

Experience of First Pregnancy at Teenage Age: Scoping Review

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ABSTRACT

Adolescent pregnancy is a significant global concern and a major contributor to maternal mortality across high-, middle-, and low-income countries. The risk of maternal death is considerably higher among younger adolescents. This study aims to review evidence-based findings on the experiences of first pregnancy in adolescence. A scoping review methodology was employed following Arksey and O'Malley's framework, using the PEOS model to guide the research questions. A systematic search was conducted in Wiley Online Library, EBSCO, ProQuest, and PubMed, selecting relevant studies based on predefined inclusion and exclusion criteria. Findings indicate that adolescent mothers' experiences during their first pregnancy are influenced by their level of knowledge and the support received from husbands, families, and healthcare providers. Poor parent-child communication is identified as a key factor contributing to adolescent pregnancy. Additionally, adolescent pregnancy has significant health and educational consequences. Preventive measures include health promotion programs and personalized interventions. This review highlights the experiences, influencing factors, impacts, and prevention strategies related to adolescent pregnancy, providing insights for future research and policy development.

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Introduction

Globally, adolescent pregnancy is a major contributor to maternal mortality in high-, middle-, and low-income countries. The risk of maternal death for adolescents aged ≤ 15 years is significantly high, with a rate of 1 in 4,900 in developed countries and 1 in 180 in developing countries [1]. Much adolescents experience abnormal conditions during pregnancy, leading to complications during childbirth [2]. Pregnant adolescents face a higher risk of health complications compared to women aged 20–24 years, which can increase maternal mortality rates [3].

The risks associated with adolescent pregnancy extend beyond maternal health. The likelihood of infant mortality and complications is significantly higher among babies born to adolescent mothers aged 15–19 years compared to those born to mothers aged 20 and older. Pregnancy during adolescence can lead to life-threatening conditions, severe infections, and long-term health complications [4]. Additionally, young maternal age is linked to adverse birth outcomes, including eclampsia, anemia, excessive bleeding, cephalopelvic disproportion (CPD), prolonged labor, and increased need for cesarean section. Infants of adolescent mothers are also at greater risk of low birth weight (LBW), premature birth, low APGAR scores, neonatal mortality, and asphyxia [5].

Access to quality antenatal care is crucial in detecting and managing pregnancy-related risks among adolescents. However, various barriers hinder pregnant adolescents from seeking adequate maternal healthcare. A lack of support from healthcare providers, families, and partners often discourages early antenatal visits. Studies indicate that most adolescent mothers initiate antenatal care around five months into their pregnancy, with many reporting dissatisfaction due to inadequate support [6]. Furthermore, discrimination within healthcare settings contributes to their reluctance to seek care. The placement of adolescent mothers in the same care settings as older pregnant women can lead to feelings of embarrassment and discomfort, reducing their willingness to attend antenatal visits [7]. Inadequate access to maternal healthcare services is also reflected in findings that show adolescent mothers do not fully utilize antenatal care services, with many making their first visits only in the third trimester [8]. Improving adolescent-friendly healthcare environments is essential to ensuring better maternal outcomes.

Given these significant health and social risks, this study aims to review and synthesize evidence on the experiences of first pregnancy in adolescence. Understanding these experiences is critical for informing healthcare policies and interventions that address maternal and neonatal health challenges. By examining factors such as support systems, access to care, and psychological and social challenges, this study seeks to contribute to the development of adolescent-focused maternal health programs. The findings will provide

insights into improving antenatal care accessibility, reducing maternal and neonatal risks, and enhancing the overall well-being of adolescent mothers.

Material and Methods

A scoping review was conducted to identify research gaps and explore involvement in decision-making related to adolescent pregnancy experiences [6]. Scoping reviews have gained popularity as a systematic approach to synthesizing existing research. This study followed the Arksey and O'Malley framework, which consists of five key steps (see Fig. 1): (1) identification of scoping review questions, (2) identification of relevant articles, (3) selection of articles, (4) data charting, and (5) mapping, collating, and summarizing. The primary research question guiding this review was: How is the experience of first pregnancy in adolescence?

