

STRESS MANAGEMENT FOR ADOLESCENT MOTHERS IN UNWANTED PREGNANCY (SYSTEMATIC REVIEW)

Wellina BR. Sebayang¹, Christina Magdalena T. Bolon², Fitriana Ritonga³, Feni Hati Halawa⁴

Universitas Imelda Medan^{1,2,3,4}

wellinasebayang@gmail.com¹, grebyon@gmail.com², fitriritonga10@gmail.com³,

halawafeni02@gmail.com⁴

Received: 25-05-2024

Revised: 15-06-2024

Approved: 20-06-2024

ABSTRAK

Penelitian ini bertujuan untuk memahami strategi manajemen stres yang digunakan oleh ibu remaja dalam menghadapi kehamilan yang tidak direncanakan. Metode penelitian menggunakan Tinjauan Sistematis (Systematic Review), yang mengidentifikasi penelitian-penelitian terdahulu dan menganalisis kesenjangan pengetahuan yang ada. Pendekatan ini mencakup identifikasi pertanyaan penelitian melalui metode PICO (Population, Interest, Context) dan pencarian studi yang relevan melalui basis data Science Direct, ProQuest, dan PubMed. Seleksi artikel dilakukan berdasarkan pedoman Item Pelaporan Pilihan untuk Tinjauan Sistematis dan Analisis Meta (PRISMA-ScR). Hasil penelitian mencakup evaluasi kritis terhadap artikel-artikel kualitatif dan kuantitatif yang berkualitas sangat baik, dengan total 5 artikel yang memenuhi kriteria inklusi. Analisis menunjukkan bahwa kehamilan yang tidak diinginkan pada remaja sering kali dikaitkan dengan komplikasi selama kehamilan dan masa nifas. Namun, penerimaan perawatan kesehatan selama kehamilan terbukti dapat mengurangi dampak stres yang dialami ibu remaja. Simpulan, bahwa pentingnya intervensi dan dukungan yang tepat dari layanan kesehatan dalam mengelola stres pada ibu remaja dengan kehamilan yang tidak diinginkan.

Kata Kunci : Stress Management, Mental Illness, Adolescent Mother, Unintended Pregnancy

ABSTRACT

This study aims to understand the stress management strategies used by teenage mothers when dealing with unplanned pregnancies. The research method uses a Systematic Review, which identifies previous research and analyzes existing knowledge gaps. This approach includes identifying research questions through the PICO (Population, Interest, Context) method and searching for relevant studies through the Science Direct, ProQuest, and PubMed databases. Article selection was carried out based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA-ScR) guidelines. The research results included a critical evaluation of qualitative and quantitative articles of excellent quality, with a total of 5 articles meeting the inclusion criteria. Analysis shows that unintended pregnancies in adolescents are often associated with complications during pregnancy and the postpartum period. However, receiving health care during pregnancy has been shown to reduce the impact of stress experienced by teenage mothers. The conclusion is that appropriate intervention and support from health services is important in managing stress in teenage mothers with unwanted pregnancies.

Keywords: Stress Management, Mental Illness, Adolescent Mother, Unintended Pregnancy

INTRODUCTION

Pregnancy is a period of growth and development of the intrauterine fetus which starts at conception until the beginning of labour. During pregnancy, many physiological changes occur in the body of pregnant women as a form of maternal adaptation, namely physical changes, organ function, changes in the hormonal system, metabolism and psychological conditions related to prenatal stress (Manuaba et al, 2010).

Unwanted pregnancy in adolescents is one of the effects of free sex behavior. The World Health Organization (WHO) estimates that of the 200 million pregnancies per year, 38 percent of them are unwanted pregnancies. World health statistics for 2014 show that the incidence of unwanted pregnancy among young women aged 15 to 19 years is 49 per 1000 women, the incidence of teenage pregnancy in Indonesia is 48 per 1000 women. This figure is relatively high compared to Malaysia, which is 6 per 1000 women and Thailand 41 per 1000 women. The Australian National University (ANU) together with the Health Research Center at the University of Indonesia (UI) in 2010/2011 also conducted research on 3,006 adolescents in research in Jakarta, Tangerang and Bekasi. The results obtained were that 20.9 percent of adolescents aged 17-24 years were pregnant before marriage and 38.7 percent of adolescents experienced premarital pregnancies and births after marriage. (WHO, 2011).

Prenatal stress can be caused by physical stress or psychosocial stress. Prenatal stress is almost common in all pregnant women, especially primigravidas. This stress can be caused by external factors (external stressors) or from within (internal stressors) of pregnant women. Stress is an uncomfortable condition (dysphoric) which is defined as an imbalance of pregnant women to feel capable or resistant to various changes in the adaptation process of their pregnancy (Woods et al, 2010; Nurdin, 2014). Psychosocial research on stress during pregnancy conducted on Asian, African and white races stated that 6% of pregnant women experienced mild stress, 78% experienced severe stress and 16% experienced no stress at all. Stress during pregnancy is significantly caused by factors of economic difficulties, household problems, physical violence, medical problems, busy activities, work and a history of complicated pregnancies (Woods et al, 2010).

