research examining goal-related processes has similarly linked adverse childhood experiences to difficulties in self-regulation and adaptive adjustment following stressful life events (Sciolla et al., 2019). From a developmental neuroscience perspective, Shonkoff et al.'s (2012) toxic stress framework proposes that repeated adversity in the absence of adequate buffering can disrupt physiological stress-response systems, with important consequences for self-regulation and adaptive coping. For adolescent mothers in Nigeria, childhood trauma may be especially consequential because the demands of early motherhood require substantial goal revision, emotional regulation, and future-oriented planning, precisely the capacities that trauma erodes. Childhood trauma is therefore expected to be negatively associated with adaptive goal adjustment, particularly goal reengagement, which depends heavily on hope, agency, and the capacity to envision a meaningful future despite adversity.

Father Presence and Goal Adjustment

Krampe (2009) conceptualized father presence not as a structural characteristic, such as whether the father resides in the household, but as the child's enduring psychological experience of paternal availability, closeness, and support. This conceptualization has important implications for goal adjustment because it is the internalized experience of paternal support, rather than physical proximity alone, which is likely to shape the motivational and emotional resources through which young people pursue, revise, and reconstruct life goals.

Father presence may facilitate goal adjustment through a dual-buffer function. First, when previously valued goals remain realistically attainable, paternal emotional and instrumental support may strengthen persistence by extending the resources available for continued goal pursuit. Evidence suggests that psychological father presence is associated with the quality of father-child relational experiences and perceived paternal closeness (Thomas et al., 2008), while, in many sub-Saharan African settings, fathers also provide practical assistance, including financial support, childcare, healthcare accompaniment, and access to educational opportunities. Such resources may reduce premature goal disengagement by enabling young mothers to continue pursuing educational, vocational, or personal aspirations despite the challenges associated with early motherhood.

Second, when original goals become genuinely unattainable, father presence may facilitate adaptive goal reengagement. Emotional security, encouragement, and guidance from a psychologically available father can foster confidence in the possibility of a meaningful future,

enabling young mothers to identify, commit to, and pursue alternative life goals. Father presence may therefore promote both persistence and adaptive goal revision, depending on the attainability of the original goal. This interpretation is fully consistent with Goal Adjustment Theory, which proposes that persistence is adaptive while valued goals remain attainable, whereas disengagement and subsequent reengagement become adaptive only when continued pursuit is no longer realistic. Rather than representing competing processes, these pathways illustrate how paternal support promotes flexible self-regulation across changing developmental circumstances.

Religious Commitment and Goal Adjustment

Religious commitment is consistently associated with resilience, adaptive coping, and psychological well-being among African adolescents and young adults (Omeje & Nebo, 2011; Zubairu & Sakariyau, 2016). Religious beliefs provide meaning systems through which stressful life events can be interpreted and integrated into broader life narratives, preserving hope and sustaining motivation during adversity (Pargament, 1997; Tix & Frazier, 2005). In the Nigerian context, the function of religious commitment extends well beyond individual meaning-making: churches, mosques, and faith-based organizations provide welfare support, childcare assistance, vocational training, and social networks that buffer adversity and facilitate positive adjustment (Adedokun, 2020). Religious commitment in this setting may therefore reflect mesosystem-level embeddedness in addition to functioning as an individual psychological resource and is expected to be positively associated with goal reengagement through its meaning-making, motivational, and community-support functions.

Parent-Adolescent Relationship Quality and Goal Adjustment

Parent-adolescent relationships constitute one of the most influential relational contexts shaping adolescents' psychological adjustment, self-regulation, and future development. The Conflict Behavior Questionnaire (Robin & Foster, 1989) was developed within a behavioral-family-systems framework that conceptualizes parent-adolescent interaction as a communication and negotiation process embedded within broader patterns of family relationship functioning. Higher scores on this instrument reflect greater overall engagement and communication intensity, including both positive relational content and disagreement, rather than conflict per se. Consistent with this, contemporary developmental research suggests that moderate parent-adolescent disagreement is not inherently detrimental and may reflect ongoing parental involvement, monitoring, and engagement in adolescents' lives (Laursen & Collins, 2009; Steinberg, 2001). For adolescent mothers whose educational and social trajectories have been altered by early childbearing, continued parental involvement, as captured by higher CBQ scores, may be especially important in helping them maintain future-oriented aspirations and commit to revised goals. Parent-adolescent relationship quality is therefore expected to be positively associated with adaptive goal adjustment, particularly goal reengagement.

Theoretical Framework

This study is anchored in Goal Adjustment Theory (Wrosch et al., 2003), which provides the dependent constructs and frames adaptive goal regulation as a resource-dependent process. Bowlby's (1973) Attachment Theory supplies the mechanistic account of why different attachment dimensions should differentially facilitate or inhibit each goal-adjustment process. Bronfenbrenner's (1979) ecological systems perspective situates the five risk and protective contextual factors as proximal microsystem and mesosystem influences operating within the

broader Yoruba and Nigerian sociocultural environment, where extended family structures and religious communities function as structural supports for young mothers navigating early childbearing.

