COMMUNICATION AND TEENAGE PREGNANCY

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Abstract

Adolescence is characterized by tempestuous transformations, both from a physical and from a psychological viewpoint. This stage of life, with its difficult transition from childhood to adulthood is determined by psychological, environmental, social or cultural factors. Choices, desires, plans, vision for future life or decisions are depending on the own personality but also on these factors. This paper turns to a special category of teenagers, those who experience maternity. For many of them, maternity represents a braking factor in their psychosocial development, while for others, it represents a choice profoundly determined by psycho-intellectual, familial, cultural, ethnic or environmental factors. A multidisciplinary approach to young women who become mothers in their teens is a necessity, especially in a context in which health and education policies intervene to coordinate and control a phenomenon which is not new at all, but which has been approached a lot throughout the last decades. Family support and good communication parent-children are important factors for a healthy sexual behavior.

Keywords:*teenager, maternity, pregnancy, child, communication.*

INTRODUCTION

Numerous disputes about the appropriate age when women may become mothers have started over the decades. Although evidence of teenage pregnancies has been identified in classical literature, films or statistics, the analysis of this phenomenon became a topic of public discussion when research in the USA and the UK could identify the nationwide rates of birth in this age interval. Social transformations,women's liberation movements, health policies and strategies for increasing women's level of education have led to a more detailed analysis of this phenomenon (Lawlor & Shaw, 2002). Moreover, the current generation gap and the age when women become mothers (the highest rates being for those under 19 and women over 30 years old) have given rise to many disputes supported by scientific research, oriented towards socioeconomic and psycho-medical aspects related to maternity.

The problematics of pregnancy and birth in adolescence has raised numerous hypotheses over time, starting from environmental to psychological, social, cultural or religious factors. Because the considered age interval for teenager, according to the World Health Organization (WHO, 2012), refers to ages ranged 15-19, ethical aspects have accompanied this phenomenon because they are children having children, so parental responsibilities and abilities are requests at an age when part of them are still playing (early marriages, pregnancies and births among Roma people). Though pregnancy rates in teenagers are very high both in the USA and in Western European countries and Sub-Saharan Africa, therefore, in countries with various socioeconomic backgrounds, the studies tended to target vulnerable populations (East & Felice, 2014) [like] migrants, poor communities or ethnic minorities.

Statistical data show high rates of pregnant teenagers in the USA and the Sub-Saharan countries. Though there has been a 19% decline in the last 20 years, the number remains very high, and most of these pregnancies are unintended. The decline is due to the use of contraceptive methods and sexual education projects implemented among school going teenagers. However, worrisome scores occur in girls under 14 years old, representing 12% of the total of teenage pregnancies (Goldenberg, Figueiredo, & Silva, 2005). Moreover, it has been found that the high number of abortions is closely correlated with the interest in education and having a job

and higher self-esteem (Bailey, Bruno, Bezerra, Queiróz, Oliveira, & Chen-Mok, 2001)

In Europe, the countries where high percentages of teenage pregnancies and births have been recorded are the UK and Romania.

A pregnancy or birth during adolescence has considerable side effects on the life of both the mother and the infant. Studies conducted in the USA, Europe and the Arab countries have proved that the early maternity is associated withchild abuse, unhappiness in childhood (which causes motherhood to be appreciated as a positive moment in life), depression, poor health and a limited access to health services, poor nutrition with effects on psychosomatic development (Diaconescu, Ciuhodaru, Cazacu, Sztankovszky, Kantor, & Iorga, 2015) social integration difficulties, a low socioeconomic level, a risky social environment, a low level of education and minimal expectations regarding schooling. The children with teenage mothers are more supposed to have also an early age for sexual contact, with the associated risks of contacting sexual contact diseases and becoming a parent while still a minor. Additionally, compared to those who become parents at later ages, teenagers who experience parenthood at this stage of life have the risk of several unwanted pregnancies and more children (Iorga, Socolov & Socolov, 2016).

These consequences impact both the mother's and the child's life, as well as the life of the family in general.

The numerous studies conducted in various countries have proved that teenage pregnancy is an effect, not just a cause. A study by Card and Wise shows that most young people who become parents at the age of 15 come from precarious socioeconomic backgrounds, have minimal schooling and low expectations concerning their level of education (Card&Wise, 1978). Most literature reviews have found that the majority of studies have been conducted in the USA and Western European countries, with a high economic level. Here, the gap between social classes is large; therefore, high percentages of teenage mothers were identified among the poor population, migrants or minority ethnic groups. However, prevention policies were mainly aimed at the privileged population (for example, many pregnancy prevention projects were carried out in schools or high schools, though most underage mothers abandon school before or after becoming pregnant) or at the general population (though most teenage mothers come from migrant families from Latin American countries – refer to studies in the USA, in Balkan or Eastern European countries – most of the studies conducted in the UK, a country with a high rate of pregnancies and births among adolescents (McAllister, Pepper, Virgo, & Coall, 2016).

