
THE ROLE OF FAMILY TOWARD PSYCHOLOGICAL WELL-BEING ON UNWANTED PREGNANCY AMONG ADOLESCENTS IN DEMAK DISTRICT, CENTRAL JAVA, INDONESIA

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ABSTRACT

Premarital sex issue has contributed to increased risks of unwanted pregnancy on teenager. Data from Demak District Health Department showed that the rate of unwanted pregnancy was significantly increased (from 88 to 320 cases) during 2014-2016, some of them are teenagers. Using an in-depth interview method, this qualitative study aimed to find out the role of family toward psychological well-being on unwanted pregnancy among adolescents. We interviewed five participants (two participants as main subjects and three participants as triangulation subjects). This study found that family, notably parents, as decision makers when they knew their daughter's pregnancies. Family also provides social and financial support to teen mothers thus their psychological well-being was quite good. They were able to have a positive attitude and accept their present condition. However, teenagers felt anxious, had sleep deprivation, and overwhelmed feeling during their pregnancy. Accordingly, support from their parents and partner might develop their psychological well-being more positively. Midwife as healthcare provider also proactively offered maternity care to teen mother. Researcher suggests government providing proper sexual education programs to prevent unwanted pregnancy.

KEYWORDS: pregnancy, well-being, support, teenage, health

INTRODUCTION

Premarital sex issue has contributed to increased risks of unwanted pregnancy on teenager. Indonesian Health Demographic Survey released about 8.3% or 3.7 million adolescents had premarital sexual relations (Dini, 2016). Meanwhile, according to the National Family Planning Board of Health in 2014, there were 46% of adolescents aged 15-19 years who had sex (Kusparlina, 2016). WHO estimated that of the 200 million pregnancies per year, around 75 million or 38 percent are unwanted pregnancies. A national survey in 2017 showed half of the pregnant women in Indonesia experienced their first pregnancy at the teen (Kemenkes RI, 2018). Research on adolescent analysis with unwanted pregnancy stated 6.4% of them tried to have an abortion but failed and 33% were pro-life (Mulyanti, 2016). Demak Regency which known as one of the religious areas in Central Java, Indonesia in 2013 served marriage dispensations services for 70 couples. Almost of all are due to unwanted pregnancy and some of them are teenagers.

Pregnant women were aged <20 years or> 35 years have a highly risked of pregnancy and childbirth. Maternal deaths at age <20 years are 2-5 times higher than aged of 20-29 years (Depkes RI, 2005).

Other complications are anemia, high blood pressure, placenta previa, and premature birth (Murray, 2014). Unwanted pregnancy on an adolescent also related to unsafe abortion due to potential complications. Risks from abortion include bleeding and neurological disorders that can affect maternal or child mortality or both. Some of them were tried to hide their pregnancies (Aprianti, 2016). The social problem such as forced to quit from their school, even those who are still working must be willing to leave their workplaces.

Adolescent's pregnancy might cause mental health problems. Adolescents had a deal with anxiety, stress and even depression during their pregnancy. Teenage mothers feel like out of ideal condition compared to other teens. A survey conducted in Jamaica on teenage pregnancy with suicidal behavior found that 23.1 percent of students aged 13-15 had tried to commit suicide one or more times in the past 12 months (Mitchell, 2014). They needed referrals for support emotional and psychological. Unwanted pregnancies among teenager are more at risk of depression (Mbawa, 2017). Most adolescents were not ready for their pregnancy. This has an impact on their involvement in marital relations and social environment included positive views of teenage pregnancy. The change in role from adolescents to mothers affects them in forming a positive view of the problem, acceptance of pregnancy, relationships with the surrounding environment, and planning for the future of self and children. Based on previous studies, it is necessary to find out more how the role of social support toward psychological well-being on teenage pregnancy.

RESEARCH METHODOLOGY

This qualitative study used an in-depth interview regarding the situation depicted in it. We asked participants to answer the questions in their own words to gain insight into their perspectives about their experience of pregnancies and psychological well-being. We used non-probabilistic purposeful sampling to determine participants as study samples then identified them according to inclusion and exclusion criteria. This research was performed with five participants (two participants as main subjects and three participants as triangulation subjects).

A brief description was given to all participants regarding study and purpose of this study. Prior to answering some questions from the guidance of the interview, we asked participants to fill out a few personal details that included their age, gender, education level, and current occupation. Using open-ended up question, we asked them to describe their experiences, views, and feeling during pregnancy. The researcher also explored their psychological well-being through some related questions.

