

**A comparative study of postnatal depression amongst adolescent mothers with
and without partners**

by

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Submitted in fulfilment of the requirements for the degree of

Master of Psychology

(Clinical Psychology)

in the

Department of Psychology

Faculty of Arts

University of Zululand

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2017

DECLARATION

I, Muziwandile Robert Ntuli, hereby declare that the work contained in this dissertation is my own original work that has not been submitted before, in whole or in part, for any degree at any other university.

M.R. Ntuli

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Date: March 2017

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to a number of people and institutions for their support, useful comments and suggestions:

- Doctor C. Hermann and Professor J.D. Thwala for their patience and unwavering guidance in making this research a success.
- The financial assistance of the National Research Foundation: Division for Social Sciences and Humanities towards this research is hereby acknowledged. Opinions expressed and conclusions arrived at are those of the author and are not necessarily to be attributed to the National Research Foundation.
- The Fort Napier and Town Hill Hospitals' psychology staff for their support and guidance.
- My parents, and the extended family, for their encouragement and support even in times when I felt like losing hope.
- Ms P.G. Ngwane and Mr Z. Ndlela who helped me a lot during the data collection process.
- Adolescent mothers from Enseleni CHC and Thokozani Clinic who participated in this research study.
- Most importantly my God, UNYAZILWEZULU, for His blessings and guidance throughout the process of this research study.

ABSTRACT

The aim of this study was to determine the prevalence of postnatal depression among adolescent mothers. The study was going to achieve this through a comparative approach. Two groups of adolescent mothers were compared. One group's participants were still in relationships with their partners (child's biological father), and the other group consisted of single adolescent partners without the child's biological father, or a romantic partner. The research study was based in the Umhlathuze region, in two local townships, namely, Enseleni and Esikhawini Townships. A total of 100 adolescent mothers from two health care facilities was sampled for the current research study. A quantitative research methodology was adopted, as the study intended to compare nominal variables. A self-selection sampling method was utilised, and a validated tool called the Edinburgh Postnatal Depression Scale (EPDS) was used to collect data. Furthermore, the Statistical Package for the Social Sciences (SPSS) was utilised for the purposes of data analysis. The study revealed that there was no evidence of an association between partner availability and postnatal depression among adolescent mothers. However, the limitations of the current research study were acknowledged. The study recommends that a more longitudinal study be conducted, with a closer look at the quality of romantic relations among adolescent couples, and their impact on postnatal health of both adolescent mothers and fathers.

Key terms: Adolescence, Adolescent pregnancy, Adolescent romantic relationships, Attachment, Parenthood.

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CHAPTER 1 - INTRODUCTION

1.1 INTRODUCTION

When considering adolescence; adolescent romantic relationships, adolescent pregnancy and parenting from an attachment theory's standpoint, it is a very complex situation. First, adolescence as a developmental stage comes with a lot of challenges and changes. This critical developmental stage is conventionally understood as the time of the onset of puberty until the establishment of social independence (Steinberg, 2014). However, different sources have various definitions of the period of adolescence. Most commonly the ages of 10 to 18 are used as chronological definition of adolescence (APA, 2002). For an example, the current research study uses the chronological age bracket of 13 to 19 to refer to adolescence. Nonetheless, adolescence is a time of many transitions for both girls and boys. They experience physical changes, cognitive and psychosocial developments at a rate of speed that is unparalleled since their infancy. Under physical changes adolescents may rapidly gain height and body weight (Steinberg, 2007). Additionally, they also experience continued development of the brain. Recent research reveals that adolescents' brains are not completely developed until later in adolescence. Specifically, findings suggest that the interactions between neurons that affect emotional, physical and mental abilities are incomplete at this stage of development. This finding could account for why often adolescents have poor emotional regulation and judgement (Strauch, 2003), whereas, under cognitive development adolescents are said to develop advanced reasoning skills and abstract skills of thinking. This development can lead to them demonstrating a heightened level of self-consciousness. Noticeably, adolescents become preoccupied with themselves and think that other people are too.

On the other hand, according to Steinberg (2007) there are five recognised psychosocial issues that adolescents become faced with. The first issue is the establishment of one's identity. For the most part of their adolescence they are in a continuous search of themselves. Second, adolescents are faced with the challenge of establishing autonomy and become self-sufficient in society. The third psychosocial issue is the establishment of intimacy. This one is of particular interest in the current research study because it refers to close relationships in which people are open, honest,

caring and trusting. Research shows it is commonly with friends that adolescents learn how to maintain and terminate relationships, practice social skills and become intimate. Becoming conscious of one's sexuality is another psychosocial issue that is critical in adolescents' development. Sadly, contradicting information and misconceptions that adolescents receive about sexuality contribute significantly to problems such as teenage pregnancy. Lastly, achievement seeking behaviour is another predominant psychosocial issue that adolescents face. Society's fostering of competition and success fuels adolescents to strive for their achievement preferences (Ruffin, 2009).

On top of all these transitions in adolescence, they experience yet another new phenomenon in their lives, namely, romantic relationships or dating. Extensive research has been conducted on the concept of adolescent romantic relationships. At times for parents and those working closely with adolescents it can be difficult to appreciate the impact that romantic relationships can have on their lives. Adolescent romantic relationships can be quite fleeting or stormy and last only a number of weeks or sometimes even days. Given that they are often so short lived and seemingly unstable, adolescents' romantic relationships are often dismissed as unimportant. It is normally assumed that they are too trivial to be of any major significance or to have a lasting impact on their lives. Hence, parents may dismiss their children's romantic relationships as unimportant and fail to take them seriously. Likewise, those who work closely with adolescents may often overlook their romantic relationship histories and/or current involvement in romantic relationships as potentially important areas to ponder upon. Similar to researchers their attention may often be directed towards adolescents' family and peer relationships. However, recently researchers have begun to show interest in investigating the nature of the development of romantic relationships in adolescence. As research has begun to emerge, it has become increasingly clear that adolescent romantic relationships warrant much more attention than they have traditionally been granted. These romantic relationships play an important role in adolescents' daily lives. They have a significant impact on their current mental health, their ongoing development and future romantic interactions (Scanlan, Bailey & Parker, 2012).

Additionally, when considering the impact of romantic relationships on adolescents' lives it can be drawn that they may be a major cause of strong emotions that adolescents display during adolescence. Such that some researchers have argued that these romantic relationships should be recognised as the single greatest source of strong emotions in adolescents' lives. Meanwhile, some body of knowledge reveals that the lived experiences of adolescent romantic relationships whether real, potential or imagined, account for many of their strong emotions, both positive and negative. On the other hand, it can be acknowledged that there are negative emotions that come with being involved in romantic relationships for adolescents. Interestingly these negative emotions cannot be avoided simply by not getting involved in such romantic relationships. Noticeably, adolescent girls in particular spend a lot of time thinking and talking about romantic relationships. Their focus could be on their past romantic relationship experiences and potential future relationships even when they are currently not involved in any romantic relationships. Conversely, other adolescents who are not in romantic relationships often express the stress associated with not being involved in romantic relationships, particularly in early adolescence. In addition to having a major impact on adolescents' daily lives, romantic relationships impact significantly on their ongoing emotional and social development. They also lay the foundation for romantic relationships in adulthood. Although adolescent romantic relationships tend to be short in duration than adult romantic relationships, and typically involve less intimacy, attachment and commitment, they play a very important role in adolescents' lives (Scanlan et al., 2012).

The specific chronological age at which adolescents develop their first romantic relationships varies widely across culture, gender and personality. Romantic relationships become more common and last longer as adolescents move from early to late adolescence. They begin to focus and reflect on important changes in their relationship quality over this time. Meanwhile, younger adolescents often report experiencing more costs and fewer benefits from being involved in romantic relationships. They describe them as more stressful and less supportive than older adolescents. Conversely, older adolescents tend to experience them as more rewarding both emotionally (greater levels of intimacy, affection and companionship) and sexually. With increasing age, as well as becoming more rewarding, romantic relationships last longer and romantic partners come to play an increasingly important role in adolescents' lives. Between

early adolescence and adulthood there is a shift from parent to partner as a primary attachment figure. By mid to late adolescence, adolescents often spend more time with their romantic partners than with friends or family (Scanlan et al., 2012).

Therefore, with regards to adolescent romance as a form of security in distressful situations, attachment theory proposes that adolescents' developmental representations of their attachment figures are based on the quality of the relationships they had with their primary caregivers. Furthermore, attachment theory posits that mental representations of attachment relationships lay an important foundation for the subsequent development of psychological functioning. Individuals preoccupied with insecure mental representations are likely to engage in maladaptive affect regulation strategies, thereby exhibiting more vulnerability to psychological problems. Supporting this idea, research on adolescents consistently finds that insecure attachment history with their parents is associated with poorer psychological adjustment. Consistent with research on parental attachment, studies find that adolescents and adults with insecure attachment styles in romantic relationships experience higher degrees of psychological distress, including depression and loneliness (Carnelly, Pietromonaco, & Jaffe, 1994; Marchand-Railly, 2012; Sutin & Gillath, 2009).

Although research shows that adolescent romantic relationships tend to be surrounded by many challenges, they also often have dire consequences like premarital pregnancy. In an attempt to provide an answer to the question of why do young girls become pregnant, many arguments can be raised. For instance, some media arguments from urbanised societies propose that they fall pregnant because of media images or a lack of sex education. A British study found, for example that teenagers who watched high sexual content on television were more likely to become pregnant than those who did not. But then again it does not necessarily mean that every adolescent who watches sexual content on TV or on their mobile phone will become pregnant sooner. However, although this explanation may be true for most parts of the world it is rather too narrow for the situation within the South African context. High rates of adolescent childbearing, in particular, among Africans needs to be located historically in the value accorded to human life. As Iliffe (2005) argued, in the pre-colonial period, childbearing had always been

the main source of a woman's respect. By the same token, women's status in the society is associated with their fertility (Inhorn, 2005). Preston-Whyte and Zondi (1989) found a strong acceptance of adolescent pregnancy among African families in KZN in the late 20th century. For the researcher of the current research study this notion shows how culture and society contribute negatively to adolescents' well-being, sadly, without even intending to sometimes.

Invariably, adolescent pregnancy is not always simply a matter of personal choice. There are often a number of factors that contribute to adolescent pregnancy. For instance, the issue of culture, religion, gender inequality, socio-economic conditions, poor access to contraceptives, negative attitude of some health care workers and rarely, a lack of sexual education. Still, in South Africa gender inequalities appear to significantly impair the ability of young women to make reproductive and sexual health choices freely. Male control over sexuality and women's lack of negotiation over sexuality, have been well documented over the years (Shefer, 2009). It is clear that many girls have sex under conditions not of their own choosing. Gender inequalities deny them the opportunity to express their desires, to insist on condom use and even to refuse to have sex. There is now a substantial body of literature that documents the extent of gender-based violence, including rape as well as more subtle forms of coercive sex, and which clearly indicates that young women are not always able to negotiate safe and equitable sexual practices and control their reproductive capacity in contexts of sexual intimacy (Dunkle et al., 2004; Jewkes et al., 2001; Jewkes et al., 2006; Shefer & Foster, 2009 & Wood et al., 1998).

Meanwhile, focusing only on gender inequalities and the absence of agency among young women prevents the recognition of the role that young women themselves play in their reproductive choices. There can be no question that young women have sexual agency, and in some cases use it assertively and instrumentally (Haram, 2001; Hunter, 2002). In order to better understand the agency of young girls the examination of constructions of young femininity is essential. Girls develop their femininity under specific cultural conditions, which may include cultural injunctions against sexual relations and pregnancy, as these are part of a transition to womanhood, an estate that young girls are not simply free to enter (Thomas, 2007). However, although there is status associated with becoming a woman, there is loss attached to it too.

Having a child shows peers that one is a woman, sexually mature and able to reproduce. Furthermore, it is not uncommon to hear young women talk about having children in order to keep their romantic partners.

1.2 DEFINITION OF TERMS

1.2.1 Adolescent

A person of the chronological age of 13 to 19 years

1.2.2 Postpartum depression

According to Epperson (1999), “Postpartum depression is a depressive episode associated with childbirth”. It is a treatable mood disorder that may onset soon after birth or several months later. According to the Diagnostic and Statistical Manual of Mental Disorders, postpartum depression is not distinct from nonpuerperal depression but there is an addition of a postpartum-onset specifier associated with individuals whose onset of depression was within four weeks of delivery (Beck & Gable, 2001).

1.2.3 Postpartum

The postpartum period begins with the delivery of the baby and lasts until the mother’s body returns to its original state (London, Ladewig, Ball & Bindler, 2007).

1.2.4 Postnatal

‘Postnatal’ is a synonym for postpartum. The word ‘postnatal’ is more often used in European languages while ‘postpartum’ is often used in North American languages.

1.3 PROBLEM STATEMENT

Adolescence is a very critical developmental stage when people transition from childhood to adulthood. Typical of this developmental stage are a number of various changes and challenges, which if not well understood and managed, can result in the state of psychological impairment. The current research study addresses the problem of adolescent mothers’ psychological well-being being affected by whether they are in functional romantic relationships with their

children's biological father or they are left alone to raise the baby without their partner. Note, 'partner' as mentioned in this research topic is limited to the baby's biological father only. While 'with and without', simply refers to the proximity, availability and/or a relationship status. According to Bhana, Morell, Shefer and Ngabaza (2010), adolescent mothers and their babies become a huge responsibility to their families. In most cases the biological father of the baby denies paternity or else fails to support the child financially and thus the adolescent mother's family is left with the responsibility of feeding an extra mouth in the family.

1.4 AIM, OBJECTIVE AND/OR PURPOSE OF THE STUDY

1.4.1 Aim: To determine whether adolescent mothers without partners (no longer in a relationship with the baby's father) were more prone to postnatal depression compared to those with partners (still in a relationship with the baby's father).

1.4.2 Objective: To determine whether postnatal depression among adolescent mothers is associated with the presence and/or absence of their child's father.

1.5 INTENDED CONTRIBUTION TO THE BODY OF KNOWLEDGE

The current research study's intended contribution to the body of knowledge was to broaden the pre-existing psychological literature regarding adolescent romantic relationships and how they affect both partners involved, with special attention to adolescent mothers during the postnatal period. The researcher noticed that a plethora of information, particularly in the South African context talks about risks associated with teenage pregnancy, violence in adolescent couples and how short-lasting these relationships tend to be, risks associated with adolescent mother's postnatal depression and infant development and various factors that potentially lead to adolescent mothers presenting with depression (Beck, 2001; Christofides, Jewkes, Dunkle, Nduna, Shai & Sterk, 2014; Dennis & Ross, 2006; Glynn & Sandman, 2006; MacPhail, Pettifor, Pascoe & Rees, 2007; Mkhwanazi, 2006; Mkhwanazi, 2010; Rini, Dunkel, Schetter, Hobel, Robertson, Grace, Wallington & Stewart, 2004; Ward, Makusha & Bray, 2015; Whisman, Davila & Goodman, 2011). However, the researcher noticed a gap as there was not much being mentioned on the actual impact of being without the person whom an adolescent mother is

supposed to be a co-parent with, supported by and navigating through new life changes and challenges with. Therefore, it was for this reason that the researcher decided to pay attention to this critical reality in South Africa. Noticeably, the mentioned studies appeared to have used either a mixed method or qualitative approach to research. However, the current research study adopted a purely quantitative approach and a standardised data collection tool was utilised for objective findings.