Aims and Objectives

This study examined risk and protective contexts on goal adjustment among young mothers in Ondo West Local Government Area, Ondo State, Nigeria. Specifically, it sought to:

1. Examine the relationships between risk and protective contextual factors (childhood trauma, father presence, religious commitment, four attachment dimensions, and parent–adolescent relationship quality) and goal adjustment (disengagement and reengagement).
2. Determine the joint contribution of the risk and protective contextual factors to both goal-adjustment processes.
3. Determine the relative contribution of each risk and protective contextual factor to both goal-adjustment processes.

Hypotheses

Four directional hypotheses were tested:

H1: Childhood trauma will be negatively associated with goal disengagement and goal reengagement among young mothers.

H2: Father Presence, religious commitment, and parent–adolescent relationship quality will be associated with goal adjustment, with stronger positive associations expected for goal reengagement.

H3: Attachment dimensions will differentially predict goal adjustment, with secure attachment expected to facilitate reengagement and dismissing attachment expected to show greater disengagement and lower reengagement.

H4: The eight risk and protective contextual variables will jointly explain significant variance in goal disengagement and goal reengagement, with stronger prediction expected for goal reengagement.

METHOD

Design

A cross-sectional survey design was employed, in which existing participant characteristics were measured without experimental manipulation.

Population, Sample, and Sampling Technique

The population comprised young mothers in Ondo State, Nigeria. A purposive sampling technique was used to recruit participants from hospitals, maternity homes, immunization centers, and primary health care centers in the Ondo West Local Government Area, including ten hospitals and several community health posts.

The analytic sample comprised 266 young mothers aged 14–20 years ($M = 18.09$, $SD = 1.62$) whose first childbirth occurred between ages 11 and 19 ($M = 15.83$, $SD = 1.75$). All participants met the criterion of having experienced motherhood during the adolescent period (ages 10–19 years at first birth; World Health Organization, 2018). Because the study was conducted in maternal and child health clinics serving adolescent mothers, some eligible participants were younger than 18 years and were enrolled using the consent procedures described in the ethical considerations section. Participants currently aged 20 years were included given that the inclusion criterion was adolescent experience of first childbirth rather than current age; a one-year age extension to 20 years is consistent with emerging practice in the West African adolescent sexual and reproductive health literature (Ajayi et al., 2023). Five respondents whose reported age at first birth was 20 years were excluded, as they did not meet the defining criterion of adolescent motherhood.

In terms of marital status, 53.0% were single, 28.2% married, 15.0% divorced, and 3.8% widowed. Religious affiliation was 53.4% Christian, 31.2% Muslim, and 15.4% traditionalist. By ethnicity, 62.4% were Yoruba, 15.8% Hausa, 15.0% Igbo, and 6.8% other. Educational attainment: 48.1% had primary-level schooling, 28.9% had completed O'Level, and the remainder held post-secondary qualifications.

Instruments

The questionnaire comprised a demographic section and six self-report measures.

Goal Adjustment Scale (Wrosch, Scheier, Miller, Schulz, & Carver, 2003)

Goal adjustment was assessed using the Goal Adjustment Scale (GAS), a self-report instrument designed to evaluate individuals' capacity to regulate personal goals following the experience of blocked or unattainable life goals. The scale comprises two theoretically distinct dimensions: Goal Disengagement, which assesses the capacity to withdraw effort and emotional commitment from unattainable goals, and Goal Reengagement, which measures the ability to identify, commit to, and pursue meaningful alternative goals. Items are rated on a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*), with higher scores indicating greater capacity for the respective goal-adjustment process. Consistent with goal adjustment theory, the two dimensions were analyzed separately rather than combined into a single score because they represent related but functionally independent self-regulatory processes. Internal consistency in the present study was acceptable for Goal Reengagement ($\alpha = .93$) and moderate for Goal Disengagement ($\alpha = .61$).

Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998)

Childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ), a widely used self-report measure of retrospective exposure to adverse childhood experiences. The instrument assesses five domains of childhood maltreatment: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Items are rated on a 5-point Likert scale ranging from 1 (Never True) to 5 (Very Often True), with higher scores indicating greater exposure to childhood trauma. Consistent with the developmental focus of the present study, a composite trauma score representing cumulative exposure across all five domains was computed and used in the analyses. This operationalization is consistent with developmental psychopathology research demonstrating that cumulative childhood adversity is often a stronger predictor of later psychosocial functioning than individual forms of maltreatment.

considered separately. The CTQ demonstrated excellent internal consistency in the present study (Cronbach's $\alpha = .87$).