The interviews were transcribed and the text was analyzed using Miles & Huberman theory which included data reduction, data display, and conclusion / verification (Miles & Huberman, 1994). The results of interviews from participants were categorized based on a series of codes which were developed and then grouped into similar concepts. These concepts were derived through iterative readings and discussions of the transcripts by three authors. Then we combined to identify categories

that suitable with the objectives and interview guide. As the coding process, additional concepts and themes emerged. Afterward, we divided into seven categories and illustrated them in the form of narrative and quotation for easier analysis and understanding.

RESULT

1. The characteristics of participants

We interviewed two main participants (P1 and P2). Based on their characteristics, both of them were less than 19 years old. Each of them graduated from junior and senior high school. We assumed that they lack knowledge about reproductive health. Both of their parents had low education. The first participant was classified into lower middle income, while the second was into the middle to upper income. They both lived in the suburban area.

2. Reactions' of teen mother about unwanted pregnancy

Pregnancy occurring in these situations led to greater worried, fearful, ashamed, and guilty feeling. When adolescent were the ones receiving the news first, they were the ones responsible to give the news to the other family members. This was hard work because there was the possibility of hard punishments and negative reaction. The teen mother was the most feared and confused person. They worried and scared to disappoint their parents.

“I was shocked, confused, afraid of being blamed, then I told my mother. She said giving birth process was sick, she scared me.. The first time I knew that I was pregnant, I felt angry, afraid to disappoint and embarrass my parents...” (P1)

Both of them also informed their partner about the pregnancies. One of participant intentionally had an abortion, but that did not work.

“I used to (abortion) at 2 months of my pregnancy. I drank sprites, ate some pineapple. My mother did not know (if I had an abortion), it would be banned. My boyfriend helped and encouraged me ... we did that because we were both afraid and confused.”(P2)

3. Adolescent's Response to Stigma

In this study, both participants were ashamed of the stigma due to their unwanted pregnancy. P1 more often spent the time at home than gathered with her neighbor. Whereas P2 preferred ignore the negative stigma or gossip about her. Nevertheless, she also felt ashamed of her pregnancy. They had the same concerns and worries about their negative image of society.

“I was ashamed to leave the house because my neighbor said about my pregnancy ... On my early pregnancy; I often stayed at home about a month. Fear of being scolded, afraid of disappointment, shame of my parents ... I have disappointed my mother ...” (P2)

They both also tried to cover up the pregnancy. They covered it up by loosening her clothes. They thought their pregnancy should be hidden so that people around them were not aware of their pregnancy and they would not feel ashamed.

“I loosen my clothes and wore longer clothes so others didn’t notice that I was pregnant...” (P1)

4. Parent’s Response to Adolescent Pregnancy

Both parents felt disappointed and angry when they knew about their daughter’s pregnancy. They wished their daughters to continue their study. In the end, they tried to accept that condition. They refused to have an abortion because that was not suitable for their norms and values. Both parents decided to marry off their daughter. They were a little relieved that someone was responsible for their daughter's pregnancy.

"The important thing was my daughter got married. It was okay to get pregnant. He must be responsible for that ... There was a man that took responsibility with my daughter.. I disagree she having abortion..." (P2’s mother)

“Gathered and discussed with our family about the marriage plans of my daughter..” (P1’s mother)

5. Psychological Impact

The study stated that both participants were denied/anxiety notably on their first trimester. They experienced anxiety, overwhelmed feeling, and sleep deprivation. However, their anxiety did not affect physical activity. Midwives also said there were no reports of cases of depression or baby blues syndrome that occurred in pregnant teenagers.

“I used to wake up in the middle of the night then hard to sleep anymore and often delirious.”(P1)

“Feeling very tired during pregnancy for every time. It felt different fatigue on a normal day before my pregnancy.”(P2)

6. Psychological Well-being

We found that psychological well-being of pregnant teen was quite good. They were able to have a positive attitude and accept their present condition. They also decided to quit school for a while. Although in early pregnancy, they felt ashamed of the negative stigma from their society. In the end, they had a positive relationship with others. Since married, they focused on taking care of the family. For the future, P1 plans to continue her school while P2 plans to get a job. Family support influenced positive psychological well-being.

7. The Role of Parents and Health Workers

The results of the study revealed that both participants still lived with their parents. P1 lived with their in-laws because. Both of them received financial support from parents and in-laws in which

their economic level was the upper-middle category. Their parents also gave them social support such as taking care of their children. Meanwhile, midwives also proactively provided the information needed by teenagers during pregnancy and postpartum.