1.6 THEORETICAL FRAMEWORK

The issue of social support is with no doubt a multifaceted and complex concept. It has been extensively defined and studied all across the world. In a broad definition, social support is a voluntary act that is normally stimulated by innate free will within an individual (the giver) to the next (the receiver). Subsequently this act then elicits an immediate or delayed positive response in the recipient. The voluntary act can be given by a family member, friend or romantic partner and it may be given in many different forms such as informational, physical, emotional and instrumental. Ground-breaking research has shown that the social environment has direct benefits to health outcomes, such that social support was shown to prevent diseases. The consensus of research has shown that individuals who have greater social support are likely to have greater longevity than those with fewer social ties. Research regarding the association between social support and health moved from mortality risk to morbidity risk, affecting pregnancy outcomes and maternal health, like postnatal depression. Postnatal depression is a mood disorder that affects approximately 10 to 20 % of women and can begin at any time during the first year after delivery lasting for months. Among some symptoms of this mood disorder are feelings of sadness, persistent fatigue and loss of energy, change in sleeping patterns or sleep deprivation, loss or sometimes gain of appetite, reduced libido, tearfulness, anxiousness, irritability, feelings of loneliness, emotional lability and even thoughts of harming oneself and/or the child.

1.6.1 Basic concepts of the attachment theory

Bowlby (1982) proposed that human infants are born with an innate psychobiological system, which he called the attachment behavioural system that is responsible for motivating them to seek proximity to supportive of others as a means of protecting them from physical and psychological threats and promoting affect regulation, well-being and increasing self-efficacy. Bowlby termed these supportive others as attachment figures. He further speculated that the urge to seek and maintain proximity to these attachment figures evolved biologically because of children's prolonged dependence on those they regard as strong and wise. As expected, it is usually parents who can defend children from perceived threats and other forms of danger while supporting their gradual physical and cognitive development (Coan, 2008). Although the attachment system is mostly critical during the early years of life, Bowlby (1988) assumed that the formation and maintenance of relational bonds in adolescence and adulthood are still taken care of by the attachment system as it active over the entire life span of an individual. The prime objective of the attachment system is to sustain a sense of safety or security based on beliefs that the world is generally safe, that oneself is competent enough and lovable, and that the significant others (e.g. romantic partners) will be readily available and supportive when they are needed. Bowlby maintained that this attachment system is activated by events that threaten the sense of security, such as encountering actual or symbolic threats or noticing that an attachment figure is not sufficiently near, interested nor responsive. In such cases, a person is automatically motivated to seek and re-establish actual or symbolic proximity to an attachment figure (the attachment system's primary operating strategy). Until a sense of security and protection is attained, the bid for proximity continues. After successful attainment of the sense of security and protection the attachment system is then deactivated and the person can calmly and coherently return to other activities of life, which Bowlby thought were inspired by other behavioural systems such as exploration and affiliation (Shaner & Mikulincer, 2008).

Beyond the description of universal aspects of the attachment system, the system's functioning depends also on individuals' differences in their make-up. Interactions with attachment figures who are generally readily available when they are needed and who are sensitive and quick to respond to bids for proximity and support, promote a stable sense of attachment security. As a

result, a positive mental representation of oneself and significant others is constructed. Meanwhile, when one's attachment figures are not reliably available and readily supportive, the process of proximity seeking fails to relieve feelings of distress, insecurity begins to develop, negative interpretations of the self and significant others are formed and the likelihood of establishing insecure orientations toward attachment figures and relationships is elevated. Research indicates that these attachment insecurities can be measured in adolescence and adulthood in terms of two independent dimensions, namely, attachment-related anxiety and avoidance (Shaver & Mikulincer, 2008).

A person's position on the anxiety dimension indicates the degree to which he or she worries that a partner will not be available and responsive in times of need. A person's position on the avoidance dimension indicates the extent to which he or she distrusts the relationship partner's good will and strives to maintain behavioural independence, self-reliance and emotional distance. The two dimensions are associated in theoretically predictable ways with relationship quality and adjustment (Mikulincer & Shaver, 2007).

In order for a relationship partner to be viewed as an attachment figure, Bowlby (1982) specified the provision that he or she should supply and the functions this person should serve. According to Bowlby, the first noticeable thing is that the attachment figures are targets of proximity maintenance. He posited that humans of all ages tend to seek and maintain proximity to their attachment figures in time of need and they tend to experience distress upon actual or anticipated separation from them. Secondly, these attachment figures provide a physical and emotional safe haven to those in need and they facilitate distress alleviation and are a source of support and comfort. Thirdly, attachment figures provide a secure base from which people can navigate through and have a lived experience of the world, develop their own capacities and understand their personality character. Subsequently, by accomplishing these functions, a relationship partner becomes a source of attachment security and one's relationship with him or her becomes an attachment bond (Mikulincer & Shaver, 2007).

Theoretically, separation distress is the normative response to an impending loss of a major source of safety and security. During infancy, primary caregivers (usually one or both parents, relatives, nannies and day-care providers) are likely to serve attachment functions. In adolescence and adulthood, a relationship partner can serve as an attachment figure. Literature shows that the actual presence of a supportive relationship partner has long-term consequences for a person's attachment security, psychological well-being and overall mental health (Shaver & Mikulincer, 2008).

In the current research study, the main focus is on adolescent romantic relationships and the extent to which they can be conceptualised as involving attachment bonds. But firstly, the researcher reviewed evidence supporting this conceptualisation and indicating that romantic relationships do sometimes fulfil anxiety-buffering and growth-promoting functions and that a romantic partner can become a person's principal attachment figure.

1.6.2 Adolescent romantic relationships

Often adolescent romance is manifested in television movies, fictional stories, poetic pieces, proses and personal recollections. The scarce body of knowledge on adolescent romance can be traced back to the claims that early romantic relationships with intimate partners are often casual and short-lived (Feiring, 1996). According to Shulman and Scharf (2000) it is only during the later stages of adolescence that adolescent romantic relationships begin to resemble stability and somewhat reflect adult romantic relationships. In terms of its scope, the adolescent romance can be very complex. For example, it can range from fantasies to interpersonal relations of short and long duration. Also, more often than sometimes, a romantic relationship between two adolescent partners may assume different forms ranging from those which are more or less resembling close friendships to those that are typical of casual dating relationships (Seiffge-Krenke, Shulman & Klessinger, 2001; Shulman & Scarf, 2000).

Prior research done, on the developmental perspectives of adolescent romance proposed two models of adolescent romantic relationships. According to Brown (1999); Connolly and

Goldberg (1999) adolescent romance develops in terms of phases that follow a specific pattern. In addition, both models acknowledge the impact of the change in peer context and how that change can potentially influence the quality of adolescent romantic relationships as time continues. As much as both models may have differences, they both hold the existence of four distinctive phases. In support of this idea, they posit that physical attraction and desire are the most prominent features during the initiation phase of adolescent romance. Noticeably, attraction at this phase is often focused on a particular individual. However, it may not be often accompanied by any actual interaction between the two individuals. If there is any interaction at all, it is mostly limited to cyber links or occasional phone calls. Seemingly, the prime objectives held by the first phase are the broadening of one's self concept and gaining confidence in one's ability to relate to potential partners at a romantic capacity. This is evidenced by the rate at which adolescents are often concerned and troubled by their feelings, actions and if whether their behaviour is considered acceptable by their peers (Seiffge-Krenke et al., 2001; Shulman & Scarf, 2000).

On the other hand, research shows that during the second affiliative phase, adolescent boys and girls begin to interact more within mixed-gender groups. Despite the existence of sexual needs which tend to be stronger among these adolescents at this particular stage, it appears the strong affiliative drives present at this stage are such that most relationships during this phase stress companionship more than sexual intimacy. Contrasting with the second phase, the third phase is marked by the strong existence of sexual intimacy within adolescent romantic relationships. It is during this phase that adolescent romantic couples are formed. During this phase adolescents place much emphasis on sexual intimacy with the romantic partner, deeper mutual feelings are developed and romantic partners tend to engage in extensive sex. Thus, the role of peers and their influence in structuring and regulating the relationship between adolescent romantic partners decreases at this phase. Lastly, in the fourth phase which occurs during the later stages of adolescence, committed relationships are established. Noticeably, at this phase and stage of adolescence, romantic relationships tend to be long-term and their binding forces involve mutual physical attraction, shared desire for intimacy and readiness to show caring behaviour. Literature shows that often times the romantic relationships formed during late adolescence are likely to

resemble marital romantic relationships because of how deep the romantic relationship tends to be when compared with early adolescence (Seiffge-Krenke et al., 2001; Shulman & Scarf, 2000).

Even though the mentioned models do not explicitly compare phases in adolescent romantic relationships, their argument is that adolescent romance is guided by developmental principles. For instance, attraction towards potential romantic partners emerges during early stages of adolescence. During early adolescence, the main focus is in gaining confidence in one's capacity to relate to potential partners in a romantic way and to initiate a romantic experience. It is not yet understood how such first encounters are initiated and experienced and also what could be the possible dilemmas, feelings and behaviours that young adolescents could be dealing with. However, literature shows that among some thought processes and behaviours involved prior to initiating a romantic encounter, adolescents usually seek advice from their close friends first and this act clearly points to the role that is played by the peer context of romantic development. Also, literature shows that besides turning to a familiar face for advice, adolescents tend to be attracted to someone they do not know well and then often attempt to draw attention to themselves, for an example, by exhibiting comical behaviour or cracking jokes and trying to communicate feelings of affection non-verbally (Seiffge-Krenke et al., 2001; Shulman & Scarf, 2000).

The dilemmas and anxieties related to peer group entry behaviour have a bearing on how adolescents think about potential partners and what kinds of initiatives they take to approach them. In summary, the identity concerns, peer influences and the romantic relationship determine the kinds of stress that young adolescents become faced with in the beginning of their romantic relationships. Sometimes, being without a romantic partner can be so stressful for some young adolescents. However, interestingly, literature reveals that adolescents tend to cope more effectively with these stresses as time continues. Most noticeably, since romantic attraction and encounters are often initiated within the peer context, these initiations affect the adolescent friendships as time continues. Adolescent friends often feel neglected or left out when their other friends start dating. They may sometimes display signs of jealousy, anger and hurt. Consequently, the adolescent friend who may be considered to be neglecting, may also display

feelings of guilt due to the way things turn out (Seiffge-Krenke et al., 2001; Shulman & Scarf, 2000).

1.6.3 Attachment processes in romantic relationships

Shaver, Hazan and Bradshaw (1988) proposed that the nature of romantic affection that adolescents and adults sustain involves an emotional attachment that is somewhat conceptually similar to the emotional bonds that infants form with their primary caregivers during infancy. Similar to infancy, love in adolescence and adulthood involves eye contact, holding, touching, caressing, smiling, crying, clinging, a desire to be comforted by one's relationship partner when distressed, the experience of anger, anxiety and sorrow following separation or loss and the experience of happiness and joy upon regaining contact. Furthermore, in these kinds of relationships, when the partner is not available and not responsive to the person's bids for proximity, the attached person can present with anxiousness, become preoccupied and hypersensitive to signs of love or its absence and to approval or rejection. Separations or non-responsiveness, up to a point, can increase the intensity of an infant, adolescent and adult's proximity-seeking behaviour, but beyond that point they can instigate defensive distancing from the partners so as to avoid the pain and distress of repeated frustration. In conclusion, infant's bonds with their parents and romantic partners' bonds in adolescence and adulthood are variants of a single underlying process (Shaver & Mikulincer, 2008).

Nowadays, decades later, after Shaver et al.'s initial statement of their extension of Bowlby's attachment theory, there is ample evidence that romantic relationships can be viewed as attachments and that a romantic partner is often one's principal attachment figure and a major source of psychological safety and security.

Firstly, with regards to romantic partners being seen as attachment figures, one kind of evidence for the claim that romantic relationships involve attachment come from studies examining the identities of people who serve as adolescents' and adults' primary sources of security during their stages of development respectively. To explore this issue, Hazan and Zeifman (1994)

constructed the WHOTO scale, which identifies a person's primary attachment figures by asking for the names of people who are preferred targets of proximity (e.g. "Whom do you like to spend time with?") and providers of what Bowlby called a safe haven (e.g. "To whom do you turn for comfort when you're feeling down?") and a secure base (e.g. "Whom do you feel you can always count on?"). Hazan and Zeifman administered the WHOTO scale to a sample of young adults and found that they preferred romantic partners rather than parents when they sought closeness or a safe haven. These findings have been replicated in other studies (Schachner, Shaver & Gillath, 2008).

Secondly, where a romantic partner is viewed as a safe haven, romantic relationships involve attachment bonds, people should tend to seek proximity to their romantic partner in times of need and closeness to this person should alleviate distress and induce comfort, peace of mind and a sense of safety. With regard to proximity seeking, Fraley and Shaver (1998) found many examples of this type of behaviour while unobtrusively observing romantic couples in the departure lounges of a public airport. Couples who were about to separate from each other (because one partner was flying to another city) were more likely to seek and maintain physical contact (e.g. by mutually gazing at each other's faces, talking intently and touching) than couples who were not separating. Theoretically speaking, the threat of separation caused people to engage in proximity-seeking behaviour, which Bowlby attributed to activation of the attachment system.

There is extensive evidence that proximity to a romantic partner alleviates distress. In a naturalistic study of cohabitating and married couples, Gump, Polk, Kamarck and Shiffman (2001) asked participants' partners to wear ambulatory blood pressure monitors for a week and to report what they were doing and feeling and indicate whether anyone was with them every time their blood pressure was recorded. The authors found that blood pressure was lower when participants were interacting with their romantic partners than when they were interacting with other people or were alone. Interestingly, this effect was observed even during non-intimate exchanges with a mate, implying that the partner's mere presence had beneficial effects.

Thirdly, in view of romantic partners as a secure base, are romantic partners capable of providing a secure base for each other, allowing them to explore the world autonomously and achieve personal goals? According to Bowlby (1988), an important function of an attachment figure is to provide a secure base from which another person can “make sorties into the outside world” with confidence that he or she can return for assistance and comfort should obstacles arise. This secure base, which was originally described by Ainsworth et al. (1978), can allow a person of any age to take sensible risks, engage in challenging activities and pursue new goals. Feeney and Thrush (2010) further refined the concept of secure base provision in adulthood and concluded that an attachment figure acts as a secure base for a partner’s autonomous exploration, if he or she is available and when this kind of support is needed by a partner, does not interfere with the partner’s sorties into the outside world and accepts and encourages these autonomous sorties. Therefore, if romantic relationships truly involve attachment bonds and processes of the kinds delineated by Bowlby (1982) and Ainsworth, Blehar, Waters and Wall (1978), adolescents and adults should seek secure base and responsiveness of this partner should facilitate one’s efforts at personal growth.