Father Presence Questionnaire (FPQ; Krampe & Newton, 2006)

Father presence was assessed using an adapted version of the Father Presence Questionnaire, which assessed participants' subjective perceptions of the emotional presence, support, and involvement of their own fathers, rather than the father of their child or a marital partner. The instrument assesses multiple dimensions of father presence, including emotional closeness, availability, support, guidance, identification, and the perceived importance of the father-child relationship. Items are rated on a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*), with higher scores indicating greater perceived father presence. For the present study, a contextually adapted 13-item version of the FPQ was used. Minor wording modifications were made to improve clarity and contextual relevance for the study population while preserving the conceptual domains of the original instrument. Two negatively worded items were reverse scored before computing the composite score so that higher scores reflected greater perceived father presence. The adapted scale demonstrated good internal consistency in the present study (Cronbach's $\alpha = .91$).

Conflict Behavior Questionnaire for Adolescents (CBQ; Robin & Foster, 1989)

Parent-adolescent relationship quality was assessed using the 20-item Conflict Behavior Questionnaire (CBQ). Originally developed to assess patterns of parent-adolescent conflict and communication, the instrument is grounded in a behavioral-family-systems perspective that conceptualizes conflict as one aspect of broader family interaction processes. Items are rated on a 5-point Likert scale. For the present study, positively and negatively worded items were appropriately reverse scored to derive a composite index of overall parent-adolescent relationship functioning. Consequently, higher scores reflected better relationship quality, characterized by constructive communication, emotional support, parental engagement, and lower levels of dysfunctional conflict. This operationalization is consistent with contemporary developmental perspectives recognizing that parent-adolescent disagreements often occur within otherwise supportive relationships characterized by ongoing negotiation and parental involvement. The CBQ demonstrated acceptable internal consistency in the present sample (Cronbach's $\alpha = .75$).

Attachment Style Questionnaire (ASQ; Van Oudenhoven, Hofstra, & Bakker, 2003)

Attachment style was assessed using the 23-item Attachment Style Questionnaire (ASQ), a self-report measure designed to assess individual differences in attachment orientations. Items are rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The instrument yields four attachment dimensions: Secure (8 items), Fearful (4 items), Preoccupied (6 items), and Dismissing (5 items). Rather than computing a global attachment score, each attachment dimension was analysed separately to capture their distinct theoretical relationships with goal adjustment. Internal consistency in the present study was good for the Secure ($\alpha = .83$), Fearful ($\alpha = .88$), and Dismissing ($\alpha = .81$) subscales, and acceptable for the Preoccupied subscale ($\alpha = .69$).

Religious Commitment Inventory (Worthington et al., 2003)

Religious commitment was assessed using an adapted version of the Religious Commitment Inventory (RCI-10; Worthington et al., 2003). The adapted instrument comprised 11 items

assessing the extent to which religious beliefs, values, and practices are integrated into adolescents' daily lives. Items were rated on a 5-point Likert scale ranging from 1 (Not at All True of Me) to 5 (Totally True of Me), with higher scores indicating greater religious commitment. One original item was divided into two separate statements to improve clarity and reduce double-barrelled wording while preserving the conceptual content of the original scale. Consequently, the instrument assessed both behavioral engagement in religious activities and the personal importance of religious beliefs and values. The adapted measure demonstrated excellent internal consistency in the present study (Cronbach's $\alpha = .95$).

Procedure

Trained research assistants administered the questionnaire directly to literate respondents at health facilities and surrounding neighborhoods, following explanation of the study's purpose, informed consent procedures, and assurance of confidentiality. Data collection took approximately four months.

Ethical Considerations

Ethical approval for this study was obtained from the University of Ibadan Social Sciences and Humanities Research Ethics Committee (UI/SSHREC) prior to data collection. Administrative approval was also obtained from the Ondo State Ministry of Health and the management of the participating healthcare facilities. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

Written informed consent was obtained from all participants before enrolment. Adolescent mothers who attended the healthcare facilities unaccompanied provided written informed consent themselves prior to participation. Where adolescent mothers attended with a parent, guardian, or another responsible accompanying adult, the study was explained to both the adolescent and the accompanying adult, and written consent was obtained before participation. Participation was entirely voluntary, confidentiality and anonymity were maintained throughout the study, and participants were informed of their right to decline participation or withdraw from the study at any time without any effect on the healthcare services they received.

Data Analysis

Pearson Product-Moment Correlation was used to examine bivariate relationships between risk and protective contextual factors and each goal-adjustment outcome (Objective 1). Multiple linear regression was used to determine joint (Objective 2) and relative (Objective 3) contributions, with disengagement and reengagement modelled as separate criteria. Skewness (range -0.19 to 0.37) and kurtosis (range -0.43 to 0.58) for all study variables were within acceptable limits for parametric analysis. Variance inflation factors ranged from 1.15 to 2.27 , confirming no problematic multicollinearity. Breusch-Pagan tests indicated mild to moderate heteroscedasticity in both models (disengagement: $LM = 51.74$, $p < .001$; reengagement: $LM = 20.52$, $p = .009$). To guard against standard error bias, both models were re-estimated using HC3 heteroscedasticity-consistent standard errors (MacKinnon & White, 1985). The overall pattern of findings was retained, although the fearful-attachment coefficient for reengagement reached statistical significance only under HC3 estimation. HC3-corrected values are therefore reported throughout. Durbin-Watson statistics were 1.77 (disengagement) and 1.49 (reengagement), indicating no substantial autocorrelation of residuals. Shapiro-Wilk tests were statistically significant (disengagement: $W = .988$, $p = .028$; reengagement: $W = .980$, $p = .001$), but Kolmogorov-Smirnov tests were non-significant ($D = .043$, $p = .701$ and $D = .069$,

$p = .154$ respectively) and residual skewness and kurtosis values were negligible, suggesting departures from normality were not practically meaningful. Cook's distances did not exceed 0.08 for disengagement or 0.07 for reengagement, indicating no individually distorting cases. All analyses were conducted at the .05 significance level.