Most studies which analyzed the existence of factors favoring the occurrence of pregnancies during adolescence emphasized that most of these pregnancies are unwanted and the teenagers, come from disadvantaged socioeconomic backgrounds, have low levels of schooling and precarious sexual education. For these reasons, many intervention programs were carried out aiming to diminish the influence of these factors: the implementation of sexual education programs in schools, information about contraceptive methods and providing free contraceptives. The evaluation of the results proved that the implementation of information and prevention programs promoted by health policies and education has not had all the planned effects. On the one hand, as shown above, educational programs have not reached their target population. Many of the implemented projects have not aimed at also measuring their own efficiency. One study has emphasized the fact that, out of 88 programs carried out to reduce teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors, only 31 programs met the review criteria for evidence of effectiveness. The study identified that relatively few programs were tested for their impact on longer-term outcomes, such as pregnancies(Goesling, Colman, Trenholm, C., Terzian& Moore, 2014). For this reason, the diversity of successful high-quality interventions, implemented in a range of venues, with a diversity of young people, suggests that there are multiple strategies that can work to prevent unintended pregnancy among young people (Hindin, Kalamar, Thompson, & Upadhyay, 2016)

Studies have shown the influence of ethnicity (for instance, the Roma population) andreligion(Boyatzis & Janicki, 2003;Fagan, 2006)-religious affiliation and religious practice, especially since the effects of religious belief and

practice are considered intergenerational and cumulative. In this case, the influence of religion is directed towards quality of life for the family or the child, or the age when marriage and children occur; people with a strong religious influence tend to avoid the start of their sexual life before marriage, and unintended pregnancies are finally accepted by the family. On the other hand, religion encourages marriage and maternity, so that people who practice it tend to get married and have children earlier. Moreover, studies which have highlighted the influence of religion on early maternity have proved that, in religious families, the rates of abortion and rejection of children born outside of marriage or of teenage mothers are lower, while the level of familial control and support is higher (Hillis, Anda, Dube, Felitti, Marchbanks, P. A., Macaluso& Marks, 2010) as well as the influence of the size of the community (small, isolated communities) in early parenthood. Therefore, the social factor is protective.

In the case of ethnic communities, especially migrant communities, the percentages of unwanted pregnancies are higher in populations of African and Latin American origins; comparative studies have proved that in these populations, underage mothers are more frequently characterized by a higher risk of depression and anxiety, dropout rates are higher, the socioeconomic level is more precarious, self-esteem is lower and there are fewer aspirations for the future about one's career, by comparison with the general population.

Studies on minority groups have shown that, in some cases, ethnic factors are favorable to teenage mothers. In communities where maternity often occurs in this age interval, social support is a lot stronger. It is customary for mothers to be housewives and for several generations to live under the same roof and take care of children. This fact has a positive effect, the children being taken care of better and supervised, and relationships with them being closer (Gordon, Lindsay Chase-Lansdale, Brooks-Gunn, 2004)

Teenage maternity has also been analyzed from an environmental perspective. The environment has represented a condition of underage births (communities or areas affected by armed conflicts have a very high rate of births by women under 20 years old, explainable by the population being aware that life expectancy is lower. The higher the morbidity, the more births are given by mothers of younger ages – see the *life-history explanation*). The environment also represented the cause of the research of this topic, in that high rates of underage births in precarious socioeconomic environments caused research efforts to be directed towards disadvantaged environments.

Some authors point out that this extremely important topic has been studied more on teenagers coming from such backgrounds; however, the studies that strongly highlight the decisive influence of such factors are not numerous or robust. Thus, a study by Nettleet al, conducted on a lot of mothers under 20 years old and a control lot, taking into account psychological and emotional development data assessed over their lifetime show that, at the age of 7, the young mothers were lighter and shorter than controls. They had earlier menarche and accelerated breast development, earlier cessation of growth and shorter adult stature. Future young mothers had poorer emotional and behavioral adjustment than controls at age 7 and especially 11, and by age 16, they idealized younger marriage and parenthood ages than controls. This study supports the idea of certain physical and psychological patterns related to teenage maternity (Nettle, Dickins, Coall & de Mornay Davies, 2013)

A lot of medical risks are associated with early pregnancies: birth weight, the risk of small infants for gestational age, intrauterine growth restriction, stillbirth, infant death, prematurity, and high rate of cesarean deliveries.

Regarding women under the age of 15, a study of Malabarey et al. (2012) showed that being black, having twin pregnancies and having had prior births increased the risk of stillbirths and infant deaths. Secondly, prenatal care was identified as a protective factor against labor risks, stillbirths and fetal deaths(Malabarey, Balayla, Klam, Shrim& Abenhaim, 2012).

During early adolescence, a girl's body is not mature enough to be able to carry a pregnancy to term; the risk of complications is higher both during the pregnancy and during labor. Most

teenagers who give birth under the age of 12 undergo surgery(Iorga, Socolov &Socolov, 2016). The percentage drops as the age of the teenagers goes up, showing the mother's possibility to carry a pregnancy to term without complications(Cunnington, 2001).