However, it is important to note that attachment insecurities can reduce or preclude these positive effects or a romantic partner’s role as a secure base. In a recent experimental study, Coy, Green and Davis (2012) asked participants to engage in inner exploration of sensations and feelings alone or in the presence of their romantic partner. Findings indicated that the positive effects of a partner’s presence disappeared and were sometimes even reversed among insecurely attached partners. For more avoidant participants, for example, the presence of their partner during the exploration task reduced rather than increased the time they spent in exploration and their positive mood during the activity. This effect might be attributable to avoidant individuals’ dismissal or derogation of their partner’s supportiveness or their partner actually being less responsive to and less encouraging of their exploration efforts (Feeney & Thrush, 2010).

Responses to separation and loss, the distress elicited by separation from or loss of a close relationship partner, is one of the defining features of an attachment bond. According to Bowlby (1980), the absence of an attachment figure is a threat to a person’s sense of security and safety

and therefore arouses anxiety, anger, protest and yearning. Similar reactions and emotions are often observed in adolescents and adults following the breakup of a romantic relationship (Shaver & Fraley, 2008).

1.7 SUMMARY

This chapter introduced the current research study's aim and objective with regards to the topic. From a theoretical perspective, adolescence as a developmental stage and its challenges was outlined. Also, the critical issue of adolescent romantic relationships and their possible impacts on adolescents was examined. Adolescent pregnancy and the contributing factors, particularly in the South African context, were introduced. According to the attachment theory, like babies, adolescents and adults need to identify attachment figures that can make them feel safe and whole. Furthermore, the theory is that should these attachment figures be unavailable or unresponsive then partners' health and psychological state become impaired. This was interesting since the current research study aims at determining the effect caused by (in attachment theory's terms) maintained proximity and also separation from a partner.

CHAPTER 2 - LITERATURE REVIEW

2.1 INTRODUCTION

Current literature on adolescence shows that maternal emotional distress during pregnancy and after birth presents a potential risk to the well-being of adolescent mothers and their families. Unsurprisingly, anxiety is also quite prevalent during pregnancy and the postpartum period, especially amongst first-time mothers. Furthermore, literature shows that approximately 8 % of adolescent mothers meet the diagnostic criteria for anxiety disorder at postpartum period (Ross & McLean, 2006). Noticeably, depression and anxiety are often comorbid and even symptoms that do not meet diagnostic thresholds can contribute to adverse birth outcomes, poorer postnatal well-being and significant functional impairment for these young mothers (Dunkel Schetter, 2011; Field, Austin, Taylor, Malspeis, Rosner & Rockett, 2003; Gotlib, Lewinsohn & Seeley, 1995). As such, this chapter will focus on reviewing existing literature on various factors that impact the issue of adolescent pregnancy and the health outcomes of adolescent mothers within the South African context.

2.2 FACTORS AFFECTING ADOLESCENT PREGNANCY IN SOUTH AFRICA

In the South African context, teenage pregnancy is driven by many factors as mentioned in the introduction. Among such factors are poor access to contraceptives, negative attitude of some health care workers, gender inequality, cultural values, religion, socio-economic conditions, desperation to keep a partner and limited sexuality education. With regards to the specific issue of poor access to contraceptives, several studies within the South African context have pointed out that a vast majority of South African adolescents are having unplanned pregnancies. A lack of utilisation of reproductive health services has been seen as the major cause of these unplanned pregnancies (Christofides et al., 2014; MacPhil, Pettifor, Pascoe & Rees, 2007; Mkhwanazi, 2010). According to Bafana (2010), contraception is the prevention of unwanted pregnancy through temporary or permanent means. In the South African context, there are many factors that lead to adolescents not taking care of their reproductive health accordingly. First, South African adolescents are living in a place and time where they are told about contraceptives yet subtly discouraged to use them. The treatment they sometimes receive at their local health care facilities

often drives them away from seeking help. This may at times cause them to develop the wrong impression that talking about reproductive health in adolescence makes one a bad person. However, as literature shows adolescents often avoid visiting clinics because of the health care workers' attitude towards them. Ndlebe (2011) mentioned that even though the South African legislation and policy (National Contraception Policy Guidelines) allow 14 year olds and above to ask for contraceptives without parental consent, a lot of negative staff attitude is still directed towards them. Some adolescents report having been shouted at by the health care workers and proper counselling was not received during their visits at the clinics. Consequently, adolescent pregnancy rates remain elevated in South Africa. Sadly, the existing literature shows that many adolescent women become better informed about contraception following their first pregnancy. The challenges that they experience with their first birth lead to even greater awareness of the responsibilities that come with being a parent (Chigona & Chetty, 2008; Willan, 2013).

On the other hand, gender inequality has proved to be at a driving seat regarding poor utilisation of preventative measures. Research findings by Van Staden and Badenhorst (2009) extensively revealed how gender inequality negatively impacts on the vulnerability of women. Their study maintained that gender inequalities restrict young women's sexual freedom. Resultantly, in many instances pregnancy becomes the outcome of coercive sex. Hence, young women are unable to negotiate the use of condoms and end up giving in to their male partners. Consistently, some studies have provided insight on gender inequalities within relationship dynamics. According to these studies adolescent women often feel ill-equipped to have an assertive voice regarding condom use due to their subordinate position within intimate partner relationships (Jewkes, Morell & Christofides, 2009; Macleod & Tracey, 2010). However, some studies show that gender roles in South Africa are complex and diverse. As a result, in seeking mutual respect in relationships, young women blend traditional and modernist ideas on gender. This seems to grant them noticeable power in their daily dealings with power dynamics within intimate relationships (Jewkes & Morell, 2012).

Similarly, according to Campbell, Baty, Ghandour, Stockman, Fransisco and Wagman (2008) as cited in Jewkes and Morell (2012) females seem to be on the receiving end of patriarchal power

and lack protection when negotiating in heterosexual relationships. The dynamic of power inequality between female and male partners in heterosexual relationships significantly reduces the ability of young women to negotiate the use of preventative measures. Research on learners from a western cultural background discovered that both female and male learners perceived contraception as a female responsibility. Meanwhile, female learners from non-western cultural background held the belief that a lack of preventative measures will improve their social status with their male counterparts. Sadly, this literature revealed that they may be even expected to prove their fertility before getting married. Contrary to this, an interesting perspective by Mkhwanazi (2006) maintained that the situation of gender inequality in the South African context is incorrectly perceived as powerless women against aggressive and forceful men. According to the author this stance ignores the understated ways in which power can be exercised from numerous subject positions. For example, women and adolescent girls do not necessarily have to use physical power to overcome or fight their male counterparts but they can utilise numerous other options to stand up for their rights. Resistance and compliance are other forms of exercising power, Mkhwanazi (2006) posited. Although there may be different dimensions and challenges that are equally faced by both adolescent females and males, the issue of inequality based on gender is still a huge problem in South Africa. Without a doubt, it poses a serious threat to the health outcomes of adolescent mothers.

Although religion plays a significant role in an individual's life, it has proven to be both a protective factor regarding adolescent premarital sex and a contributing factor in poor adherence to contraceptives in particular. Though much of the research on adolescent religion and family formation focuses on marriage; there are many findings among adult populations that tie religion to fertility and childbearing norms. The gender and family norms that are often rooted in religion have an important effect on the family formation choices of young adults. In a study of women between the ages of 18 to 24 years, a researcher found that those who considered religion to be very important wanted to have about one more child on average than those who did not consider religion to be important (Hayford & Morgan, 2008).

The research that examined the effects of adolescent or childhood religion on childbearing outcomes illustrated the importance of these early religious experiences (Pearce & Thornton, 2007; Pearce, 2002). The religion of children's parents during childhood affects their beliefs about childbearing when they are adults. Closely related to the effect that adolescent religion has on childbearing and parenthood is its relationship with sexual activity and contraception use. A growing body of knowledge reveals that higher levels of religiosity are associated with a later sexual debut for adolescents, particularly among females (Meier, 2003; Rotosky, Wilcox, Wright & Randall, 2004). When examined as a bidirectional relationship, religion delays timing of first sexual intercourse, but becoming sexually active has no subsequent effect on religiosity (Hardy & Rafaelli, 2003). Religiosity, on the other hand, has a significant effect on the knowledge and use of contraception among adolescents. In a study by Regnerus (2005), adolescents who were religiously affiliated were more likely to have misconceptions about condom use and parents who attended church more, talked less with their children about birth control.

Similar to religion, culture in the South African context seems to have a subtle negative effect on how adolescents and young adults view preventative measures. First, religiously it may be seen as ungodly to prevent pregnancy as a child or pregnancy is usually seen as a gift from God. Likewise, cultural values may have a similar influence since, especially in the province of KwaZulu-Natal, young women are encouraged to preserve their virginity and be proud of it. However, the paradox arises when they are discouraged, mostly by their parents, against using contraceptives since this can be interpreted as signalling readiness to engage in sexual activities. As a result, in a country like South Africa where rape incidence is high, adolescent pregnancy becomes almost impossible to avoid. Evidently, the annual rape statistics attest to this disempowerment of women. According to Peterson, Bhana and McKay (2005), as cited in Selamolela (2015), South Africa has one of the highest rates of sexual assaults in the entire world. Mostly adolescent girls between the ages of 12 to 17 are particularly at risk. The rape of children in South Africa has become even more common and in the year 2000, 52 550 cases of rape or attempted rape were reported to the South African Police Services (SAPS). Of these cases, 21 438 of the survivors were minors under the age of 18 years. Of these minor survivors, 7 898 were under the age of 12 years, with most being between 7 and 11 years of age. Sadly, a decade later there appeared to be an increase in the number of reported rape cases as in

2010/2011, 56 272 cases of rape were reported to the South African Police Services. Sadly, in 8 out of 10 cases the survivor revealed having had a relationship with the perpetrator (Friedman, Mthembu & Bam, 2006). In addition, a study done by Morell (2007) in the Eastern Cape revealed that 20% of young men had been involved in the perpetration of rape and/or sexual violence.

With regards to socio-economic constraints, some adolescents fail to access preventative measures because of lack of financial means to reach the closest health care facilities. This is particularly the case in the rural areas in South Africa. Yet again research shows that other adolescent females deliberately avoid preventative measures because they want to fall pregnant and escape their difficult financial backgrounds or keep their romantic partner. Mkhwanazi (2010) and Varga (2003) referred to a study by Preston-Whyte which found that for some young women, especially from disadvantaged backgrounds, early childbearing provided an escape window. After bearing children they may be supported financially by their children's father, family and/or access social grant, especially in the South African context (Biyase, 2001). On the other hand, literature based on Malawian women revealed that the employed class of women tended to have better knowledge and used contraceptives more than those who are housewives. Working women, particularly those earning cash income were assumed to have greater control over both household decisions and reproductive decisions (Palamuleni, 2013).

Lastly, the inappropriate or lack of sexual education has been found to be a contributing factor in adolescents not utilising preventative measures and falling pregnant in adolescence. Literature on sexuality education shows that it is not an event and therefore it should not be treated as such. Rather sexuality education should be treated as a process that continues throughout an individual's life span. It should involve anatomy, physiology, sexual behaviour, sexually transmitted infections, sexual development, conception and contraception. Such information should be able to develop an adolescent's personality, character, self-esteem, ethical and moral behaviour, ego strength, sense of personal worth and the capacity for independent decision-making. Noticeably, current literature on sexuality education only focuses on decreasing the rate of adolescent pregnancy and emphasises the physical aspect of sexuality. Often the

psychological, social, spiritual and emotional aspects of sexuality tend to be overlooked. The generally adopted approach appears to focus on how adolescents can engage in sexual activities without falling pregnant in the process. Meanwhile, sexuality education should be such that it prepares adolescents to meaningfully incorporate the concept of sex within the rest of their life span (Palamuleni, 2013).

2.2.1 Schools of thought on adolescent pregnancy

According to Mkhwanazi's (2006) review of literature on teenage pregnancy and research methodologies utilised in the South African context, she discovered that there are three schools of thought that explain the issue of adolescent pregnancy. These schools of thought are, namely, the official school of thought, the revisionist school of thought and the feminist school of thought. Mkhwanazi (2006) maintained that the official school of thought is predominant in the South African context and other countries like England and the United States. This school of thought holds that teenage pregnancy negatively affects the biological, emotional and social aspects of only the adolescent females. Hence it focuses on the causes and consequences of teenage pregnancy in order to point at the groups that are 'at high risk'. In terms of the negative consequences of teenage pregnancy, this school of thought mentions interrupted education for the adolescent mother, socio-economic constraints, conflictual relationships with romantic partners, family, peers and dysfunctional mother-child relationship. However, as expected there are criticisms of this school of thought. One of them emanates from its portrayal of teenage mothers as being ignorant and negligent in taking full control of their reproductive health. Other criticisms hold that this school of thought presupposed homogeneity in the sample that was studied. Aspects such as social perceptions and influences, politics, economy and cultural stereotypes were disregarded in the incidence and management of teenage pregnancy. It was further criticised for being biased as its focus was limited to females only. This rather subtly implied that preventative measures for teenage pregnancy should be aimed at adolescent females only.

The revisionist school of thought focuses on three basic concepts. It mentions that teenage pregnancy is due to a combination of social, demographic and political aspects. Secondly, as opposed to the official school of thought, the revisionist school of thought holds that teenage pregnancy is not as harmful as the official school of thought suggests. Thirdly, this school of thought reveals that teenage pregnancy is sometimes a conscious choice that is made by disadvantaged adolescents who see no reason to delay pregnancy. In essence, it portrays the pregnant teenager as a conscious and rational decision maker. In addition, this school of thought has been significant in establishing the notion that teenage pregnancy is as a result of an interaction of socio-economic conditions with norms and values. In consistence with the revisionist school of thought, pregnancy intention is an important factor to ponder upon when discussing the issue of teenage pregnancy. Mkhwanazi (2010) and Varga (2003) referred to a study by Preston-Whyte which found that for some young women, especially from disadvantaged backgrounds, early childbearing provided an escape window. Again, in support of the idea, some cultural values that are placed on childbearing are not helping in cutting down teenage pregnancy. In some cultures, childbearing is seen as a marker of femininity and womanhood. Hence, based on these findings, Preston-Whyte raised that in some instances teenagers made a rational and conscious decision to become pregnant in light of their circumstances. However, amongst the few researchers who criticised the revisionist school of thought is Furstenberg (1991), who questioned the idea that teenage pregnancy was an adaptive strategy. Furthermore, Furstenberg (1991) argued that numerous teenagers do not intentionally choose to fall pregnant.

Meanwhile, the feminist school of thought takes the view that both women and young girls do not practice safe sex despite being aware of the possible consequences of unsafe sex. According to this school of thought they engage in unsafe sex because of fear of gender-based violence. If a female tries to negotiate the use of preventative measures with her partner she is often seen as promiscuous. Therefore, the feminist school of thought places teenagers within an intricate socio-economic and political setting. External factors such as the behaviour and values of males are of focus to this school of thought. However, Mkhwanazi (2006) introduced an interesting point of view with regards to the stance taken by the feminist school of thought. Mkhwanazi (2006) maintained that the situation is incorrectly perceived as powerless women against

aggressive and forceful men. This stance ignores the understated ways in which power can be exercised from numerous subject positions. For example, women and adolescent girls do not necessarily have to use physical power to overcome or fight their male counterparts but they can utilise numerous other options to stand for their rights. Hence, a criticism of this school of thought is that it envisaged a single discussion on gender.