RESULTS

Preliminary Analyses

Table 1 presents means, standard deviations, and intercorrelations among all study variables.

Table 1: Means, Standard Deviations, and Intercorrelations among Study Variables (N = 266)

Variable	M	SD	1	2	3	4	5	6	7	8
1. Childhood Trauma	61.19	14.72	--							
2. Father Presence	35.71	13.33	-.19**	--						
3. Religious Commitment	29.80	12.72	.03	.55**	--					
4. Secure Attachment	23.53	7.73	.05	.30**	.19**	--				
5. Fearful Attachment	11.61	4.56	.14*	-.02	-.11	.28**	--			
6. Preoccupied Attachment	17.37	5.14	.08	.16**	.03	.50**	.64**	--		
7. Dismissing Attachment	15.09	5.41	.00	.33**	.28**	.58**	.43**	.57**	--	
8. Rel. Quality (CBQ)	58.21	11.27	.22**	.16**	.11	.47**	.46**	.51**	.47**	--
9. Disengagement	11.83	4.04	.10	-.28**	-.26**	-.08	.15*	.08	.09	.12
10. Reengagement	20.30	6.81	-.15*	.51**	.50**	.38**	.11	.18**	.27**	.32**

* $p < .05$. ** $p < .01$. CBQ = Conflict Behavior Questionnaire (relationship quality index).

As shown in Table 1, father presence was significantly and negatively correlated with disengagement ($r = -.28$, $p < .001$), indicating that perceived paternal support was associated with greater persistence in goal pursuit rather than withdrawal. Father presence was also strongly and positively correlated with reengagement ($r = .51$, $p < .001$). Religious commitment showed a similar pattern: significantly negative with disengagement ($r = -.26$, $p < .001$) and significantly positive with reengagement ($r = .50$, $p < .001$). Secure attachment was not significantly correlated with disengagement ($r = -.08$, $p = .175$) but was strongly and positively correlated with reengagement ($r = .38$, $p < .001$). Fearful attachment was positively correlated with disengagement ($r = .15$, $p = .013$) but not significantly with reengagement ($r = .11$, $p = .082$). Preoccupied attachment showed a positive association with reengagement ($r = .18$, $p = .003$) but not with disengagement ($r = .08$, $p = .200$). Dismissing attachment was positively

and significantly correlated with reengagement ($r = .27, p < .001$) but its positive association with disengagement did not reach significance at the bivariate level ($r = .09, p = .133$). Parent–adolescent relationship quality (CBQ) was positively correlated with reengagement ($r = .32, p < .001$) but not significantly with disengagement ($r = .12, p = .060$). Childhood trauma was negatively correlated with reengagement ($r = -.15, p = .014$) but not significantly with disengagement ($r = .10, p = .102$).

Joint and Relative Contribution to Goal Disengagement

Table 2: Multiple Regression of risk and protective contextual factors on Goal Disengagement (N = 266)

Predictor	B	SE	B	T	P
(Constant)	11.960	1.549		7.72	< .001
Childhood Trauma	0.013	0.017	.05	0.80	.424
Father Presence	-0.063	0.021	-.21	-2.96	.003
Religious Commitment	-0.063	0.023	-.20	-2.72	.007
Secure Attachment	-0.105	0.040	-.20	-2.65	.008
Fearful Attachment	0.010	0.077	.01	0.13	.896
Preoccupied Attachment	-0.013	0.065	-.02	-0.20	.838
Dismissing Attachment	0.207	0.061	.28	3.39	.001
Rel. Quality (CBQ)	0.046	0.027	.13	1.68	.093

$R^2 = .171$, $Adjusted R^2 = .146$, $R = .414$, $F(8, 257) = 6.08$, $p < .001$. β = standardized regression coefficient. Standard errors are HC3 heteroscedasticity-consistent estimates.