Prenatal stress is common, it is rarely recognized and is not considered very important during pregnancy. A study in Canada showed that pregnant women felt low levels of psychosocial stress and 6% had high levels of stress. Pregnant women in Spain have a 30% lower chance of experiencing stress, while in Indonesia there are 64.4% of pregnant women who experience severe stress and are likely to cause preterm labor (Hall et al., 2014). Stress during pregnancy is due to the imbalance felt by pregnant women in coping with the problems and demands of pregnancy. this is considered normal by some people during pregnancy but research by the American College of Obstetrics and Gynecology (ACOG), states the importance of measuring stress in each trimester of pregnancy and postpartum as a prevention of the impact of morbidity caused by stress during pregnancy. So that determining the relationship between these things is considered important (Phiri, Nyamaruze and Akintola, 2021).

LITERATURE STUDY

Pregnancy in Adolescents

Teenage pregnancy is often considered a condition that causes significant stress for the individuals involved. Lack of physical, psychological and social readiness is often the main problem faced by teenage mothers. Teenagers who experience unplanned pregnancies tend to face higher levels of stress than women who become pregnant as adults, as documented in various studies. These high levels of stress not only impact the mental and physical health of teenage mothers, but can also have significant long-term implications for the growth and development of the unborn child. Therefore, an in-depth understanding of stress dynamics in the context of teenage pregnancy is essential

for designing effective interventions in reducing the burden of stress and improving the well-being of both mother and child.

Stress Management in Pregnancy

Stress management theories in the context of pregnancy, especially in adolescents, involve various approaches such as coping theory and adaptation theory. Coping theory explains the strategies that individuals use to overcome the stress they face, while adaptation theory describes the process of individual adjustment to environmental changes that cause stress. In teenage mothers, coping strategies such as seeking social support, emotional regulation, and positive reflection on the situation can play an important role in reducing the level of stress experienced during an unwanted pregnancy.

Psychological and Social Impact of Unwanted Pregnancy

Unplanned pregnancies in teenagers not only impact their physical health, but also cause additional stress on psychological and social aspects. Adolescents often face feelings of shame, anxiety, or depression due to attached social stigma and unmet expectations from their environment, including family, peers, and society in general. This social impact can worsen the level of stress they experience, requiring comprehensive intervention that includes psychosocial support and an approach that is sensitive to their needs. Properly addressing the psychosocial and social aspects of unplanned teenage pregnancy is key in helping them overcome the challenges they face and minimizing its negative impact on their overall.

The Role of Health Services in Stress Management

Intervensi yang tepat dan dini dari layanan kesehatan sangat penting dalam manajemen stres pada ibu remaja dengan kehamilan yang tidak diinginkan. Layanan kesehatan yang komprehensif harus mencakup pendidikan tentang perawatan prenatal, yang meliputi pemantauan kesehatan ibu dan perkembangan janin, serta pemahaman mengenai komplikasi yang mungkin timbul selama kehamilan. Dukungan psikososial juga merupakan komponen kunci dalam mengelola stres, termasuk konseling untuk membantu ibu remaja mengatasi perasaan cemas atau depresi yang mungkin muncul akibat kehamilan yang tidak direncanakan. Selain itu, aksesibilitas terhadap layanan kesehatan reproduksi yang mudah juga penting untuk memastikan bahwa ibu remaja dapat mengakses informasi dan perawatan yang dibutuhkan dengan cepat dan efisien. Studi menunjukkan bahwa remaja yang menerima perawatan yang memadai selama kehamilan cenderung memiliki tingkat stres yang lebih rendah dan hasil kesehatan yang lebih baik bagi ibu serta calon bayinya, menekankan pentingnya investasi dalam sistem perawatan kesehatan yang ramah remaja untuk meningkatkan kesejahteraan mereka..

RESEARCH METHODS

A systematic review is a literature review that has the objective of digging up data on how much research has been carried out by researchers on a particular topic by identifying knowledge gaps, determining research agendas, research methods for identifying, evaluating and interpreting all relevant research results related to certain research questions, a particular topic, or phenomenon of concern. identify implications for decision-making and explore broadly through the available evidence by mapping out the concepts underlying the research, sources of evidence and of the types of evidence

available (Tricco et al., 2016). The aim of a systematic review is to map evidence on a topic of discussion based on the selected literature and identify key concepts, theories, sources, and knowledge gaps (Tricco et al., 2018).