However, the researcher of the current research study is of the opinion that adolescent pregnancy is not always a result of external impacts on adolescents' lives. The mentioned schools of thought seem to be limited to the idea that adolescents are a subject of their environment, surrounding and external influences. According to the researcher of the current research study, aspects such as adolescents' innate environments, attachment patterns and perceptions of oneself as programmed by familial relations within family structures should be also taken to consideration. Most particularly in South Africa, the current reality is that almost half of the adolescent children are raised by single parents, in rare cases where both adolescent parents are involved; it is not surprising to learn that they are no longer together. Such factors communicate something and create a certain perception of the inner and outer world of children growing under such conditions. This has been the researcher's observation over the years.

2.3 ADOLESCENT PARENTHOOD

In South Africa, for some females, parenthood is equated with the achievement of female adulthood. This means adolescent females may perceive early motherhood as access to maturity. Moreover, for many adolescent females to bear a child indicates the state of womanhood. According to Macleod (2010) adulthood and its determinants varies amongst men and women. For women adulthood is based upon the ability to bear children. Another critical aspect is that of the association of marriage and adulthood. Should marriage be delayed then adulthood is achieved through bearing of children. Therefore, a relationship with either a man or a child portrays adulthood. Again, by nature, motherhood is gendered. Women are the ones who bear and care for children. Adolescent mothers often find themselves in a position where they have to depend on their family members or peers for support and assistance with the child care whilst

they are finishing their studies. This can pose a great challenge unless an adolescent mother has an adult woman who is available to assist her with the child at home (Macleod & Tracey, 2009).

From another perspective, it can be argued that it is often the adolescent mother that has to put her dreams and education on hold whilst she is recovering from giving birth to the child. Meanwhile, the male partner continues with his studies regardless of being a father to the child. Moreover, many adolescent mothers who return to school after giving birth report finding it difficult to balance motherhood and education (Chigona & Chetty, 2008). Thus, the imbalance posed by gender inequality within the society makes it even more difficult for adolescent parents, especially mothers, to lead fully functional lives.

Moreover, adolescent parenthood can predispose the adolescent mother, father, child and their families to serious consequences. For example, consequences for adolescent mothers may include health problems, increased risk of depression, low educational level and weak parental relationships. On the other hand, adolescent fathers may face lower educational attainment which may subsequently lead to poor employment outcomes thus resulting in severe poverty. Not only do these factors affect the adolescent parents but their children and families as well. Meanwhile, consequences for their children may include health problems and delays in developmental milestones.

On top of the everyday developmental challenges that adolescent parents are faced with, they also have to deal with the reality of being parents to their children and partners in their romantic relationships. As expected, this transition from childhood to adolescence then to parenthood can be overwhelmingly stressful for some adolescent parents. They may have to deal with difficulties in carrying out their parental role. Noticeably, in the South African context, adolescent intimate relationships are not encouraged across different cultures. Premarital intimacy that results in new-born babies is regarded as a worst-case scenario, and totally unacceptable. Now, the reality of being adolescent couples and parents in such an atmosphere, in and of itself carries a lot of stress. Adolescent fathers, for example, face significant barriers in becoming involved in their

children's lives. This is largely because at times, the literature reveals, they deny paternity or fail to sufficiently provide for their children, which is an aspect of parenting that conveys emotional care. As a result, a vast majority of young fathers end up not being involved in their children's development. Also, due to cultural barriers and family rules, adolescent fathers are not engaged in socially recognisable romantic relationships with their romantic partners (mother of their child). Usually the adolescent mother's family determines if the child's father will be involved in both the child and the adolescent mother's life. In many instances, the literature shows that the adolescent mother's family tends to be negative and rejecting of the involvement of the child's father. After all, this could be the same young man that they may perceive as being selfish and highly irresponsible for impregnating their daughter. Again, shockingly the adolescent father's family also may consider him not ready or mature enough for a parental role. Thus, even when the adolescent father may have wanted to be present in the lives of both his romantic partner and the child, he may have little or no ability to be involved. Consequently, in such situations these adolescents become fathers in saying but never gain access to their children (Ward et al., 2015).

On the other hand, according to Ward et al. (2015) adolescent mothers also face difficulties in attaining complete involvement in their children's development. Adolescent mothers are often pressured to go back to school and complete their studies. However, this is said to limit their ability to care for their children whenever they need to. Meanwhile, those who cannot complete school due to other adversities may have to leave home and search for employment in order to be able to support themselves and their children in the absence of their partner's support. Such situations compel these young mothers to leave their children at an early age. Sometimes their children could be left in the care of some family members or relatives, depending on the willingness of the available caregivers. Interestingly, research shows that these adolescent mothers are more likely to remain single parents. It tends to be difficult for them to retain a partner. This notion is nicely explained by the theoretical framework adopted in the current research study as an attachment-related anxiety and avoidance (Shaver & Mikulincer, 2008).

Despite the mentioned problems and barriers to adolescent parenting, adolescent mothers and fathers are often very interested in parenting their children. Noticeably, mentoring from their

own parents and other family members and a welcoming attitude from the adolescent mother's family towards the father of her child could help adolescents to carry out parenting responsibilities very well. This could at the same time increase their chances of furthering their own education and future prospects. More formal support structures may improve outcomes, as they do for any parent. It is not a foregone conclusion that adolescent parenting dooms both generations to continue in poverty (Shaver & Mikulincer, 2008).

2.4 IMPACT OF THE SOURCES OF SUPPORT

Prior research, Mignot (1999) recognised that the social environment, partner, family and social support are essential for the well-being of the adolescent mother and her child. Families react differently to their adolescent daughter's pregnancy. Some families provide support and care, whilst others can be completely absent. The lack of support can be associated with elevated levels of distress in the adolescent mother. This may negatively affect the adolescent mother-child relationship. Conversely, some studies, like those by Letourneau, Stewart, and Barnfather (2004), showed that family support significantly reduces the stress levels among adolescent mothers. This enhances the parent-child relationship and promotes healthy development of the child. Social support is commonly studied as a predictor of better mental and physical health. During pregnancy and postpartum, it has been strongly associated with lower maternal postpartum depression and anxiety (Robertson, Grace, Wallington & Stewart, 2004; Beck, 2001). However, the current research study is interested specifically in the impact of a partner's support and how it influences the adolescent mother's psychological state of well-being during the postnatal period. Interestingly, the existing body of research shows that enacted or received support from a partner during pregnancy predicts maternal prenatal and postpartum mental health outcomes (Beck, 2001; Dennis & Ross, 2006; Rini et al., 2006; Robertson et al., 2004; Whisman, Davila & Goodman, 2011).

Furthermore, relationship science provides insight into ways in which partner support may benefit perinatal well-being. According to relationship science, a partner's support has to be in conjunction with constructs such as general satisfaction with the relationship. Additionally, the adolescent mother should be comfortable and willing to seek as well as receive support from

those who provide it. This point is interesting for the researcher of the current research study because it already implies that one may have a romantic partner but if there is no general satisfaction with the relationship then the support they provide makes no difference. Also, the romantic relationship may be satisfying but if the other partner is not open to support then there won't be any benefit for her postnatal well-being. On the other hand, the Relationship Enhancement Model by Cutrona, Russel and Gardner (2005) posited that a partner's provision of consistent and effective support behaviour can increase perceptions of the partner as dependable, supportive and trustworthy. This in turn enhances relationship satisfaction and a person's psychological and physical well-being. Interestingly this position is in line with John Bowlby's Attachment Theory which this current research study adopted. It looks at the romantic relationships of partners and their attachment styles. The theoretical framework maintains that the attachment patterns that partners possess play a big role in predicting the nature of their relationship and also determine how they will handle distress and conflict within their romantic relationships. However, consistent with the premises of the mentioned model, one longitudinal study of pregnancy by Rini et al. (2006) as cited in Stapleton, Schetter, Westling, Rini, Glynn, Habel and Sandman (2012) found that a multidimensional latent construct of effective prenatal support from the baby's father was associated with relationship satisfaction and interpersonal orientation. The effective support latent construct also predicted a decrease in prenatal anxiety across pregnancy. However, this study did not examine depressive symptoms and thus could not assess postnatal depression which the current research study aims at examining.

As this current research study is based in the KwaZulu-Natal province of South Africa, it is important to point out that South Africa is a culturally diverse country. Therefore, it is important to understand people and their behaviours through the lens of their cultural framework. In essence, in order to understand an individual's character and behaviour in South Africa there should be clear capture of their cultural beliefs and practices.

2.5 CULTURE AND ITS IMPACT ON ADOLESCENT CHILDBEARING AND RELATIONSHIPS

With regards to the current research study, the researcher sought to explore some cultural practices that may potentially affect adolescent mothers' psychological well-being. Culture is a way of life because it embodies the way in which a person perceives and reacts to the world. It has two fundamental components, namely, material and non-material. The material component encompasses entities that are related to material aspects such as dress code, preferred food and so on. Meanwhile the non-material component encompasses such things as ideas, thoughts and beliefs (Dlamini, 2016).

On that note, in South Africa, particularly in the Zulu culture there are very strict rules regarding the payment of damages by the child's father. According to this cultural practice the adolescent mother is required to show elders the biological father of the child she's carrying. During this process the adolescent mother has to go with her elders to the father's home. In isiZulu, this custom is called 'ukubika isisu.' Upon arrival at the father's home, the supposed child's father is then asked to confirm in front of the elders that he knows the adolescent mother and indeed that he is responsible for the adolescent mother's pregnancy. It is during this process where adolescent fathers and even older men may deny having impregnated their romantic partners. However, others do admit to having made the adolescent mother pregnant. Thus, they are then asked by the adolescent mother's family to pay for the damage as a sign of apology and also self-commitment. It is only after the father has paid the full amount required by the adolescent mother's family that he gains recognition. While some families may grant the child's father complete access and involvement with his child, others tend not to be so lenient. Therefore, the adolescent mother's family determines the degree of involvement of the child's father (Swartz & Bhana, 2009).

Conversely, if the father to the adolescent mother's child does admit to having impregnated the adolescent mother but fails to pay the required amount for the damages, he may be seen as unfit to take care of the child. As a result, he may be deprived of his parental role. Research shows that this cultural practice poses a serious concern for many young fathers in South Africa as there

seem to be no fixed amount for the damages to begin with. Also, other families end up using this cultural practice as a tool to punish the child's father by asking for more than he can afford. Consequently, the adolescent mothers end up having to carry the responsibility of raising the child all by themselves or in the absence of their child's father (Swartz & Bhana, 2009).

In South Africa, a definition of a good father places much emphasis on accepting the paternity responsibility and being available for the child and his or her mother. Noticeably, even in cases where fathers earn low income and fail to provide for both their child and partner, the idea that being a good man entails being a good father still prevails amongst men (Ritcher & Morell, 2006). Again, the societal expectations imposed on young fathers to be providers lead to adolescent fathers making their financial presence in their children's lives the main objective of fatherhood. Thus, impoverished South African adolescent fathers face negative consequences in trying to meet this expectation as their low socio-economic background often limit them to continue being financially involved in their children's lives (Swartz & Bhana, 2009).

However, another interesting perspective by Peter (2011) concerning the issue of damages maintained that the concept of 'damages' proves to be causing further damage to the adolescent mothers. For example, when a child's father denies having impregnated the adolescent mother, for any reason, the adolescent mother is then seen as a wicked person who is trying to trap the supposed father for her personal gains amongst other things. In addition, the concept itself appears to imply that adolescent mothers are now damaged human beings. This aspect subtly introduces how gendered perspectives, particularly on adolescent mothers place the responsibility on women and not so much on men.

Meanwhile, the general proclivity held by society is that adolescent fathers run away from their responsibilities and often are the main cause of many single-parented babies. The study done by Swartz and Bhana (2009) gave many adolescent fathers a voice which they did not have. This study found that a vast majority of adolescent fathers do want to be involved in their children's lives. However, due to the reasons mentioned, like unemployment and not being able to afford

the set amount for the damages, they end up being deprived of the opportunity to play a role in their children's development.

Apart from being a contributory factor in limiting adolescent father's access to the development and upbringing of their children, culture proves to be somewhat accountable for making these adolescent fathers vulnerable to becoming fathers in their adolescence. Boys are generally socialised to produce, perform and achieve and this tendency has great implications for sexuality and reproductive health (Barker, 2003). South African young men often perceive sexual initiation as a way of proving their manhood and gaining respect amongst their peers. Consequently, adolescent males become involved in risky premarital sex and sometimes end up impregnating their sexual partners. Sadly, Preston-Whyte and Zondi (1992) argued that African adult fathers seem to actually encourage their adolescent sons to experiment sexually regardless of their tough stance against premarital pregnancy. However, the double standard is revealed when a man's daughter is impregnated because he is likely to be infuriated, yet, when his son impregnates another man's daughter, he may seem impressed. Therefore, both adolescent girls and boys are caught in a complex circle of pressures and counter-pressures and teenage pregnancy as a consequence is almost unavoidable.

Society focuses much more on the masculinity than on the emotional state of adolescent fathers. This emotional constraint can discourage these young fathers from looking for help during the crisis of an unplanned pregnancy. Reportedly, they may even avoid seeking help from their family and community members as a way of proving that they are man enough to handle the unexpected pregnancy. Noticeably, in many cultural settings boys are not physically or emotionally close to their older fathers. Paradoxically, these older men are the ones who are expected to be teaching and sharing their knowledge of fatherhood with the adolescent fathers. But because of the physical and emotional distance between them, adolescent fathers are often without the much-needed support to see them through their transition from being children to being young fathers (Barker, 2003).

2.6. MATERNAL RISKS AND CONSEQUENCES

With regards to adolescent maternal risks and consequences, early motherhood is often associated with low socio-economic status, social adversities and poor academic achievement (Wendland & Levandowski, 2014). Several studies (Martin, Brazil, & Brooks-Gun, 2013; Reid & Meadows-Oliver, 2007) show that it can be beneficial for the adolescent mothers to remain in school. Meanwhile, contrary to the mentioned studies, Ward et al. (2015) highlighted that adolescent mothers' involvement in their child's life is often disrupted by such factors as education and socio-economic constraints. In this regard, adolescent mothers may be 'pushed' or pressured to go back to school in order to finish their studies or search for employment away from home so that they can provide for both themselves and their child. However, it is interesting to note that Reid and Meadows-Oliver (2007) and Martin et al. (2013) seem to hold a different perspective. They posited that remaining in school can actually benefit the adolescent mother by restoring her sense of belonging with her peers and help alleviate depressive symptoms.