Medical problems have been detected not only in these mothers, but also in the children of teenage mothers. Studies have shown that the children of teenage mothers are more prone to various diseases (Diaconescu, Ciuhodaru, Cazacu, Sztankovszky, Kantor, & Iorga, 2015).

Compared to older mothers, mortality is higher in teenage mothers under 15 years old. The offspring of teenage mothers present a greater risk compared to the offspring of older women. A second important factor influencing this rate is the socioeconomic level, which ensures better quality of prenatal care (Dott & Fort, 1976)

The countries with the highest rates of teenage births (the USA and the UK) included in their public health policies various strategies to monitor this phenomenon and promptly intervene to reduce the number of teenage births. Paralleled by an educational policy, these programs had limited effects, in that most of them resulted in a reduced number of pregnancies, but not in a reduced number of births, which means that, in fact, introducing contraceptive methods and information about them helped reduce the number of pregnancies.

The majority of concerns regarding teenage pregnancies are related to medical aspects and most of them are proved and evaluated. Psychological issues are relatively known and most studies focus on motherhood and less on the importance of the father or fatherhood in pregnancy and birth.

Regarding psychological aspects, behavioral problems and affective problems were more prevalent in future young mothers than in controls. Increased scores for emotional and behavioral disturbance were identified in future young mothers (Nettles et al, 2013).

The ideas presented above strengthen the hypothesis that there are patterns in the physical and mental development of women who become mothers before they come of age and that external factors related to the socioeconomic, educational or family environment are not exclusively responsible for teenage pregnancies.

The consequences on teenage mothers' subsequent lives as women and mothers have also been studied. Almost ¼ of teenage pregnancies are unwanted/unplanned. A study by Huang et al. (2014) found that high levels of parental stress and depression are more frequent in teenage mothers than in adult mothers. The depression and stress experienced by teenage mothers, especially by those who give birth for the first time, have obvious consequences on the mother-child relationship and on the child's psychomotor development. Underage mothers are more anxious about childcare, their stress being doubled by financial difficulties which make it impossible for them to provide children with proper nutrition, to have permanent access to health care services and to supervise children throughout their development.

Supportive projects developed in different countries are including home visits or financial and education support for teenage mothers. In the USA and UK, the pregnant adolescent is visited by specialized nurse during the period of her pregnancy until the child second anniversary but studies pointed that assistance must be prolonged also after this age (Robling et al, 2016). Communication is one of the factors influencing teenage mothers psychological well-being by feeling supported and must be conducted by trained people. Psychological, emotional, medical factors related to post-partum should be carefully approached by specialists in order to provide help and not to judge. Also, a good communication between mother and healthcare specialists is a need, because medical problems are frequently associated with adolescent pregnancy. Developing technologies to provide medical information in order to provide open access for all teenagers also from rural area is a need, especially because the higher rates of teenage pregnancy is in rural area where information and medical access is difficult to be done (Chumbler et al, 2016).

Most of the scientific literature related to communication and teenage pregnancy focuses on the importance of parent-child communication about sexuality, premarital sex, sexual problems, contraception and pregnancy (Jaccard & Dittus,

2012). The process of communication between parent andchild is reciprocal and it is influenced by both of them: the adolescent is controlling the information transmitted to the parent and receives answers regarding some concerns. On the other hand, the parent is providing information filtered by own experience, fears or expectations and rules regarding the sexual behavior of the child. Through sexual communication, parents are providing sexual education - knowledge and values and beliefs. A study targeting teenagers from Netherlands proved that 15% of them are discussing different topic related to sexual activity many times (De Looze et al, 2015)

Studies proved that parental support is associated with good communication on sexuality. Parents providing more support to their children are more likely to use communication skills to shape the behavior of their children and especially engaging in risky sexual behavior (Markham et al., 2010). A lot of researches proved that family communication about sexuality is associated with positive aspects in sexual behavior: delay in sexual activity, being more responsible regarding the sexual act (using contraceptive methods), rejecting sexual permitting attitudes and sexual risk-taking (Hicks, Mcree& Eisenberg, 2013; Harville, Madkour & Xie, 2014; Chumbler, Ganashen, Cherry, Wright& Bute, 2016)

CONCLUSION

The problematics of teenage pregnancy and birth has always given rise to many dilemmas and generated many studies intending to identify the various factors which influence maternity in this age interval. The high rates of births in teenagers under 15 years old have been linked to socioeconomic, cultural, ethnic or personality factors, while the consequences on the mother and child have been analyzed from a medical and socioeconomic perspective. The studies show that the percentage of teenage births has not been considerably influenced by health or education policies, but that these had a stronger influence on collateral effects (a decrease in the number of unwanted pregnancies and sexually transmitted diseases among teenagers, resulting from the implementation of public health projects in schools). Teenage maternity has also given rise to numerous ethical issues, some authors considering that it is not a real public health issue. Removing the affiliation to this or that opinion, motivated by statistical, psychological, medical or socioeconomic analyses, we consider that teenage mothers represent a priority for modern society, and they could be considered a vulnerable population, with a low chance of having equal opportunities to access health services, to reach a socioeconomic balance or to finalize their professional training.

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