The process of this systematic review was carried out using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Systematic Reviews (PRISMA-ScR) guidelines. The PRISMA-ScR is designed to help readers (such as researchers, publishers, commissioners, policy makers, healthcare providers, guideline developers, and patients or consumers) have a better knowledge of related terminology, important concepts, and important elements to report for scoping reviews. . The following are 22 assessment steps in writing a systematic review: title, Structured Summary, Rational, Objective, Protocol and Registration, Eligibility Criteria, Information Souch, Search, Selection of Sources (Optimal), Data Charting, Data item, Critical Appraisal Of Individual Of Evidence, Synthesis Of Result, Selection of Sources of Evidence, Characteristic of Sources of Evidence, Critical Appraisal Within Sources of Evidence, Results of Individual Sources of Evidence, Synthesis of Evidence, Limitations and Conclusions.

RESEARCH RESULTS AND DISCUSSION

Characteristics of Articles Based on Research Design

Based on the inclusion criteria that had been set since the beginning of screening the articles, the researchers used 5 articles, all of which used qualitative studies.

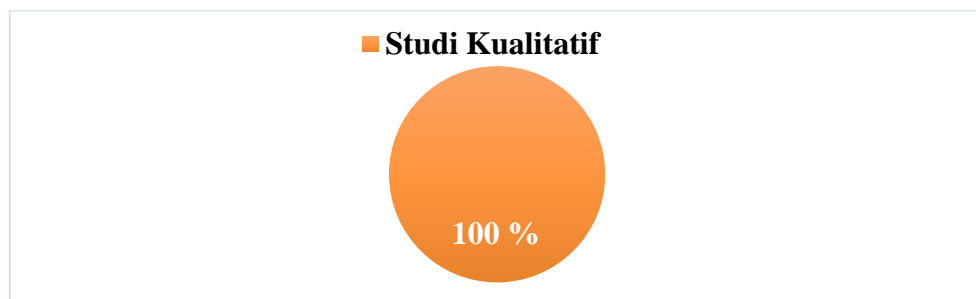


Figure 1. Based on Research Design

Characteristics of Articles by Country

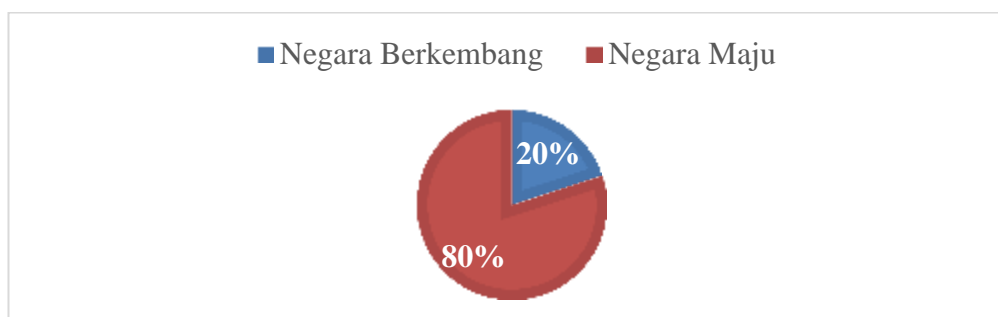


Figure 2. By Country

Characteristics by country in the five articles, namely 1 developing country, namely Indonesia and 4 developed countries, namely Korea, India and San Francisco. South Africa.

Characteristics of Articles Based on the Year of Publication

Characteristics based on the year of publication of the three articles, namely 1 article published in 2013, 1 article published in 2014, 1 article published in 2019 and 2 articles published in 2020.

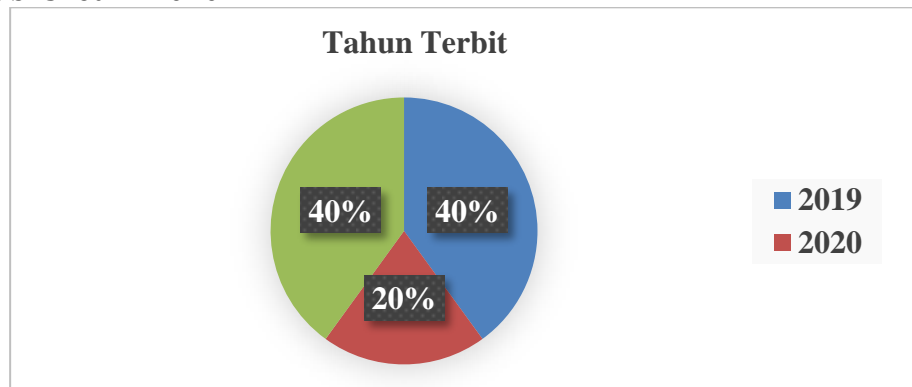


Figure 3. Based on the Year of Publication

Characteristics of Articles Based on Grade

Based on the qualitative study, there is a Grade A (Good) Scale with a score of 21-30, Grade B (Fair) with a score of 11-20 and Grade C (Poor) with a score of <10. The five articles received Grade A with an A1 score each. (30/30 good quality), A2 (29/30 good quality), A3 (30/30 good quality). A4 (30/30 good quality), A5 (30/30 good quality).