Again, with specific reference to depression, adolescent mothers are more prone to depression compared with their adult counterparts. Approximately, 50% of adolescent mothers experience depression during the postnatal period, whereas, amongst adult mothers an estimated 20 % experience depression (Reid & Meadows-Oliver, 2007). The depressive symptoms include feelings of hopelessness, loneliness, the sleep deprivation, loss of appetite, emotional lability and suicidal ideation. However, complementary to the current research study's hypothesis, mothers who have their partner's support present with less symptoms of depression (Martin et al., 2013). Indeed, the establishment of partner support and social networks positively affects the adolescent mother's depressive symptoms. Thus, it also improves their self-esteem. Interestingly, some literature showed that partner support can also have non-desirable effects which may subsequently lead to sadness and depression. These effects include too much support which can lead to feelings of ineffectiveness for the adolescent mother (Reid & Meadows-Oliver, 2007).

According to Kruger (2006) as cited in Morell, Bhana and Shefer (2012) South African researchers have tended to view single mothers, mentally ill mothers as well as working mothers as problematic for various reasons. Unsurprisingly, along with those that are perceived as being

‘problematic’ mothers are adolescent mothers. Adolescent childbearing has become frequently associated with negativity as discussed. Within the South African context, although adolescent childbearing is not socially embraced and encouraged, it is accepted nonetheless. Normally girls would expectedly receive a stern reprimand for falling pregnant during the adolescence stage and before getting married. After the decision of keeping the baby has been made, the process of establishing the social and economic resources that will be accessible and utilised by the child is imperative to consider (Kaufman et al., 2001). Again, as education is revered both in rural and urban areas in South Africa nowadays, to drop out of school before completing matric can be quite a hardship to deal with. Also, returning to school after the birth of the child is a transition that cannot be taken lightly. Girls are principally responsible for childcare and sometimes their families are not always available or supportive enough to be able to adapt to the timetable of a young mother returning to school. This tendency then often leads to adolescent mothers considering their staying out of school to be some form of punishment (Kaufman et al., 2001). According to Varga (2003) adolescent motherhood has been associated with school disruption, economic strain, poor employment opportunities; social stigma and regarded as a major obstruction. Adolescent mothers are said to have lower educational achievement and are more likely to be unemployed and to be living in poverty (Breheny & Stephens, 2007). Broadly, this suggests that adolescent motherhood causes considerable disadvantages for the mother, child, family and society at large. With all the negativity associated with adolescent childbearing and motherhood, religious structures within society seem to play a huge role in remedying or exacerbating the situation.

2.7 RELIGION

It cannot be denied that every living individual has a form of a belief system that he or she lives by and which contributes to the kind of lifestyle they live. Therefore, since the early years of the 20th Century, research in the sociology of adolescence has paid close attention to the significance of the transition to adulthood (Dornbusch, 1989). Since then, researchers have been particularly interested in the significance of religion in the lives of adolescents, ranging from how religion affects outcomes from delinquent behaviour to family relationships (Armet, 2009). Additionally, Smith (2003) argued that religion can have many positive effects on adolescents. Religion can

inflict these positive effects through the internalisation of moral values and codes, learning social skills that translate into community as well as social life and also increase social capital through social and organisational ties. Adolescence is a crucial and critical period for every adolescent living. As such, with regards to religion it is a special time for religious development. It is at this life stage where religious practices affect individual's internal religiosity which then reflects back on their daily practices. It is often during this time period where young people, especially adolescents, question their belief systems and the role that religion plays in their lives and their society at large. Often these intrinsic questions result in adolescents being doubtful, which in turn tends to influence the importance and significance of religion in their lives later on (Desmond, Morgan & Kikuchi, 2010).

Unsurprisingly, religion can significantly affect adolescents' interpersonal relationships and family lives. According to Armet (2009), adolescents who show a greater religious salience are often those close to their parents and from family backgrounds with far stricter religious beliefs which contrast with secular society. Noticeably, religiosity improves adolescents' relationships with their parents over time. Thus, higher religious salience is associated with improved family relations. Conversely, sometimes the family characteristics may impact the degree of adolescents' religiosity. For example, if there is less cohesion within the family, adolescents may develop religious doubt. Therefore, family is crucial in the development of religious maturity in various ways. Parents, congregations and religious peers all significantly influence the religious maturity of adolescents, although peers sometimes tend to act as mediators of the parental influence (Martin, White & Perlman, 2003).

On the other hand, apart from strengthening the adolescent-parent relationship over time, religion significantly shapes the understanding of the moral order for adolescents. As a result, what they perceive as being appropriate ways of conducting their lives is often shaped by religious experiences. Religious organisations have social influence in the lives of adolescents, promoting cultural standards of appropriate behaviour and life choices, especially concerning sexuality and the family (Regnerus, 2007). However, in contrast to the point about religion, in a country like South Africa and other parts of the globe it is clear that issues of sexuality are not encouraged

amongst adolescents. Adolescents are not supposed to be engaged in sexual activities until they are married. Yet their attempts to ensure that they get adequate information on sexual and reproductive health are often hampered by religion, culture and moral perceptions of society. As a result, adolescents end up engaging themselves in unsafe sexual activities (Thomas, 2002).

2.8 SUMMARY

This chapter focused on how adolescent pregnancy is affected by various factors in South Africa. For instance, the researcher noticed that many data sources pointed to poor access and utilisation of contraceptives as one of the key factors leading to pregnancy in adolescence. As such, factors such as gender inequality, negative attitude of some healthcare workers, culture, religion, socio-economic conditions, desperation to keep a partner and limited sexuality education were closely examined. Also, existing literature on the current schools of thought and adolescent parenthood were pondered upon. Every living human being is defined by a particular cultural background which can affect his or her thinking, behaviour and experience of the world. Therefore, culture and its impact on adolescent childbearing and relationships were considered. Adolescent maternal risks and consequences could not be left out. Lastly, the critical and complex issue of religion as a protective factor and also a contributing factor to adolescent pregnancy was discussed.

CHAPTER 3 - RESEARCH METHODOLOGY

3.1 INTRODUCTION

In the current research study a positivist approach was adopted. This approach is based on a philosophical world view known as logical positivism. It can be regarded as a research strategy that is based on the ontological principle and doctrine. Positivism holds that truth and reality are free and independent of the subjective views of the researcher (Aliyu, Bello, Kasim & Martin, 2014). In essence, the positivist approach to research maintains that scientific research must be limited to that which can be measured objectively. Thus, the research should exist independently of the researcher's feelings and beliefs. The positivist approach seeks to formulate laws that apply to populations and explain the causal relationships between variables. This approach to research is also known as the quantitative approach (Welman, Kruger & Mitchell, 2005). Therefore, this form of research paradigm is suitable for the current study as it is focused on comparing variables, namely, postnatal depression (dependent variable) and partner's availability (independent variable).

3.2 ETHICAL ISSUES

According to Samuel, Parkes and Aduak (2016), an essential part of planning research involves ensuring that research information materials are user friendly and phrased in an understandable language for participants. As such, prior to participating in the current research study each participant was given details of the research in the language they could understand (isiZulu). Furthermore, participants were psycho-educated about mental health and postnatal depression, and encouraged to consult with their local clinics or call Lifeline whenever they feel or think they are presenting with depressive symptoms. Horrocks (2013) reported that demographics in South Africa revealed that 40 % of its population between the ages of 15 to 24 are internet users. Hence, many adolescents nowadays spend much time on the internet and social media. Therefore, the researcher took the liberty to provide them with some online sites for further reading and processing at their own pace and time. Participants were made aware that their participation in the current research study was voluntary and that they were allowed to withdraw from participating at any stage. Details regarding issues of confidentiality and anonymity in the

presentation of the research findings were given to the participants. Verbal and signed consent stating that the participants understood the details of the current research study and were willing to participate was obtained from the participants.

Owing to the age group (13-19) of the participants and the nature of the current research study, according to the general ethical guidelines for health research under the Health Professions Council of South Africa (HPCSA) (2008), there should be appropriate justification for doing research in vulnerable communities. This age group should not be targeted for research just because of administrative and logistical ease of its availability. As such, two health care facilities were targeted for the current research study. Both health care facilities fall under the uThungulu District. Geographically, these two health care facilities are in two separate townships and are located 26.5 km apart from each other. The researcher targeted these health care facilities because they are situated in the biggest townships in the district and have the highest rates of adolescent pregnancy. According to Khumalo (2015) in the SABC news online article, the provincial Health MEC, Dr Sibongiseni Dlomo voiced a concern that in the uThungulu District there was a worrying trend of high adolescent pregnancy rates. Figures were said to have increased within a year from 33 % to 38 %. Sadly, the researcher also noticed that both these health care facilities did not have psychologists. This was of great concern to the researcher because it meant that the mental health of the vast majority of adolescent women, particularly mothers, is not adequately attended to. So in essence, the current research study sought to respond to such vulnerability within these two communities and also to the health needs of adolescent mothers. The targeted townships were Esikhawini Township and Enseleni Township. The health care facility in Esikhawini Township is called Thokozani Clinic and the one in Enseleni is called Nseleni Community Health Centre.

Again, the ethical guidelines maintain that researchers should not unfairly discriminate research participants. The inclusion and exclusion of research participants should be critical to the research purpose and scientific design. Consequently, the researcher designed a participant-selection form which comprised inclusion and exclusion criteria. These criteria were in line with the research topic and aim of the current research study. For instance, the current research

study's aim was to determine if adolescent mothers with partners were less likely to suffer from postnatal depression when compared to those without partners. In the participant-selection form, adolescent mothers were asked to indicate if they have had access to antenatal services, or had family and peer support. Although this list is not exhaustive and there are other countless unnamed factors that could interfere with an adolescent mother's psychological well-being, the researcher was trying to create a scope within which the current research would be limited.

The process of obtaining consent from the participants was at times challenging since the research involved minors (people younger than the age of 18 years). Firstly, the time frame during which the research was conducted tended to be a challenge. The current research was conducted during the period of January to February 2016. Many adolescent mothers had started to attend school. As a result, the children were brought by the mothers' parents to the healthcare facilities for postnatal consultation. The researcher then had to firstly explain the purpose of the research and obtain written and informed consent from the parents and then arrange for a meeting with the adolescent mother after school hours. Upon arrival of the adolescent mother after school, the researcher would again explain the purposes of the research and obtain written and verbal consent before participation in the current research.

3.3 ACCESS TO DATA COLLECTION SITES

Access to Thokozani Clinic was granted in writing to the researcher by a medical manager in Ngwelezane Hospital. The researcher then took the letter of permission to the matron at Thokozani Clinic. The matron provided office space to be used by the researcher and introduced the researcher to the nursing staff in the maternity ward. The second township that was targeted for this research study was eNseleni Township. The health care facility found in this township is called Nseleni Community Health Centre. Access to this health care facility was granted by the nursing manager who then introduced the researcher to the matron of the maternity ward. Again, office space was allocated for the researcher to use throughout the research course.

3.4 SAMPLING METHOD

Under the quantitative research paradigm there are various sampling methods. The researcher chose to apply a self-selection sampling method in order to recruit suitable participants for the research study. The overall sample size was one hundred adolescent mothers of between 13 and 19 years of age. The participants were recruited at the mentioned health care facilities during their postnatal visits. The nursing managers from both named health care facilities assigned their staff members to assist the researcher with the process of recruiting available adolescent mothers who were willing to participate in the current research study. The researcher then approached those adolescent mothers who were available and willing to participate in the research. The research details were clearly explained to the participants in their home language, which in this case was isiZulu. Once the participants reported that they understood the aim and purpose of the current research study, they were then directed to a confidential office space. Again, the researcher sat with the participants, one at a time, and explained that their participation was voluntary and they were allowed to withdraw from participation at any stage.

Since this research was based on real human experiences the researcher was aware that each person is unique in terms of genetic make-up, socio-economic status within families, resilience, level of maturity and insight. Therefore, it was clear to the researcher that the results of this study could not be taken as the only explanation for the outcomes. However, the results may provide a new perspective in the field of study as far as postnatal depression and the availability of adolescent mothers' partners are concerned.

3.5 DATA COLLECTION METHOD

The data for this research study was obtained through the means of a controlled structural interviewing system. The researcher offered the potential participants a self-formulated form (participant selection form) which entailed the inclusion and exclusion criteria. In essence, not every potential participant who filled the participant selection form was selected to participate in the research study. The researcher then introduced the aim and purpose of the study to the participants and gave them an informed consent form to sign before they participated in the

study. Finally, the researcher presented a screening tool called the Edinburgh Postnatal Depression Scale (EPDS). The EPDS was used in this study to screen for postnatal depression and is the most widely used instrument for detecting postnatal depressive symptoms. The EPDS is a screening tool and not a diagnostic tool for detection of postnatal depressive symptoms. It has the advantage of being the first scale developed specifically for postnatal depression screening and has been globally used for more than 20 years in both research and clinical settings (Boyd, Le & Somberg, 2005). The EPDS is a reliable and validated screening tool for postnatal depression. It consists of 10 inventory questions that investigate feelings occurring within the previous 7 days with each question having 4 possible answers that are rated from 0 to 3. A test taker is considered depressive when they score greater or equal to 10.

Furthermore, it was validated using a sample of 84 mothers living in Edinburgh or Livingston. The semi-Likert format has possible ranges of 0-3. A threshold of 12/13 was found to identify women with a diagnosis of major depressive illness in the sample. One major advantage of the EPDS is that the tool is concise. The EPDS is a self-administered test and does not require an extraordinary amount of time for the client to complete. It is easy for the health-care provider to add the scores and make an evaluation of the total score. Another advantage is that the EPDS is one of the only three instruments developed specifically to screen for postnatal depression specifically rather than general depression (Cox, Holden & Sagovsky, 1987).

3.6 RELIABILITY AND VALIDITY

According to Babbie and Mouton (2001) validity is the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. In striving to collect rich and objective data, a quantitative approach to research was adopted and the chosen tool (EPDS) was used. EPDS has satisfactory validity, split-half reliability and is also sensitive to changes in the severity of depression over time. The reliability and validity was further ensured through the use of the statistical software called Statistical Package for the Social Sciences (SPSS) to analyse the data. It is a Windows based program that can be used to perform data entry and analysis, and to create graphs and tables.

3.7 SUMMARY

In this chapter the overall research paradigm applied in this research was explained. The process of ensuring ethical conduct through obtaining informed consent from both adolescents and their guardians was discussed. The process and time frame during which data was collected and its implications as well as challenges was covered. Lastly, the standardised tool that was used in testing postnatal depression among adolescent mothers was explained.