DISCUSSION

Unwanted pregnancy due to premarital sex is still being a problem for adolescents nowadays. Some people who adhere to their norms, eastern culture, and religion values assume that getting pregnant before marriage is prohibited and against the norm. Those people tend to give a negative stigma to adolescent's pregnancy. However, some other people think that it happened a lot and not needed to be exaggerated. Rural society considered that early marriage as a solution to unwanted pregnancy. As the experience of both participants, their parents decided to marry off them. Unwanted pregnancy was considered as a disgrace, so that they carried out early marriage.

Research by Novelira in 2015 a study on mapping the pattern of unwanted pregnancy cases stated that adolescents who experienced premarital pregnancy were aged <19 years old, had a low level of education attained, and lack of knowledge about reproductive health (Novelira, 2015). Their parents also had a low level of education. The results obtained from this study stated that both participants' parents did not graduate from elementary school that allegedly caused the lack of parental knowledge related to the impact of early marriage. Ramadani revealed in the National Journal of Public Health that the level of knowledge as the most dominant factor related to teenage pregnancy (Ramadani, 2015). The level of teenage pregnancy is directly related to inequality and poverty conditions.

Sociocultural factors also influence people's perception of understanding pregnancy. Teenagers who were pregnant usually received social punishment from their communities, such as being the subject of gossip (Hidayana, 2016). Some local cultures still associate virginity to traditional values. The pressure to meet public expectations and maintain family honor makes an early marriage was a reasonable thing. Both parent's participants were a little relieved that someone was responsible for their daughter's pregnancy.

Research declared that the response experienced by adolescents after realizing of their pregnancy were depression feelings, fear, sadness, and confusion (Maisya,2017). Many parents were also disappointed and angry when they knew about their daughter's pregnancy. In line with the results of this study, these situations led adolescents to get anxiety, fear, ashamed, and guilty feeling. They worry due to their possible impact for them of hard punishments and negative. Their parents also felt disappointed and angry because actually, they wished their daughters to continue their study. In the end, they tried to accept that condition. They refused to have an abortion because that was not suitable for their norms and values.

Changes during pregnancy could occur due to serious psychological problems, such as stress and maternal depression (Khisbiyah, 1994). Many factors were associated with maternal depression

involved social, economic, psychological conditions, and spirituality. Some other studies did not find an association between maternal age and pregnancy anxiety (Guardino & Schetter, 2014). Other factors that influence the low level of anxiety during pregnancy were relationships and social support. The results of this study reveal that all participants got anxiety and sleep deprivations during the first trimester. However, the anxiety experienced does not affect physical activity.

A study declared that the level of awareness on adolescents to take their responsibilities as a mother was very low (Pitso, 2014). Pregnant adolescents also tend to confuse to nurture their children because they lack skills needed to care for their children. Poor education and socioeconomic conditions tend to lead to negative psychosocial well-being. The psychological well-being of pregnant adolescents in this study was quite good. Both participants were able to have a positive attitude and accept their present conditions. Even though at the beginning of pregnancy, they feel ashamed of the negative judgment from others so that causes withdrawal, but in the end, after having children they have a positive relationship with others.

The role of the family for pregnant women was a very important thing. Psychologically pregnant women who tend to be more unstable emotionally and require a lot of support from the family, especially husband and parents (Underdown and Barlow, 2012). This study found that parents played a role as decision makers for their daughter pregnancy then decided to married them off, even though they were underage. Moreover, the family also helps mothers in dealing with complaints that arise during pregnancy. In undergoing this process, pregnant women required intensive support from the family by showing attention and affection. Other studies suggest that adolescents who still live with their parents are encouraged with social and financial support (Maisya, 2017). In line with this research; both participants lived with their parents. They received social and financial support from their parents. The presence of an extended family can help a mother taking care of children in a family. Family systems in Indonesia are also being a reason for parents being fully involved in providing social and financial support to teenage mothers. Midwives also provided information needed by teenagers during pregnancy and postpartum. Both participants felt helped by the role of health workers.

CONCLUSION

Teenagers felt shame, fear, and guilt when they knew they were pregnant. They had worries about their negative image of society and tried to cover up their pregnancies. Both of teenagers also decided to stop continuing their education. Their parents were upset and unhappy on hearing that they were pregnant. In the end, parents as decision makers tried to accept that situation then married their children off, even though they both were underage. Furthermore, family provided social and financial support to teen mothers thus increased more positive psychological well-being for them. Proactive health workers also provided a safe and secure feeling for adolescents during pregnancy.

RECOMMENDATION

The government and related department need to formulate appropriate sexual education materials for teenagers to prevent unwanted pregnancy.

CONFLICT OF INTEREST

There is no conflict of interest

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ETHICAL CLEARANCE

Ethical Clearance number XXX /EA/KEPK-FKM/2019 by the ethics committee on health research at Faculty Public Health, Diponegoro University.