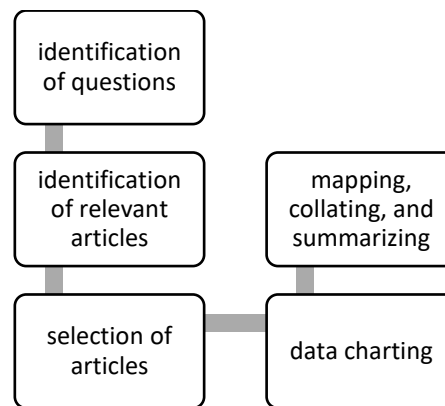


Fig. 1. The header image of journals in IISTR

A comprehensive literature search was conducted using four electronic databases: PubMed, Wiley Online Library, ProQuest, and EBSCO. The search strategy employed a combination of keywords, including (Pregnancy OR Pregnant OR Prenatal OR Antenatal OR Perinatal OR Maternal) AND (First Childbirth) AND (Adolescence OR Adolescents OR Teenagers OR Teens OR Youth). Table 1 shows Inclusion and Exclusion Criteria.

Table 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> Articles published between 2010 and 2020 Articles published in English or Indonesian Primary research published in peer-reviewed journals Report documents, policy drafts, or guidelines from WHO or other formal organizations Articles discussing the preparation for first pregnancy in adolescence 	<ul style="list-style-type: none"> Opinion articles, letters, and book reviews

The initial search across four databases and reference lists identified 307 articles. After removing duplicates, 43 articles remained. The remaining 264 articles underwent title and abstract screening, focusing on relevance to adolescent first pregnancy preparedness, resulting in 172 articles. A second round of filtering was conducted, reducing the number to 92 articles. Full-text screening of these 92 articles was performed based on inclusion and exclusion criteria, assessing the population, methodology, and results. After applying the final selection criteria, 5 articles were deemed suitable for inclusion in the scoping review. To assess the quality of the selected articles, the Joanna Briggs Institute (JBI) Critical Appraisal Checklist was used. This tool ensured the methodological rigor and reliability of the included studies.

Results and Discussion

A. Teenage Pregnancy Experience

Globally, teenage pregnancy remains a public health problem. Worldwide, sixteen million girls give birth during adolescence each year with an estimated three million having unsafe abortions. Most teenage pregnancies occur in developing countries and among adolescents living in socioeconomically disadvantaged settings in developed countries [9].

Adolescence is considered a critical period in the lives of young people. Initiation of sexual activity, and many marriages occur during this period. Early sexual intercourse and menarche are among the causes of increased risk of unplanned pregnancy and teenage motherhood. During pregnancy, teenage mothers faced with the role of young mothers may experience conflict between their new position as mothers and their adolescent needs. Early experiences of motherhood are contextual, influenced by the culture and society in which the teenage mother lives [9].

Teenage pregnancy poses serious health risks for adolescents. Meanwhile, many of these adolescents have difficulty accessing antenatal care due to discrimination from health workers, poor reception and offensive or impolite questions related to the causes of pregnancy. Adolescent mothers realize that society tends to judge and discriminate against women who become pregnant at a young age because they are considered to have violated social or moral, cultural and religious laws that are believed and embedded in society [10]. Social and health problems that are detrimental are the result of adolescents themselves. Various challenges experienced by adolescent pregnant women such as responsibility as a mother during pregnancy, responsibility towards themselves as well as their husbands and families [11].

B. Factors of Pregnancy in Adolescence

1. Knowledge

Health knowledge is very important, especially reproductive health for adolescents. In developing countries, it is reported that adolescent girls lack basic knowledge about

reproductive and sexual health. This shows that communication and information about reproduction and sexuality in families and education are limited. Finally, girls force themselves to get information from friends, boyfriends and peers. The information they obtain cannot be accounted for and can be misleading. Thus, male partners can take advantage of the gap in information. Therefore, the lack of adolescent knowledge about contraception and their body functions can lead to increased pregnancies at a young age [12].

Teenage pregnancies are planned and unplanned. Some pregnant women deliberately have sex so that they can continue the relationship until marriage. Some teenagers also use pregnancy as proof of fertility to achieve status and acceptance as women in society. Thus, the causes of pregnancy in teenagers are different between planned and unplanned pregnancies. It is very possible that teenagers plan to have children based on their decisions by cultural influences, lack of information about reproductive and sexual health [12].

2. Parental Communication and Support

There are a number of ideas that should be conveyed to them to help them in carrying out their parental role. On the one hand, parents need to know the main changes that their daughters will experience at this stage. With this information they are usually confused and stressed and react more rationally and reflexively in dealing with new behavioral patterns appropriate parenting style, a style that combines affection, communication and support with encouragement of autonomy and individuality. Adolescents need strong relationships to improve their mental and physical health. Individual and family contexts characterized by dynamic open communication and emotional support can help prevent them from going outside the family rules and seeking affection elsewhere [13].

This is in line with research conducted by Kumar et al. [14] which stated that teenage pregnant women expect support from people around them such as husbands and other family members. This is useful for forming strategies or coping mechanisms so that teenage mothers are able to focus on their own and their fetus' health. Positive reactions from teenage biological mothers will motivate mothers to behave positively in caring for their pregnancy. Teenage mothers expect their biological mothers to continue to provide empathy, prepare food and avoid distance that can hinder support.