CHAPTER 4 - DATA ANALYSIS

4.1 INTRODUCTION

This chapter shows the results of the current research study through APA formatted tables. The SPSS was utilised to analyse the research data. Also, a statistical test called chi-square test of independence was applied to assess the association between the variables that the current research study intended to compare. Findings are explained:

4.2 ADOLESCENT MOTHERS WITH PARTNERS

In this study n=100 adolescent mothers in the postnatal period were recruited. As mentioned in chapter 3, there were two data collection sites, however, results were analysed collectively. Findings were tabulated under one table. These 100 adolescent mothers were further divided into two groups on the basis of the partner's availability (child's biological father). The first group consisted of 72 (100%) adolescent mothers who indicated on the participant's selection form that they were still in a relationship with their child's biological father. Table 1 shows the results:

Table 1: Adolescent mothers with partners

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Partner * Postnatal Depression	72	94.7%	4	5.3%	76	100.0%

Table 1 Total number of adolescent mothers who reported that they are in a relationship with their child's father

4.2.1 Prevalence of postnatal depression on adolescent mothers with partners

As the focus of this research study was to compare the prevalence of postnatal depression amongst two groups of adolescent mothers, one with partners and the other that is without partners, a standardised measure for postnatal depression was applied. After scoring the responses of 72 adolescent mothers who reported having partners, a total of 31 (43.1%) tested negative for postnatal depression and 41 (56.9%) tested positive for postnatal depression. These findings show that the majority of adolescent mothers within the group that reported to have partners are prone to postnatal depression. Table 2 shows the results:

Table 2: Partner * postnatal depression cross-tabulation

		Postnatal Depression		Total
		No	Yes	
Count		31	41	72
Partner Yes	% within Partner	43.1%	56.9%	100.0%
	% within Postnatal Depression	100.0%	100.0%	100.0%
Count		31	41	72
Total	% within Partner	43.1%	56.9%	100.0%
	% within Postnatal Depression	100.0%	100.0%	100.0%

Table 2. The percentage of postnatal depression among adolescent mothers with partners

4.3 ADOLESCENT MOTHERS WITHOUT PARTNERS

The second group consisted of 24 (100%) adolescent mothers who indicated on the participant's selection form that they were no longer in a relationship with their partner (child's biological father) and were currently single. Table 3 shows the results:

Table 3: Adolescent mothers without partners

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Partner * Postnatal Depression	24	85.7%	4	14.3%	28	100.0%

Table 3. Total number of adolescent mothers who reported that they are not in a relationship with their child's father

4.3.1 Prevalence of postnatal depression on adolescent mothers without partners

A total of 24 adolescent mothers reported having no partners, and of these, a subtotal of 4 (16.7%) tested negative for postnatal depression. As expected, the remaining 20 (83.3%) tested positive for postnatal depression. Table 4 shows these results:

Table 4: Partner * postnatal depression cross-tabulation

		Postnatal Depression		Total
		No	Yes	
Count		4	20	24
Partner No	% within Partner	16.7%	83.3%	100.0%
	% within Postnatal Depression	100.0%	100.0%	100.0%
Count		4	20	24
Total	% within Partner	16.7%	83.3%	100.0%
	% within Postnatal Depression	100.0%	100.0%	100.0%

Table 4. The percentages of postnatal depression amongst adolescent mothers without partners

4.4 PREVALENCE OF POSTNATAL DEPRESSION AMONG BOTH GROUPS OF ADOLESCENT MOTHERS

Out of the overall n=100 participants in this research study, 4 participants did not indicate whether they were currently with or without their partners and so they were labelled as 'Missing'. Therefore, they were excluded from the interpretation of the research findings. In total, n= 96 participants indicated their partner's availability. Out of the 96 (100%) participants in this research study a total of 35 (36.5%) adolescent mothers tested negative for postnatal

depression (despite being with or without a partner). The remaining 61 (63.5%) adolescent mothers tested positive for postnatal depression (despite being with or without a partner). This means the vast majority of participants in this current research study were prone to postnatal depression, despite their relationship status with their child’s father. Table 5 shows the results:

Table 5: Partner * postnatal depression cross-tabulation (both groups of adolescent mothers)

		Postnatal Depression		Total
		No	Yes	
	Count	4	20	24
Partner	No % within Partner	16.7%	83.3%	100.0%
	% within Postnatal Depression	11.4%	32.8%	25.0%
	Count	31	41	72
Yes	% within Partner	43.1%	56.9%	100.0%
	% within Postnatal Depression	88.6%	67.2%	75.0%
	Count	35	61	96
Total	% within Partner	36.5%	63.5%	100.0%
	% within Postnatal Depression	100.0%	100.0%	100.0%

Table 5. Total number of counts and percentages for both groups that were compared

4.5 STATISTICAL TEST (Chi-square test of independence)

A sample of 96 adolescent mothers was categorised into two separate groups. It was then evaluated if those who reported having partners ($f=72$) were less likely to suffer from postnatal depression when compared with those who reported having no partners ($f=24$). The data was analysed using a chi-square test of independence. The chi-square test of independence is used to determine if there is a significant relationship between two nominal variables. The frequency of one nominal variable is compared with different values of the other nominal variable. For instance, in the current research study the frequency of postnatal depression is compared with the presence and/or absence of a partner (absence/presence is limited to being in a romantic relationship or not being in a romantic relationship with the child's biological father). The null hypothesis was retained, $\chi^2(1) = 5.411, p \geq .05$. More than half of the adolescent mothers with partners tested positive for postnatal depression. Table 6 shows the results:

Table 6: Chi-Square test of independence

	Value	Df	Asymp. Sig. (2-sided)	Sig. Exact (2-sided)	Sig. Exact (1-sided)
Pearson Chi-Square	5.411 ^a	1	.020		
Continuity Correction ^b	4.332	1	.037		
Likelihood Ratio	5.907	1	.015		
Fisher's Exact Test				.027	.016
N of Valid Cases	96				

4.6 SUMMARY

This chapter presented the results of the current research study. The percentages of adolescent mothers with partners and without partners were displayed in tabulated format and the p-value was calculated after running a chi-square test of independence.

CHAPTER 5 - DISCUSSION AND FINDINGS

5.1 INTRODUCTION

This study contributes to the understanding of adolescent romantic relationships and their effect on the adolescent mothers' well-being particularly during the postnatal period. The goal of the current research study was to compare two separate groups of adolescent mothers during their postnatal period. The study's specific aim, therefore, was to examine the prevalence of postnatal depression among adolescent mothers who were with their partners and those who were without partners during the postnatal period. Consequently, the notion of a partner's availability was important for the current research study, particularly as it served as an independent variable. As outlined in the previous chapters, 'partner' in the current research study is limited to the child's biological father. Meanwhile, 'availability' alludes to being in a romantic relationship with the child's biological father. A hypothesis held in the current research study was that adolescent mothers without partners are more prone to postnatal depression. Thus, the null hypothesis was that adolescent mothers without partners are not more prone to postnatal depression. In the introductory chapter of the current research several questions to which the study intended to find answers were raised. Amongst these, was a question about factors that contribute to adolescent mothers' distress, especially during the postnatal period. Upon reviewing the existing literature on the subject the researcher gathered that, amongst many factors, the interpersonal attachment patterns that individuals bring into their intimate relationships determine how they deal with distress and conflict (Rholes & Simpson, 2004). The theoretical perspective adopted in the current research further mentions that partners strive to stay together and resist separation from attachment figures in order to get emotional support, comfort and security during times of distress. Interestingly, this is evident in the findings of the current research. A majority of participants reported that they were still in a relationship with their partners. These findings were surprising as the researcher expected to observe a majority of adolescent mothers to be without partners. Such findings would have been consistent with the studies which suggested that adolescent fathers tend not to be available and supportive in the upbringing of their children (Davies et al., 2004; Kaplan, 1997). However, the findings supported Swartz and Bhana (2009), as they posited that a vast majority of fathers do want to be involved in their children's lives

although unemployment and other factors tend to deprive them of their parental role. Figure 1 shows the findings:

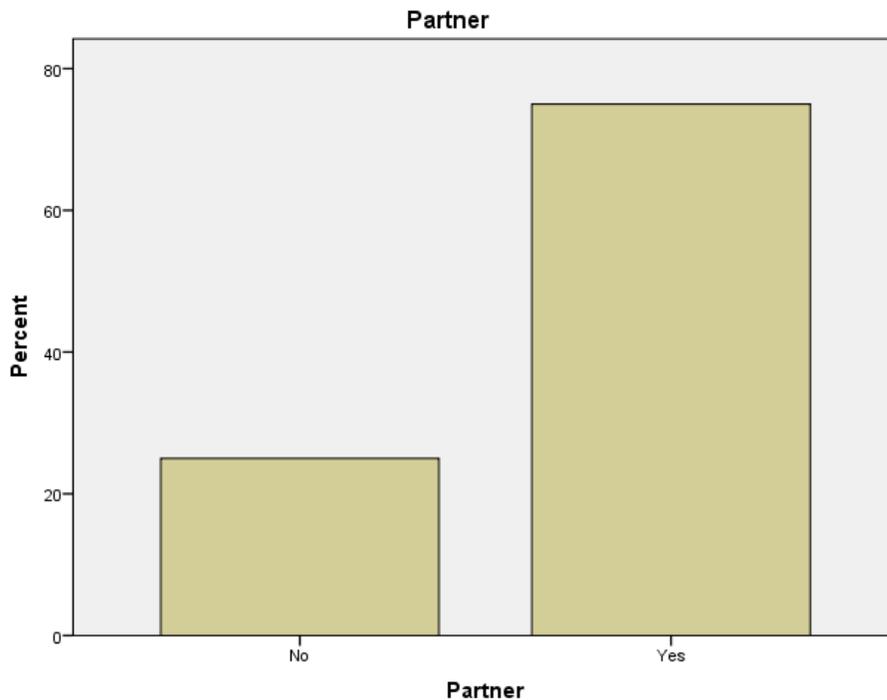


Figure 1: *The percentage of partner's availability amongst adolescent mothers*

Again, it was interesting to notice how the findings differed from a study that was conducted by Ward, Makusha and Bray (2015). According to this study, adolescent mothers' families often tend to be negative and rejecting of the involvement of the child's father and thus even when the adolescent father may have wanted to be present in the lives of both his partner and the child, he may have little or no ability to be involved and supportive. On a similar note, one would expect to have observed a high show up volume of adolescent mothers without partners since 'culturally' and especially in the South African context, families often tend to disapprove of adolescent intimate relationships. Therefore, the researcher wonders what could be the underlying factors that make the communities from which the participants were recruited manage the issue of partner involvement differently. However, unsurprisingly, a growing body of research suggests that the quality of a father's interaction with the mother early on in the pregnancy is an important predictor of their romantic relationship continuity (Gee & Rhodes,

2003). In essence, the mere presence of a romantic partner, according to this perspective, is not a sole determinant of an adolescent mother's psychological well-being. The nature of the romantic relationship is the key determining factor. However, in a naturalistic study of cohabitating and married couples, Gump et al. (2001) provided extensive evidence that proximity to a romantic partner alleviated feelings of distress. In their study, they asked participants to wear ambulatory blood pressure monitors for a week. Participants were required to report what they were doing with who and how they were feeling during those activities. Their blood pressure was recorded. Interestingly, these researchers discovered that the participant's blood pressure was significantly lower every time they were with their romantic partners than when they were alone or interacting with other people. However, even among non-romantic interactions, similar reactions were observed which then implied that the partner's mere presence had beneficial effects on those who were close to them. The researcher of the current research study could not help but notice the difference in context, nature of couples, and developmental stages of the mentioned research subjects. In Gump et al.'s (2001) study, the couples were married and the study was done in a controlled setting. The results of the current research study reveal that for unmarried adolescent mothers the situation is not simple.

5.2 ADOLESCENT MOTHERS WITH PARTNERS

Again, noticeably within the group of adolescent mothers with partners (n=72), the results showed that a majority of them tested positive for postnatal depression [41 out of 72] 56.9% and only [31 out of 72] 43.1% tested negative for postnatal depression. The current research aimed to compare two groups of adolescent mothers and determine who were vulnerable to postnatal depression in terms of those with partners and those without partners. It was revealed that adolescent mothers with partners are unexpectedly likely to be as vulnerable to postnatal depression as those who are without partners. Again, this finding attests to the fact that the availability of a partner alone cannot determine postnatal psychological well-being of an adolescent mother. Factors such as relationship satisfaction and related aspects of relationship quality such as intimacy, tend to be powerful predictors of postnatal mental health (Beck, 2001; Robertson et al., 2004; Whisman et al., 2011). Figure 2 shows the findings:

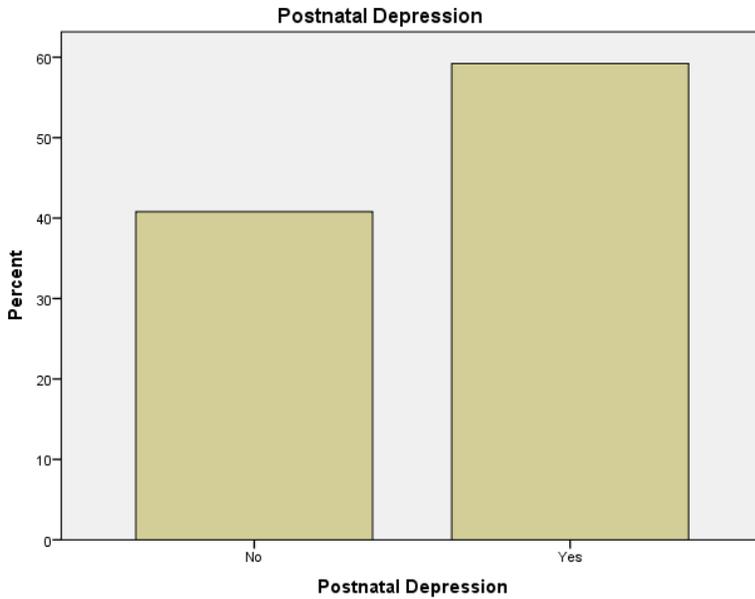


Figure 2. The percentage of postnatal depression amongst adolescent mothers with partners

5.3 ADOLESCENT MOTHERS WITHOUT PARTNERS

As shown above, partnership status does not appear to determine postnatal depressive symptoms. However, the social support from an adolescent mother’s romantic partner can have a strong protective association against postnatal depressive symptoms, as did social support from family and friends (Rich-Edwards, Kleinman, Abrams, Harlow, McLaughlin, Joffe & Gillman, 2006). This finding was evidently observed within the group of adolescent mothers without partners in the current research study. Out of (n=24) participants, [20 out of 24] 83.3% tested positive for postnatal depression and only [4 out of 24] 16.7% tested negative for postnatal depression. The findings within this group showed that a majority of adolescent mothers without partners were vulnerable to postnatal depression as per the hypothesis for this current research study. Dennis and Ross (2006) further posited that support from a partner even during pregnancy predicted maternal prenatal and postnatal well-being. However, the 16.7% of those who tested negative cannot be denied. Interestingly, these adolescent mothers tested negative for postnatal depression despite being without a partner, this then drives back to the concept that the availability of a partner alone is not the key determining factor for postnatal depression.