As shown in Table 2, the eight risk and protective contextual factors jointly explained 14.6% of the variance in goal disengagement ($Adjusted R^2 = .146$), $F(8, 257) = 6.08$, $p < .001$. Four predictors made statistically significant independent contributions. Dismissing attachment was the strongest predictor ($\beta = .28$, $t = 3.39$, $p = .001$), indicating that individuals with greater dismissing (avoidant-independent) attachment tendencies showed higher disengagement capacity. Conversely, father presence ($\beta = -.21$, $t = -2.96$, $p = .003$), religious commitment ($\beta = -.20$, $t = -2.72$, $p = .007$), and secure attachment ($\beta = -.20$, $t = -2.65$, $p = .008$) were each significantly and negatively associated with disengagement: young mothers with stronger paternal support, higher religious commitment, and more secure attachment showed greater persistence in goal pursuit rather than premature withdrawal. This persistence is adaptive, not maladaptive: within Goal Adjustment Theory, disengagement is only beneficial when goals are genuinely unattainable, and resource-rich young mothers may persist longer precisely because those resources keep more goals within reach. Childhood trauma, fearful attachment, preoccupied attachment, and relationship quality did not make significant independent contributions to disengagement.

Joint and Relative Contribution to Goal Reengagement

Table 3: Multiple Regression of risk and protective contextual factors on Goal Reengagement (N = 266)

Predictor	B	SE	B	T	P
(Constant)	5.189	2.123		2.44	.015
Childhood Trauma	-0.089	0.025	-.19	-3.53	< .001
Father Presence	0.115	0.035	.23	3.29	.001
Religious Commitment	0.200	0.035	.37	5.72	< .001
Secure Attachment	0.207	0.050	.23	4.10	< .001
Fearful Attachment	0.174	0.087	.12	2.00	.046
Preoccupied Attachment	-0.089	0.082	-.07	-1.08	.281
Dismissing Attachment	-0.202	0.088	-.16	-2.31	.021
Rel. Quality (CBQ)	0.141	0.042	.23	3.38	.001

$R^2 = .451$, Adjusted $R^2 = .434$, $R = .671$, $F(8, 257) = 33.08$, $p < .001$. β = standardized regression coefficient. Standard errors are HC3 heteroscedasticity-consistent estimates.

The eight risk and protective contextual factors jointly accounted for 43.4% of the variance in goal reengagement (Adjusted $R^2 = .434$), $F(8, 257) = 33.08$, $p < .001$, a substantially stronger model than for disengagement. Seven predictors made statistically significant independent contributions. Religious commitment was the strongest predictor ($\beta = .37$, $t = 5.72$, $p < .001$), followed by secure attachment ($\beta = .23$, $t = 4.10$, $p < .001$), father presence ($\beta = .23$, $t = 3.29$, $p = .001$), and parent–adolescent relationship quality ($\beta = .23$, $t = 3.38$, $p = .001$). Childhood trauma made a significant negative contribution ($\beta = -.19$, $t = -3.53$, $p < .001$). Dismissing attachment was a significant negative predictor ($\beta = -.16$, $t = -2.31$, $p = .021$). Fearful attachment reached significance under HC3-corrected standard errors ($\beta = .12$, $t = 2.00$, $p = .046$), though this effect was small and should be interpreted cautiously given its borderline status under OLS ($p = .069$). Preoccupied attachment did not reach significance ($\beta = -.07$, $t = -1.08$, $p = .281$).

DISCUSSION

The findings indicate that goal reengagement, rather than goal disengagement, is the goal-adjustment process most strongly shaped by relational and spiritual resources among young mothers. Religious commitment, father presence, secure attachment, and parent–adolescent relationship quality emerged as significant positive predictors of goal reengagement, whereas childhood trauma and dismissing attachment independently constrained the capacity to identify and pursue alternative life goals. By contrast, the negative associations of father presence, religious commitment, and secure attachment with goal disengagement suggest greater persistence in goal pursuit while valued goals remain attainable, rather than a reduced capacity to disengage when necessary. Consistent with Goal Adjustment Theory, these findings indicate that disengagement and reengagement are distinct self-regulatory processes influenced by different constellations of developmental resources rather than opposite ends of a single continuum.

The substantially greater explanatory power of the reengagement model, which accounted for 43.4% of the variance, compared with 14.6% for disengagement further suggests that the capacity to reconstruct meaningful future goals following early motherhood is considerably more responsive to contextual and relational influences than the capacity to relinquish blocked goals. This positions goal reengagement as the more promising target for intervention and provides a developmental framework for understanding how supportive relationships and community resources facilitate adaptive adjustment following the disruption of early motherhood. The findings are discussed according to their theoretical and practical significance.

The Relational Resources Paradox: Persistence, Not Withdrawal

Father presence ($\beta = -.21$), religious commitment ($\beta = -.20$), and secure attachment ($\beta = -.20$) were each significantly and negatively associated with disengagement, while all three were significant positive predictors of reengagement. This pattern is consistent with Verschuren and Douilliez's (2022) finding that goal reengagement, not disengagement, was the dimension consistently associated with life satisfaction and positive affect and that disengagement was most strongly predicted by environmental constraint rather than by personal or relational assets. Young mothers embedded in supportive paternal, religious, and attachment relationships may persist longer in goal pursuit because those resources extend the range of what remains structurally feasible, reducing the conditions of genuine unattainability that Goal Adjustment Theory identifies as the proximal trigger for disengagement. This interpretation is consistent with the Nigerian evidence: Alex-Ojei et al. (2023) documented that young mothers lacking family support were disproportionately likely to experience educational withdrawal and foreclosed future plans, precisely the structural conditions under which disengagement becomes necessary. The present findings therefore suggest that resource-rich young mothers in this sample had not yet reached those conditions.