Participants have a background of parents who were pregnant at a young age. Poor communication between participants and parents causes these teenagers to seek affection outside the family because of limited communication and disharmonious relationships within the family. Participants try to find work to support the family economy and feel

regretful about dropping out of school and getting pregnant at a young age. Many problems inherent in adolescence are related to lack of affection and support [13].

3. Social and Cultural

A study showed that 75% of adolescent girls chose to risk pregnancy rather than ask their partners to use condoms even though they were involved in several relationships. This is due to lack of access to medical information on the reproductive system, inaccessible family planning services, gender inequality and fear about the effects of contraception on fertility and menstruation and the belief that condoms can enter the uterus. In addition, adolescents consider existing family planning services only for married adults and not for young people who are not married [12].

In Malawian culture many ethnic groups expect adolescents to behave as adults. Traditional ceremonies teach girls about adult and maternal responsibilities, the importance of children in relationships and sexual relations. Such cultural practices treat a girl as an adult and expect her to marry and bear children resulting in early sexual relations and marriage. This condition clearly leads to unplanned teenage pregnancies [12]. This is in line with research conducted by Griffiths et al. [15] which states that in specific Australian Aboriginal communities traditional kinship practices are historically integral to determining partnerships and family formation. Kinship-based marriages regulate all social structures and relationships, determine obligations to land and family and instill identity within and between social groups.

C. Impact of Pregnancy at Teenage Age

Teenage pregnancy can lead to a higher probability of miscarriage, stillbirth, preterm birth and/or low birth weight among teenage mothers than adult mothers. Teenage mothers are also more likely to have maternal complications and hypertension in pregnancy, which have contributed to increased maternal morbidity and mortality. An estimated 460 deaths per 100,000 women per year especially among young adolescents [12].

It has been documented worldwide that pregnancy and childbirth are among the leading causes of death for adolescent girls aged 15 to 19 years. In addition, studies have also shown that girls who give birth before the age of 16 are three to four times more likely to suffer maternal death than women in their twenties and other pregnancy complications [10]. Teenage pregnancy carries greater medical and psychosocial risks and causes problems in public health and education. In addition to affecting health, teenage pregnancy causes teenagers to drop out of school indirectly. This reinforces the cycle of poverty, unemployment and low skills in these teenagers [13].

In addition, there are many impacts of teenage pregnancy, including eclampsia, anemia, bleeding, Cephalopelvic Disproportion (CPD), repeated labor and cesarean section, as well as

impacts on babies, including babies with Low Birth Weight (LBW), premature, low APGAR scores and neonatal death and the risk of asphyxia [16].

D. Pregnancy Prevention in Adolescence

Pregnancy prevention in adolescence can be in the form of a health promotion program, namely a program in the form of sex education that not only focuses on a preventive approach, but also promotes with adolescents about changes in the body during puberty, reproductive health, socio-cultural issues and relationships between the sexes. In addition to biological factors, adolescent pregnancy can also be approached subjectively, namely understanding the emotional aspects, social relationships in women's experiences, self-reflection in the present and future, considering the future life of adolescents [17].

Efforts made by the government and non-governmental organizations to solve the problem of teenage pregnancy such as promoting the use of contraceptives. However, low use of contraceptives, lack of reproductive, sexual knowledge and early marriage indicate that risk factors for unplanned teenage pregnancy still persist. Therefore, there must be the development of effective programs to address the high rate of teenage pregnancy. What can be done is to involve an effective multi-pronged and multi-sectoral approach and mobilize local communities, traditional counselors, schools, parents, NGOs and related government sectors [18],[19].

Conclusion

The lack of experience in first pregnancy among teenage mothers is influenced by their knowledge and support from husbands, families, and healthcare providers. Limited awareness and guidance can lead to challenges during pregnancy and postpartum. Teenage pregnancy is often caused by poor communication between parents and children about reproductive health, as well as economic and socio-cultural factors. Misconceptions, financial instability, and cultural norms further increase the risk of early pregnancy. Adolescent pregnancy impacts both health and education, leading to complications such as anemia and malnutrition while increasing school dropout rates. This disruption limits future opportunities and perpetuates socio-economic challenges. Prevention efforts should focus on health promotion programs, including sex education, reproductive health, and socio-cultural awareness. Emotional aspects should also be addressed to help adolescents make informed decisions and reduce pregnancy risks.

Conflict of Interest

The authors should declare that there is no conflict of interest.

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