Otherwise, one would expect 100% of adolescent mothers without partners to present with postnatal depression since they had no romantic partner support. Figure 3 shows the findings:

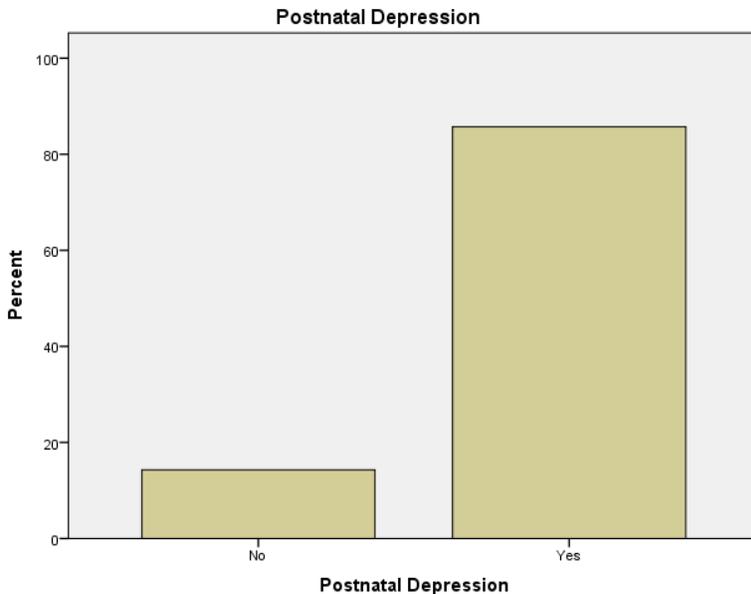


Figure 3: *The percentage of postnatal depression amongst adolescent mothers without partners*

With regards to romantic involvement and psychological well-being, studies have demonstrated that higher degrees of romantic involvement are associated with higher degrees of psychological distress during early adolescence, especially with regard to depression (Davila et al., 2004; Doyle, Brendgen, Markiewicz & Kamkar, 2003; Steinberg & Davila, 2008). In contrast, theorists suggest that it is developmentally appropriate for late adolescents to gradually increase their romantic involvement as their social competence and experience grow in parallel (Furman & Shaffer, 2003; Joyner & Udry, 2000). Thus, as romantic relationships become normative, they are no longer expected to exert adverse effects on adolescents' well-being. Supporting this idea, research suggests that romantic involvement is no longer associated with depression among late adolescents and young adults (Davila et al., 2004; La Greca & Harrison, 2005; Simon & Barrett, 2010). Indeed, some studies on late adolescents suggest that higher degrees of romantic involvement are related to better overall psychological health, including lower degrees of loneliness (Woodhouse et al., 2012). Taken together, these studies indicate that romantic relationships during late adolescence should have positive developmental functions in reducing

psychological problems such as depression and loneliness. Contrary to these findings, the current research study found that adolescent mothers in late adolescence present with postnatal depression, despite being involved with their romantic partners. Noticeably, over 50 % of adolescent mothers within the late adolescence age range (18 and 19 years old) tested positive for postnatal depression. Figure 4 shows the findings:

Age * postnatal depression cross-tabulation

Count	Postnatal Depression		Total	
	No	Yes		
	Age	14	0	1
	15	1	4	5
	16	5	12	17
	17	4	12	16
	18	22	24	46
	19	3	11	14
Total	35	64	99	

Figure 4: Age and postnatal depression status among adolescent mothers who participated

Having observed a pattern of interesting counts within the two groups of adolescent mothers who participated in the current research study, the researcher then ran a statistical test called a chi-square test. This statistical test is useful in determining the association or correlation between attributes. However, it does not measure the degree of association. The current study was interested in seeing the effect of a partner’s availability on postnatal depression amongst adolescent mothers. One group’s members were still with their partners, and the others were

without their partners. The current research study did not find a direct association between postnatal depression and partner's availability. Furthermore, the findings of the current research study were obtained from an unbalanced sample and a study conducted over a shorter time frame than typically seen in literature concerning teenage pregnancy, parenthood and postnatal depression. The researcher acknowledges that such an imbalance in the size of the two groups compared in this current research study may have influenced the findings. Thus, although the current research study is not experimental and does not affirm causality, the overall findings suggest that the nature and quality of the romantic relationship of adolescent parents predict the postnatal health outcome as opposed to the partnership status alone. This finding is consistent with the study by Houts et al. (2008) which demonstrated that the quality of a couple's interaction predicts the parents' depressive state after childbirth.

In addition, literature on adolescent romantic relationships shows that adolescence is not only a period of significant physical and biological growth but it also signifies a major interdependency of biology and context (Lerner & Steinberg, 2004). Social scientists appreciate that, unlike children, adolescents are capable of considering contextual situations and informing their own autonomous decisions, thereby having a hand in influencing their own development. These findings lead the researcher of the current research study to lend more credence not only to adolescence as a developmental period but to the romantic relationships of adolescents as well. Interestingly, prior research has demonstrated that the adolescent romantic relationships bear striking similarities with the adult romantic relationships (Schulman & Scharf, 2000). In line with other research on adult romantic relationships, a study by Levesque (1993) discovered that in a sample of over 300 adolescents that were involved in romantic relationships at the time, the relationship components of passion, communication, commitment, emotional support and togetherness all correlated with relationship satisfaction. Thus, many researchers now believe that adolescent and adult romantic relationships resemble each other and that these relationships are significant to the adolescent's functioning and longer term health outcomes (Collins, 2003).

5.4 ADOPTED THEORETICAL FRAMEWORK AND CURRENT RESEARCH FINDINGS

5.4.1 Introduction

According to the attachment theory which was adopted to conceptualise adolescent romantic relationships in the current research study, intimate relationships are crucial for a person's mental health and overall well-being. Cassidy (2001) argued that conflict within romantic relationships often impacts on partners' biological and psychological well-being negatively. Therefore, in order to fully understand intimate or romantic relationships and the extent to which they can affect those involved, especially during critical periods and stages of their development such as adolescence and postnatal period, there needs to be a scientific theory that can explain these relationships. John Bowlby's attachment theory appears to be the prominent theory in understanding relationships between romantic partners (Johnson, 2003).

On the contrary, Conradie (2006) made an interesting discovery in South African literature regarding the application of theoretical frameworks used when looking at romantic relationships. The author discovered that a vast majority of South African studies on intimate heterosexual relationships tended to adopt an 'atheoretical' approach to research. This means that such studies were not based on any particular theoretical framework and thus could be classified as descriptive research. Similarly, the researcher of the current research study also noticed that a lot of research done on the topic of adolescent parenthood and childbearing was often qualitative/anti-positivistic in approach. This was perceived as a good sign since it allowed the current research study to take a different approach and look at the issue from a different angle. Consequently, in the interest of the current research study, the researcher chose the attachment theory because it is relevant to the research topic as it talks about the fundamental attachment patterns people inadvertently apply in their relationships with others since their childhood experiences. With regards to the topic, attachment theory offers a clear explanation for the emergence of individual differences and conflictual behaviour in romantic relationships. Already, the attachment theoretical perspective attempts to clarify why some adolescent mothers end up being classified as "without partners" or if they do have partners, why they present with distress nonetheless. Borrowing from Bowlby and Ainsworth's key components of attachment

theory, romantic relationships can be seen as attachment bonds. These attachment bonds tend to be experienced differently by partners due to differences in their attachment histories. Therefore, through the attachment theoretical lens, relationships between romantic partners are viewed as attachments and are defined by pervasive bonds that encompass complex emotions (Bowlby, 1980). Romantic attachment, as per this perspective, plays a massive role in determining how partners manage distress and conflict in romantic relationships.

In addition, recent literature posited that attachment systems serve many different functions in romantic relationships. One of the functions of the attachment system is to encourage partners to maintain proximity, seek emotional support and comfort from one another (Rhodes & Simpson, 2004). This function speaks directly to the findings of the current research study as a majority of participants reported that they were still with their partners. On top of that, despite being in proximity to their romantic partners, a large percentage of them still presented with postnatal depression. Furthermore, another important function of the attachment system is to provide romantic partners with a sense of protection and security in their romantic relationships. However, as noted, the ability to successfully fulfil these functions lies with each partner's attachment background.

Attachment theory also includes cognitive perspectives such as beliefs and expectations that people tend to apply within their romantic relationships. These cognitive representations provide a framework by which one's partner can be perceived to be caring and responsive to their partners or not. In addition, the self is seen as deserving of their partner's support, comfort and attention. Specifically, these cognitive representations involve expectancies about whether a partner can be counted upon, how comfortable one feels in the relationship and one's fear of separation or being abandoned by their partner (Creasey & Hesson-McInnis, 2001). In essence, the cognitive system of the attachment theory informs one's defence mechanisms and overall interpretation of the situation should there be a threat to the relationship. In the context of the current research focus, it is evident that the reaction of adolescent mothers during the postnatal period is not only accounted for by physical proximity that falls under the behavioural domain of the romantic attachment theory, but can also be largely informed by each adolescent mothers' set

of beliefs, expectations and their perception of themselves. The romantic attachment theory posits that both partners in a romantic attachment develop representations of their attachments. However, again such representations are informed by their individual differences (Campbell et al., 2001).

5.4.2 Individual differences in romantic relationships

According to Creasey and Hesson-McInnis (2001), individual differences between partners can be categorised into two, namely, secure and insecure. Partners with secure attachment styles are capable of forming cognitive representations of themselves as deserving of their significant others' attention, emotional support and security. Considering adolescence as a development stage, there are various overwhelming challenges that adolescent mothers become faced with. Therefore, it goes without saying, that the additional pressure exerted by individual differences between them and their partners may predispose them to even greater distress. Meanwhile, individuals who display insecure attachment styles normally have difficulty in building trustful relationships with their partners. Consequently, this attachment style has been greatly associated with heightened negative affect, conflictual relationships and repeated dissatisfaction in many romantic relationships.

5.5 SUMMARY

In this chapter the current research findings were discussed and compared with findings of previous research studies which were relevant to the topic. Bar graphs and tables were used to display findings where a conclusion had to be made. Noticeably, there is a continuous vicious cycle regarding the adolescent romantic interactions and their effect on adolescent romantic partners' well-being. Some existing literature suggested that partners' support and maintained proximity helps to alleviate distress levels, particularly among adolescent females (Davila et al., 2004; Doyle et al., 2003; Steinberg & Davila, 2008). Additionally, some studies were specific as to which stage of adolescence romantic involvements have beneficial effects on adolescents (Furman & Shaffer, 2003). Furthermore, Dennis and Ross (2006) posited that partner support during pregnancy predicted maternal prenatal and postnatal well-being.

Other studies revealed that partner's support does not determine the well-being of the adolescent mother. Rather, the adolescent mother herself is the key determinant. They posited that she should be willing and open to accept support provided to her. She should be acknowledging and ready to receive it, otherwise it does not have much effect on them (Rini et al., 2006; Whisman et al., 2011). In addition, from an interpersonal perspective, some studies argued that aspects such as relationship satisfaction, quality and intimacy are powerful predictors of adolescent mothers' postnatal well-being (Beck, 2001; Robertson et al., 2004; Whisman et al., 2011).

From a theoretical perspective, attachment theory posits that partners' attachment systems serve many different functions within romantic relationships. Furthermore, it maintains that romantic attachment determines how partners manage distress and conflict in romantic relationships. Therefore, amongst the functions of the attachment system, is the encouragement of partners to seek and maintain proximity, comfort and security from one another (Rhodes & Simpson, 2004). According to this theory, the level of success of the interaction between romantic partners will determine their health outcomes. Similarly, the current research study found that a partner's mere presence or absence in an adolescent mother's life has little association with her postnatal well-being.

CHAPTER 6 - LIMITATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

6.1 INTRODUCTION

Included in this chapter are limitations of the current research study and suggestions for future research on the topic and related subjects.

6.2 LIMITATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

Several limitations should be considered with the results of the current research study. One of the limitations of the current research study could be that the researcher/ field worker was male. Perhaps a different dynamic would have been noticed in the responses and psychological state of participants had the field worker been female. On the other hand, the issue of partner availability and biological father's presence and/or absence may have contributed in limiting this study. The partner's presence and/or absence is limited to the romantic capacity, the amount of time invested and overall presence of the biological father of the adolescent mother's child. A more complete picture of a partner's presence may result from procedures that directly measure what the adolescent father does with the child and the quality of his interaction with both the child and the adolescent mother. Again, a more in depth assessment of the relationship quality and satisfaction level from the adolescent mother's account would have assisted in determining how the presence or absence of a partner affects her postnatal well-being. For instance, Hofferth, Cabrera, Carlson, Levine, Randel, and Schindler (2007) used the father's engagement, accessibility, responsibility, warmth and monitoring in a meta-analysis of father involvement. In the current research study, interpretation can be made only in the context of whether the adolescent father is still in a romantic relationship with the adolescent mother. This approach may lack interpretation of the depth of the types of interactions and activities that take place within such relationships. Although, in the current study, in cases of adolescent mothers who were no longer with their partners, the amount of time that the adolescent couples had been separated for was considered. This was done to accommodate them since the EPDS specifies the feelings to a number of 7 days prior to taking the test. However, the causes and implications of the separation were not given attention in this study.

The results of the current research study are at risk of bias. This is owed to an imbalance between the number of adolescent mothers with partners and those without partners. As seen in the result, a large number of adolescent mothers who participated in this current research study had partners. Hence, this bias may have overestimated and/or underestimated the results, more specifically affecting the chi-square test's p-value. Also, the issue of the time frame during which the research was conducted may have contributed to the outcomes of the research. Noticeably, current existing literature on the topics related to adolescent mothers, postnatal depression and partner involvement shows that they are often longitudinal and qualitative in nature. This was the first quantitative study to be carried out in the uThungulu District within a limited space of time. Thus, its results may not be generalised to other parts of the country. Additionally, a self-selection sampling method was utilised on adolescent mothers who were all of colour and from a lower socio-economic background. Thus, the findings from this study may not generalise to adolescents from other ethnic groups, socioeconomic and domestic backgrounds. Future research may focus on covering a broader spectrum in terms of ethnicity, socio-economic status and duration of the study.

6.3 CONCLUSION

The currently existing body of knowledge on adolescent pregnancy appears to be centred on the factors that cause teenage pregnancy. Often these factors include poor access to contraceptives, negative attitude of some health care workers, cultural values and expectations, religion, gender inequality, desperation to maintain a romantic partner, limited sexuality education and socio-economic backgrounds (Beck, 2001; Christofides et al., 2014; Dennis & Ross, 2006; MacPhil et al., 2007; Mkhwanazi, 2006; Mkhwanazi, 2010; Resnick & Blum, 2000; Rini et al., 2006; Robertson et al., 2004; Ward, Makusha & Bray, 2015; Whisman, Davila & Goodman, 2011). While many of these studies have tended to focus more on adolescent females, it is important to identify and document factors that affect adolescent males as well. Again, future research on specific protective and preventative measures for both adolescent females and males, during the pre- and postnatal period is crucial. For instance, the current research study focused on adolescent mothers' postnatal depression and how it is affected by either the presence and/or absence of a romantic partner. A future longitudinal study based on a larger sample size would

be ideal for the South African context and literature. Equally, a longitudinal study on adolescent fathers' state of well-being during the postnatal period would be important in providing a different perspective in the issue of adolescent pregnancy. Like the study that was conducted by Davies et al. (2004) on the attitudes of young African American fathers toward early childbearing, its findings helped in developing gender appropriate interventions to delay early childbearing and prevent HIV and STI transmissions.