Dismissing Attachment: Productive Detachment without Reengagement

Dismissing attachment was the sole predictor that showed a positive association with disengagement ($\beta = .28$, $p = .001$) alongside a significant negative association with reengagement ($\beta = -.16$, $p = .021$), producing the most theoretically precise finding in the dataset. This dissociation (preserved disengagement capacity coupled with impaired reengagement) is directly predicted by Mikulincer & Shaver's (2016, 2019) deactivation model of avoidant attachment. Fraley and Shaver (1997) demonstrated that avoidant individuals show complete suppression of attachment-related distress when suppressing thoughts of loss, confirming that emotional detachment is a practiced and largely automatic self-regulatory strategy in this group. Research using eye-tracking paradigms has further confirmed that avoidant individuals systematically disengage attention from attachment-related cues, suggesting that their defensive mechanisms operate broadly across motivational domains. This same deactivating strategy renders withdrawal from blocked goals relatively accessible, since it is functionally consistent with the dismissing individual's habitual emotional disengagement from relational investment. However, the same independence that enables withdrawal inhibits goal reengagement, which requires active support-seeking, vulnerability to new emotional investment, and use of relational networks as a secure base for exploring revised life possibilities. This dissociation between disengagement and reengagement would have been invisible had the study used a composite attachment score, reinforcing the methodological importance of analysing attachment dimensions separately.

Fearful Attachment: Why HC3 Matters for Borderline Effects

Fearful attachment emerged as a significant positive predictor of goal reengagement only after applying HC3 robust standard errors ($\beta = .12$, $p = .046$), whereas the association did not reach conventional statistical significance under ordinary least squares estimation ($p = .069$). This pattern suggests that the observed association was modest and somewhat sensitive to the estimation method, warranting cautious interpretation. Because diagnostic analyses indicated mild heteroscedasticity, the HC3 estimator provided a heteroscedasticity-consistent estimate of the standard error by accounting for non-constant residual variance, yielding a slightly smaller standard error for the fearful-attachment coefficient.

From a developmental perspective, the finding may reflect the dual motivational characteristics of fearful attachment. Although individuals with fearful attachment typically experience anxiety and avoidance within close relationships, they also retain a strong desire for interpersonal closeness (Bartholomew & Horowitz, 1991; Mikulincer & Shaver, 2016). For adolescent mothers, this residual approach motivation may encourage continued investment in rebuilding important life goals despite uncertainty and relational insecurity. Nevertheless, the relatively small effect size and the sensitivity of the finding to robust estimation suggest that fearful attachment is likely to play a comparatively limited role in goal reengagement relative to more robust predictors such as secure attachment, religious commitment, and father presence. Replication using larger samples and longitudinal designs is therefore needed before firm conclusions can be drawn regarding the developmental significance of fearful attachment for adaptive goal adjustment.

Relational and Spiritual Contexts Supporting Goal Reengagement

Religious commitment ($\beta = .37$) and father presence ($\beta = .23$) were among the strongest positive predictors of goal reengagement, and their concurrent prominence warrants integrated interpretation. Religious commitment's dominance as the single strongest predictor replicates and extends the Nigerian empirical literature linking religiosity to posttraumatic growth, purpose in life, and adaptive coping. Omeje and Nebo (2011) found that religiosity was positively associated with psychological well-being and adaptive coping among Nigerian adolescents. Zubairu and Sakariyau (2016) documented a positive association between religious involvement and purposeful goal orientation among African university students, noting that spiritual beliefs directly scaffold the future-oriented cognition that goal reengagement requires. The present finding extends this literature by demonstrating that religious commitment retains its predictive advantage even after controlling for secure attachment, father presence, and family relationship quality in a fully specified multivariate model, suggesting a contribution beyond emotional regulation or relational support per se. In the Nigerian context, where churches and mosques may provide social support, normative guidance, and opportunities for community participation, religious commitment may partly reflect mesosystem-level embeddedness (Bronfenbrenner, 1979) in addition to functioning as an individual psychological resource. This interpretation suggests that faith-sensitive interventions might usefully extend beyond individually focused spiritual coping to consider partnerships with religious communities and their existing support structures (Tix & Frazier, 2005).

Father's presence, operating through the convergent mechanisms of emotional security, instrumental support, educational encouragement, economic feasibility, and modeling adaptive coping, independently contributed to reengagement at $\beta = .23$. Taken together, these findings support the proposed dual-buffer role of father presence: paternal support may reduce

premature disengagement by sustaining the pursuit of goals that remain attainable, while simultaneously providing the emotional and instrumental resources needed to reengage with alternative goals when original aspirations become genuinely constrained. This finding is consistent with Jeynes's (2015) meta-analytic evidence that paternal involvement contributes to achievement-related outcomes above and beyond maternal involvement and with and with Thomas et al.'s (2008) evidence linking father presence and family structure with perceived closeness to fathers among adult African American children.