REFERENCES

- Aprianti. (2016). Respon Orang Tua, Pasangan, dan Remaja yang mengalami kejadian KTD (studi kasus pada remaja siswa SMP di Kabupaten Pati. (Research report). Semarang : Diponegoro University.
- Departemen Kesehatan RI. (2005). Strategi Nasional Kesehatan Remaja. Jakarta: Kementerian Kesehatan RI.
- Dini et.al. (2016). Pengaruh Status Kehamilan Tidak diinginkan Terhadap Perilaku Ibu selama dan setelah kelahiran di Indonesia (Analisis Data SDKI 2012). Jurnal Kesehatan Reproduksi. , pp. 119-133.
- Guardino, Schetter. (2014). Understanding Pregnancy Anxiety : Concepts, Correlates, and Consequences. (Research Report). Available on : https://cds.psych.ucla.edu/documents/Guardino_Schetter.pdf
- Hidayana, et. all. (2016) . Factors Influencing Child Marriage, Teenage Pregnancy and Female Genital Mutilation/Circumcision in Lombok Barat and Sukabumi Districts, Indonesia, Baseline Report December 2016. (Research Report). Available on : https://www.researchgate.net/publication/330076260_Factors_Influencing_Child_Marriage_Teenage_Pregnancy_and_Female_Genital_MutilationCircumcision_in_Lombok_Barat_and_Sukabumi_Districts_Indonesia
- Kemntrian Kesehatan. (2018). Buletin: Toipik Utama Situasi Balita pendek (Stunting) di Indonesia , Pusat data dan Informasi, Kementerian Kesehatan RI, p. 5. Available on www.depkes.go.id > download > pusdatin > buletin > Buletin-Stunting-2018.] Jakarta: Indonesia.
- Khisbiyah. (!994). Konsekuensi Psikologis dan Sosioekonomi Kehamilan tak dikehendaki pada Remaja.
- Kusparlina E. (2016). Hubungan Tingkat Pengetahuan Remaja tentang Kesehatan Reproduksi Dengan Perilaku Seks Bebas. (Research report). Available on : forikes-ejournal.com/index.php/SF/article/view/14.

- Maisya IB, Susilowati Andi. (2017). Peran Keluarga dan Lingkungan Terhadap Psikososial Ibu Usia Remaja. *Jurnal Kesehatan Reproduksi*, 8(2). Available on : ejournal.litbang.depkes.go.id/index.php/kespro/article/download/8013/pdf.
- Mbawa, et. al. (2018). Understanding postpartum depression in adolescent mothers in Mashonaland Central and Bulawayo Provinces of Zimbabwe. *Asian J Psychiatr.* 32:147-150. doi: 10.1016/j.ajp.2017.11.013. Epub 2017 Nov 28.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis: An Expanded Sourcebook*. Thousand Oaks, CA: Sage Publications.
- Mitchell ,et. al. (2014). Psychological Health and Life Experiences of Pregnant Adolescent Mothers in Jamaica. *Int. J. Environ. Res. Public Health*
- Mulyanti L. (2016). Peran Keluarga dalam Pengambilan Keputusan Pro Life pada Remaja dengan Kehamilan Tidak diinginkan di Semarang. (Research report). Semarang : Diponegoro University.
- Novelira A. (2015). Pemetaan Pola Kejadian Kehamilan yang Tidak Diinginkan Remaja Berdasarkan Karakteristik Personal, Lingkungan, dan Perilaku Pacaran di Kabupaten Demak. (Research report). Semarang: Diponegoro University.
- Pilliteri. (1999). *Maternal & Child Health Nursing : Care of childbearing and childbearing family*. Philadelphia: Lippincot William & Wilkins.
- Pitso, et all. (2014). The Psycho-Social Wellbeing of the Teenage Mothers. Article in *Mediterranean Journal of Social Sciences*.
- Ramadani. (2015). Peran Tenaga Kesehatan dan Keluarga dalam Kehamilan Usia Remaja. *Jurnal Kesehatan Masyarakat Nasional*, 10(2).
- Sharon Smith Murray, McKinney ES. (2014). *Foundations of Maternal-Newborn and Women's Health Nursing*, 6th Edition. Singapore: Elsevier.
- Underdown and Barlow. (2012). Maternal Emotional Wellbeing and Infant Development. The Royal College of Midwives Trust. *Int J Environ Res Public Health*. 2014 May; 11(5): 4729–4744. Published online 2014 Apr 30. doi: 10.3390/ijerph110504729.