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APPENDICES

APPENDIX A: Request for permission



P.O. Box 7624
Empangeni Rail
3910
15/01/2016

Private Bag X20021

Empangeni

3880

Dear Mr /Ms

Request for Permission to Conduct Research

I am a registered Master's student in the Department of Psychology at the University of Zululand. My supervisor is Doctor C. Hermann and co-supervisor is Professor J.D. Thwala.

The proposed topic of my research is: **A Comparative Study of Postpartum Depression among Adolescent Mothers with and without partners**

The objectives of the study are:

(a) To find out whether adolescent mothers without partners (no longer in a relationship with the baby's father) were more prone to postnatal depression compared to these with partners (still in a relationship with the baby's father).

(b) To determine whether postnatal depression among adolescent mothers is associated with the presence and/or absence of their child's father.

I am hereby seeking your consent to conduct this research in Nseleni Community Health Centre and Thokozani Clinic in eSikhawini Township. To assist you in reaching a decision, I have attached to this letter:

(a) A copy of an ethical clearance certificate issued by the University of Zululand.

(b) A copy of the research instrument which I intend using in my research.

Should you require any further information, please do not hesitate to contact me or my supervisor(s). Our contact details are as follows:

(a) Mr. M.R Ntuli

Email: muziwandilemrn@gmail.com or doctorntuli@gmail.com

Cell: 079 111 99 55

(b) Doctor C. Hermann

Email: hermannc@unizulu.ac.za

Tel: 082 579 55 00

(c) Professor J.D. Thwala

Email: thwalaj@unizulu.ac.za

Tel: 0359026044

Upon completion of the study, I undertake to provide you with a bound copy of the dissertation.

Your permission to conduct this study will be greatly appreciated.

Yours sincerely

.....

Muziwandile R. Ntuli

APPENDIX B: A consent form for participants

An Informed Consent Form for a Psychological Research

Topic: A Comparative Study on Postpartum Depression among adolescent mothers with and without partners

Purpose of the study:

This is a study in Clinical Psychology that is being conducted by Mr. M.R. Ntuli, a Clinical Psychology Masters student at the University of Zululand. The prime objective of this study is to determine who are most likely to present with postpartum depression between adolescent mothers who have partners (in a relationship) and those without partners (not in a relationship/single parent) and to what extent does a partner's presence/absence affect the risk level of developing depressive symptoms during postpartum period in adolescent mothers.

What will be done:

You will complete a survey, which will take 20 minutes at most to complete. The survey includes questions about your feelings and perceptions, for example, questions about (how has being a mother at this stage of development affected your life). Other questions will require you to disclose your relationship status (with/without a child's father) and how does that make you feel?

Also, some demographic information (e.g. age, marital status, number of children, education level) will be required so that the general traits of the group of woman who participated in the study can be accurately described.

Benefits of the study:

By participating in this study, you will be contributing to knowledge about adolescent mothers and depression during the postpartum period in the South African context.

Risks and discomforts:

No risks or discomforts are anticipated from taking part in this study. Should it happen that you feel uncomfortable with a question, you can skip that question or withdraw from the study. If you decide to quit at any time before you have finished the questionnaire, your answers will not be recorded.

Confidentiality:

Your responses will be kept completely confidential. No names will be mentioned

Decision to quit at anytime:

Your participation is voluntary. You are free to withdraw your participation from this study at anytime you feel like. It is okay to skip certain questions should you feel like not answering them.

How the findings will be used:

The results of the study will be used for academic purposes only. The results from the study will be presented in educational settings and at professional conferences and the results might be published in a professional journal in the field of psychology.

Participant's Age:

Education level:

Number of Children:

Participant's signature:

Date :

APPENDIX C: Informed consent declaration (parents/guardian)

INFORMED CONSENT DECLARATION

(Parent or Guardian)

Title: A Comparative Study of Postpartum Depression among Adolescent Mothers with and without Partners

Mr. Muziwandile Robert Ntuli from the Department of Psychology, University of Zululand has requested my permission to allow my child/ward to participate in the mentioned research project.

The nature and purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to find out, between adolescent mothers with intimate partners (support and relationship) after giving birth and those who are single (broke up/ no support) after giving birth, who are more prone to suffer from Postpartum Depression.
2. The University of Zululand has given ethical clearance to this research project and I have seen/ may request to see the clearance certificate.
3. By participating in this research project, my child/ward will be contributing towards broadening the pre-existing psychological literature regarding psychosocial relationships and their impacts on individuals' state of mind and psychological well-being. This will lead to determining how the psychosocial relationship between the adolescent mother and her child's father determine the level/ possibility of her presenting with Postpartum Depression. Thus interventions will be developed to ensure a healthy mother-child relationship.
4. My child /ward will participate in the project by answering a 10-question Edinburgh Postnatal Depression Scale (EPDS). If he/she needs assistance; the researcher will be readily available to assist him/her in a language that he/she understands.
5. My child/ward's participation is entirely voluntary and if my child/ward is older than seven (7) years, s/he must also agree to participate.

6. Should I or my child/ward at any stage wish to withdraw from participating further, we may do so without any negative consequences.
7. My child/ward may be asked to withdraw from the research before it has finished if the researcher or any other appropriate person feels it is in my child's/ward's best interests or if my child/ward does not follow instructions.
8. Neither my child/ward nor I will be compensated for participating in the research.
9. Should there be any deterioration during the process, my child/ward will be attended to immediately and offered help.
 - (a) The following steps have been taken to prevent the risks: supply of information about Postpartum Depression and how to deal with it, online support groups (National Women's Health Information Center (www.4women.gov)) and Postpartum Support International (www.chss.iup.edu/postpartum) and Depression after Delivery (www.depresionafterdelivery.com).
 - (b) There is a 40% chance of the risk materializing
10. The researcher intends publishing the research results in the form of an article, however, confidentiality and anonymity of records will be maintained and that my or my child/ward's name and identity will not be revealed to anyone who has not been involved in the conduct of the research.
11. I will not receive feedback regarding the results obtained during the study.
12. Any further questions that I might have concerning the research or my participation will be answered by Mr. Muziwandile R. Ntuli (Clinical Psychology Student); Email: muziwandilemrn@gmail.com or doctorntuli@gmail.com ; Tel: 079 111 99 55.
13. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies that I or my child/wards may have.
14. A copy of this informed consent declaration will be given to me and the original will be kept on record.

I,..... have read the above information/confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished

to ask and these have been answered to my satisfaction. I fully understand what is expected of my child/ward during the research.

I have not been pressurized in any way to let my child/ward take part. By signing below, I voluntarily agree that my child/ward, who is years old, may participate in the above mentioned research project.

.....

Parent/Guardian's signature

.....

Date

APPENDIX D: Isivumelwano

Ifomu lokuzibophezela

(Umzali/Umqaphi)

Isihloko: A Comparative Study of Postpartum Depression among Adolescent Mothers with and without Partners

UMnu. Muziwandile Robert Ntuli osuka emnyangweniwakwa (Psychology), eNyuvesi yase Zululand (University of Zululand). uceleimvumeyamiukubangivumeleuntwanaabambeiqhazakulolucwaningoolubaluliwengenhla.

Ubunjalokanyenenjongoyalolucwaningokanjaloneyaleliphephaibisichaziwekimingolimiengiluqo ndayolwesiZulu.

Ngiyaziukuthi:

1. Injongoyalolucwaningokutholakabanziukuthiphakathikwabesifazaneabasebancane (adolescents) abanabalinganibabo, kanjalonaboabangasenaboabalinganibabongemuvakokubeletha, yibaphiasengcupheniyokuphathwaiPostpartumDeperssion.
2. iNyuvesiyase Zululand (University of Zululand) isivumileukuthilolucwaningolwenziwe. Sengisibonile/ngingacelaukubonaisiqinisekisosalokho.
3. Ngokubambaiqhazakulolucwaningo, umntwanawamiuzobeedlalaindimaekukhuliseniulwazilwezengqondomayelananomthelela wobudlelwaneesimwenisomqondowomuntukanjalonendlelayempilo. Lokhu-kekuzoholelaekuthenikuqondekekabanziumthelelawobudlelwaneiphakathikukaninawenga nenoyisewayoekugulenikukaninawengane.
4. Umntwanawamiuzobambaiqhazakulolucwaningongokuthiabuyeaphendule (I Edinburgh Postnatal Depression Scale (EPDS)). Uma edingausizo, umcwaningiuyobeemingomumoukumsizangolimiloloazoluqondisisakahle.

5. Ukubambaiqhazakomntanamikulolucwaningoakusiyoimpoqo. Uma
umntwanaeneminyakaengaphezukweyisikhombisa (7) ubudala,
kumelenayeazivumeleyenaukubambaiqhaza.
6. Uma mina nomaumntwanasifisaukuhoshaimfekulolucwaningo,
singakwenzalokhongaphandlekwemiphumelaengemihle.
7. Umntwanawamiengacelwaukubaahoxekulolucwaningongaphambikokubalupheleumaumc
waninginomauzakwaboebonaukuthikunesidingoikakhulungasohlangothinilomntwanawa
mi. Kantifuthiangahoxiswaumaengayilandeliimiyalelo.
8. Mina nomntwanawamingekesikhokhelwengokubambaiqhazakulolucwaningo.
9. Uma kubakhonaisimoesiphuthumayophakathinocwaningo,
umntwanawamiuyotholausizongokushesha.
(a) Kuthathwelezizinyatheloezilandelayoukugwemaingcuphe:
ukusatshalaliswakolwazimayelana ne Postpartum Depression Kanye
nezindlelazokulwisananayo. Kukhonanemifelandawonyekuinthanethi (National
Women's Health Information Center) www.4women.gov Kanye ne (Postpartum
Support International) www.chss.iup.edu/postpartum kanjalo ne (Depression after
Delivery) www.depressionafterdelivery.com
(b) Kunamathubaalinganiselwakwangamashumiamane (40%) engcuphe
10. Umcwaningiuhloseukushicilelaimiphumelayalolucwaningo.
Imininingwanengomntwanawamingekeivezwekunomangubaniongambandakanyekikulolu
cwaningo.
11. Ngekengaziswengemiphumelaetholakele kulolucwaningo.
12. Nomaimiphiimibuzoengingabanayomayelananocwaningonomaukubambakwamiiqhazaku
lolucwaningoiyophendulwanguMnu. Muziwandile R. Ntuli (Clinical Psychology
Student); Email: muziwandilemrn@gmail.com or doctorntuli@gmail.com ; Tel: 079 111
99 55
13. Ngokuxikixalelifomulokuzibophezelaangideliumthethokanyenamalungelo mina
nomntwanawamiesingabanawo.
14. Ikhophiyalelifomulokuzibophezelaizonikwa mina
kantiuqobolwefomuluzogcinwaemqulwini.

Mina

Sengiyifundileimininingwaneengenhla/ngiyaqinisekisaukuthilemininingwaneengenhlalabesengich
azeliweyonangolimilwamiengiluqondayofuthingiyakuqondisisaokuqethweilomqulu.

Sengiyibuzileyonkeimibuzoebengifisaukuyibuzafuthiyonkeiphenduliwengendlelaengigculisile.

Ngiqondangokupheleleukuthikulindelekeinikumntwanawamingalolucwaningo.

Angikazengifakelweingcindeziezongenzangideleumntwanawamiukubaabambeiqhazakulolucwan
ingo. Ngokuxikixangezansi, ngiyavumaukuthiumntwanawami

u.....,

oneminyakaubudala, engabambaiqhazakulolucwaningoolubaluliwengenhla.

.....

.....

Umzali/Umqaphi

Usuku

APPENDIX E: Participant selection form

PARTICIPANT SELECTION FORM

In filling this form please print and mark with (X) where applicable.

Name and Surname

Gender

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
--------	--------------------------	------	--------------------------

Nationality

South African	<input type="checkbox"/>	Other	<input type="checkbox"/>
---------------	--------------------------	-------	--------------------------

Age

Do you have a baby?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Baby's age

Are you still together with the baby's biological father?

Yes		No	
-----	--	----	--

If No, how long have you been separated?.....

Did you receive antenatal care?

Yes		No	
-----	--	----	--

Did you get family support?

Yes		No	
-----	--	----	--

Do you have peer support?

Yes		No	
-----	--	----	--

APPENDIX F: Edinburgh postnatal depression scale (EPDS)

J.L. Cox, J.M. Holden, R. Sagovsky

Department of Psychiatry, University of Edinburgh

Name: _____

Address: _____

Baby's Age: _____

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

Yes, all the time.

Yes, most of the time.

No, not very often.

No, not at all.

This would mean, "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the Past 7 Days:

1. I have been able to laugh and see the funny side of things as much as I always could.

0 – As much as I always could

1 – Not quite so much now.

2 – Definitely not so much now

3 – Not at all

2. I have looked forward with enjoyment to things.

0 – As much as I ever did

1 – Rather less than I used to

2 – Definitely less than I used to

3 – Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

3 – Yes, most of the time.

2 – Yes, some of the time

1 – Not very often

0 – No, never

4. I have been anxious or worried for no good reasons.

0 – No, not at all.

1 - Hardly, ever

2 – Yes, sometimes

3 - Yes, very often

5. I have felt scared or panicky for no very good reason.

3– Yes, quite a lot

2 – Yes, sometimes

1 – No, not much

0 – No, not at all

6. Things have been getting on top of me.

3 - Yes, most of the time I haven't been able to cope at all

2 - Yes, sometimes I haven't been coping as well as usual

1 – No, most of the time I have coped quite well

0 – No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping

3 – Yes, most of the time

2 – Yes, sometimes

1 – Not very often

0 – No, not at all

8. I have felt sad or miserable

3- Yes, most of the time

2 - Yes, quite often

1 - Not very often

0 - No, not at all

9. I have been so unhappy that I have been crying

3-Yes, most of the time

2- Yes, quite often

1 -Only occasionally

0 – No, not at all

10. The thought of harming myself has occurred to me.

3-Yes, quite often

2-Sometimes

1-Hardly ever

0-Never

Screening Tool for PPD

Edinburgh Postnatal Depression Scale (EPDS) [Cox, Holden & Sagovsky 1987]

The EPDS is a self-rated questionnaire that has been used in Europe and Australia for over 10 years to screen women for PPD. It asks women to rate how they have been feeling in the last 7 days and consists of 10 short statements of common depressive symptoms with 4 choices per statement. Each statement is rated on a scale of 0 – 3 with possible total scores ranging from 0 – 30.

To administer the test you give the woman a pen and the questionnaire and ask her to answer the questions in relation to the past 7 days. The questionnaire should only take a few minutes to complete.

Scoring the questionnaire only take a couple of minutes with practice.

Questions 3,5,6,7,8,9 and 10 are scored: statement 1 = 3 points, statement 2 = 2 points, statement 3 = 1 point and statement 4 = 0 points.

A cut-off score of 12.5 has been shown to detect major depression and a woman who meets this threshold can be further assessed. Asking a woman to complete such a questionnaire not only makes her stop and think about how she has been feeling but also indicates a willingness on the part of the person giving the questionnaire to listen to how she is feeling.