Parent-adolescent relationship quality ($\beta = .23$) added further independent variance, confirming that active parental engagement, as indexed by overall communication intensity rather than conflict per se, supports goal reengagement through a pathway partially distinct from paternal presence alone. The interpretation of this finding should be considered in light of the operationalization of the Conflict Behavior Questionnaire in the present study, whereby higher scores reflected stronger overall parent-adolescent relationship functioning, characterized by constructive communication, emotional support, parental engagement, and lower levels of dysfunctional conflict following reverse scoring, rather than elevated conflict alone. Consequently, the positive association observed here should not be interpreted as indicating that conflict promotes adaptive goal adjustment. Rather, it suggests that adolescents embedded in relationships characterized by active communication and continued parental involvement are better positioned to revise educational and life goals following early motherhood.

The interpretation of these relational findings should also account for heterogeneity in participants' marital status. Father presence referred specifically to the young mother's relationship with her own father, while the parent-adolescent relationship measure assessed relationships with her parents; neither captured support from a husband, partner, or the father of her child. This distinction is important because 28.2% of participants were married, 15.0% divorced, and 3.8% widowed, indicating substantial variation in the relational resources potentially available to them. Spousal or partner support may supplement or partly substitute for parental support among married young mothers, whereas unmarried, divorced, or widowed mothers may rely more heavily on natal-family relationships. Because marital status and partner support were not modelled, the present study cannot determine whether the observed effects of father presence and parent-adolescent relationship quality operate similarly across marital-status groups or independently of partner support. Future research should distinguish support from the young mother's father, partner or spouse, and child's father, and examine their potentially differentiated contributions to goal adjustment.

Childhood Trauma and Goal Reengagement

Childhood trauma was a significant negative predictor of goal reengagement ($\beta = -.19$, $p < .001$) but was not significantly associated with goal disengagement. This asymmetric pattern is consistent with, and extends, the childhood adversity literature. The original Adverse Childhood Experiences Study demonstrated that cumulative adversity is associated with impaired psychological and physical functioning across the life course (Felitti et al., 1998), while Hughes et al.'s (2017) meta-analysis confirmed that multiple adverse experiences substantially increase the risk of maladaptive coping and diminished resilience. From a developmental neuroscience perspective, Shonkoff et al.'s (2012) toxic stress framework further proposes that repeated adversity in the absence of adequate buffering alters stress-response systems, with important consequences for self-regulation and future-directed functioning. The present findings extend this literature by suggesting that childhood trauma

primarily disrupts adolescents' capacity to construct and pursue alternative developmental goals rather than their ability to disengage from unattainable ones.

This distinction is theoretically meaningful because goal reengagement requires adolescents to envision attainable alternatives, reconstruct a coherent future self, and sustain motivational investment in goals that have yet to be realized. These capacities appear particularly vulnerable to the long-term consequences of childhood trauma. Developmental research indicates that exposure to early adversity is associated with overgeneral autobiographical memory, a tendency to recall personal experiences in broad or categorical terms rather than as specific events, which may in turn constrain the capacity to imagine detailed future experiences. Consistent with this view, Kleim et al. (2014) found that trauma survivors with post-traumatic stress disorder generated fewer specific positive future events and were more likely to perceive their futures as permanently constrained. Similarly, adolescents exposed to childhood maltreatment report poorer developmental outcomes than their non-maltreated peers, whereas stronger future orientation functions as a promotive and protective resource supporting positive adaptation following adversity (Cui et al., 2020).

A complementary explanation is provided by hope theory (Snyder, 2002), which conceptualizes hope as comprising agency, the motivational drive to pursue valued goals, and pathways thinking, the perceived capacity to identify workable routes towards those goals. Exposure to early interpersonal adversity has also been linked to increased hopelessness during early adolescence, particularly among young people with weaker future orientation (Hamilton et al., 2015). Within goal adjustment theory, these components provide the motivational and cognitive resources necessary not only to identify alternative goals but also to sustain commitment to them following developmental disruption. Consequently, diminished hope may represent an important mechanism through which childhood trauma constrains adaptive goal reengagement.

The developmental significance of this mechanism is particularly evident during adolescence, a period characterized by identity exploration, educational planning, and increasing orientation towards future adult roles (Erikson, 1968; Nurmi, 2004). For adolescent mothers, whose educational and occupational trajectories are frequently disrupted by early childbearing, successful adaptation depends on the capacity to reconstruct meaningful future aspirations despite altered life circumstances. The present findings suggest that childhood trauma compromises precisely these future-oriented developmental processes, thereby limiting adolescents' ability to rebuild purposeful life trajectories following motherhood.

Interestingly, childhood trauma did not predict goal disengagement. This finding suggests that recognizing when previously valued goals have become unattainable may depend more on objective life circumstances than on childhood adversity. In contrast, reconstructing meaningful alternative goals appears to require prospective cognitive processing, motivational resources, and future-oriented self-regulation that are more vulnerable to the enduring effects of early adversity. Notably, childhood trauma retained its independent negative association with goal reengagement after controlling for secure attachment, father presence, and religious commitment, indicating that these relational and spiritual resources, while protective, do not fully offset the developmental consequences of early trauma. These findings suggest that trauma-informed interventions may enhance the effectiveness of goal reengagement programs by addressing the cognitive and emotional sequelae of childhood adversity that may otherwise constrain young mothers' capacity to reconstruct meaningful future goals.

Strengths and Limitations

This study has several strengths. Conceptually, it extends Goal Adjustment Theory to the relatively understudied developmental context of adolescent motherhood in sub-Saharan Africa and examines goal disengagement and reengagement as distinct self-regulatory processes rather than treating goal adjustment as a unitary construct. The multivariate framework also permitted the simultaneous examination of childhood trauma, father presence, religious commitment, attachment dimensions, and parent–adolescent relationship quality, allowing their independent associations with goal adjustment to be estimated within a theoretically integrated model. This approach captures multiple levels of young mothers' developmental ecology rather than examining individual risk or protective factors in isolation. Methodologically, the study employed theoretically grounded measures with generally acceptable to excellent internal consistency and used heteroscedasticity-consistent HC3 standard errors to assess the robustness of the regression estimates.

These strengths should be considered alongside seven limitations. First, the cross-sectional design precludes causal inference; longitudinal research is needed to determine whether changes in paternal support, religious commitment, attachment security, and other relational resources prospectively predict goal-adjustment trajectories following early motherhood. Second, purposive recruitment from health facilities limits generalizability, particularly to adolescent mothers who do not access formal health services and may experience different or more severe forms of relational disadvantage. Third, reliance on self-report measures raises the possibility of shared-method and social desirability biases, particularly for sensitive experiences such as childhood trauma; future studies would benefit from multiple informants and mixed-method approaches. Fourth, the goal disengagement subscale demonstrated moderate internal consistency ($\alpha = .61$), which may have attenuated associations with this outcome. Fifth, although both regression models were re-estimated using HC3 robust standard errors and the substantive findings were retained, mild heteroscedasticity was present; replication in larger samples using robust estimation and bootstrapped confidence intervals would strengthen confidence in the observed associations.

Sixth, marital status and partner support were not included as covariates despite substantial heterogeneity in participants' marital circumstances. This is important because support from a spouse, partner, or co-parent may supplement or substitute for natal-family resources and could therefore influence the observed associations of father presence and parent–adolescent relationship quality with goal adjustment. Future studies should distinguish support from the young mother's own father and parents from that provided by a spouse, partner, or father of her child, and examine whether marital status moderates or confounds these associations. Seventh, inclusion of participants currently aged 20 years represents a minor extension beyond the standard WHO definition of adolescence (10–19 years). Although all participants had experienced their first childbirth by age 19, future studies should examine whether the findings replicate in samples restricted to participants who remain within the conventional adolescent age range at assessment.

CONCLUSION

This study demonstrates that goal reengagement is a resource-dependent developmental process shaped principally by the quality of adolescents' relational and social environments. Among young mothers in South-Western Nigeria, relational resources, including father presence, secure attachment, and supportive parent–adolescent relationships, together with

religious commitment, emerged as the strongest positive predictors of adaptive goal reengagement, whereas childhood trauma and dismissing attachment constrained young mothers' capacity to reconstruct meaningful future goals following early motherhood. The markedly stronger prediction of goal reengagement than goal disengagement further suggests that rebuilding meaningful life goals after developmental disruption is considerably more responsive to contextual resources than relinquishing unattainable ones.

These findings extend Goal Adjustment Theory by demonstrating its applicability within an African developmental context and by showing that goal disengagement and goal reengagement are not simply opposite ends of the same self-regulatory continuum but are influenced by distinct configurations of developmental risk and protective factors. The findings further highlight the importance of understanding adolescent motherhood not solely as a deficit or adverse outcome but as a developmental transition whose long-term trajectory depends substantially on the availability of supportive relational and community resources.

From a practical perspective, interventions designed to support young mothers should prioritize strengthening the conditions that promote goal reengagement rather than focusing exclusively on reducing distress. Trauma-informed counselling, attachment-based interventions, programs that foster positive father involvement and supportive parent–adolescent relationships, and partnerships with faith-based organizations may collectively enhance young mothers' capacity to identify, commit to, and pursue attainable future goals despite the disruptions associated with early motherhood.

Overall, the study contributes to developmental psychology by integrating goal adjustment theory with attachment and ecological perspectives to explain adaptive adjustment following adolescent motherhood. It provides evidence that relational and spiritual resources are not merely protective correlates of well-being but constitute fundamental developmental resources associated with young mothers' capacity to reconstruct purposeful and attainable life trajectories following one of adolescence's most significant developmental disruptions.

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Conflict of Interest

The author declares no conflict of interest.

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