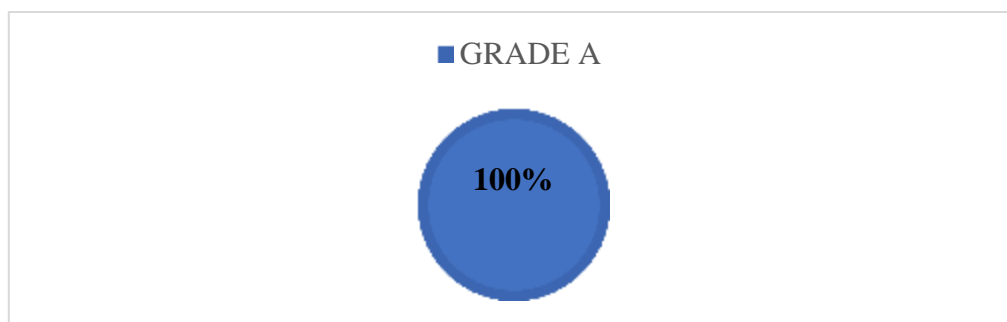


Figure 4. Based on Grade

Teen Mom Stress

One of the aims of the study was to find that severe maternal stress experienced during pregnancy was strongly associated with school-age children's internalization problems (IP) and externalization problems (EP). In addition, postpartum depression was associated with internalization problems (IP) and lower family income and unwanted pregnancies were associated with externalization problems (EP), but these associations did not persist after controlling for maternal stress during pregnancy. Severe maternal stress during pregnancy and postpartum depression showed a significant association with internalizing problems and unwanted pregnancies and severe maternal stress during pregnancy with externalizing problems (Nelson and Lepore, 2013).

Stress during pregnancy is due to the imbalance felt by pregnant women in coping with the problems and demands of pregnancy. this is considered normal by some

people during pregnancy but research by the American College of Obstetrics and Gynecology (ACOG), states the importance of measuring stress in each trimester of pregnancy and postpartum as a prevention of the impact of morbidity caused by stress during pregnancy. So determining the relationship between these things is considered important (ACOG, 2010; Woods et al, 2010). (Dehingia et al., 2020). Previous studies have shown that maternal stress experienced during pregnancy is strongly associated with behavioral and emotional problems in offspring. Experienced stress during pregnancy is associated with an increased risk of hereditary disorders including mental disorders, variations in the temperament of young infants, and more behavioral problems in children aged 2 years. Symptoms of prenatal depression, anxiety, and maternal stress are related to internalizing and externalizing hereditary behaviors and depressive symptoms. With respect to women who reported desired pregnancies, women who reported sadness or wanted to abort reported lower social support had a higher prevalence of depressive symptoms and had higher mean levels of current perceived stress, current depressive symptoms positively associated with reporting sadness or wanting to terminate the pregnancy relative to women with no depressive symptoms and no history of CSA. In addition, high stress levels positively moderated the role of CSA and reported sadness or desire to terminate the pregnancy.

Unwanted pregnancy

Unwanted pregnancies in adolescence and early adulthood are stigmatized in the United States because they deviate from social norms that regard young people's sexuality as a social problem. While limited, previous research has found that this stigma prevents young people from telling others about their pregnancy, out of fear of judgment or negative reactions. We hypothesized that selective disclosure of unwanted pregnancies due to this stigma would reduce the social support available to young people who become pregnant at a time of extreme vulnerability; the social support we know is essential for the optimal physical and mental health of young people, and pregnancy (if they are choose to give birth to term).

The current findings show that one out of every five pregnancies in Uttar Pradesh's 25 high priority districts is unintended. Although lower than the state estimate, it is much higher than desirable, especially since these districts bear the maximum burden of maternal mortality in Uttar Pradesh. (Johnson-Mallard et al., 2017). Based on the results of previous studies, we attempted to gain broader insights into the relationship between stigma experiences and social support during early unwanted pregnancies. We hypothesize that, by reducing the number of people aware of pregnancy, the experience of stigma reduces the social support individuals receive during their pregnancy the social support that is important for optimal physical and mental health of young people, and pregnancy.

In accordance with previous studies, this study found that unwanted pregnancies were associated with pre-eclampsia, postpartum hemorrhage and postpartum pre-eclampsia, which may contribute to the high maternal mortality rate in the region. The study findings reinforce the important role of family planning interventions in improving maternal and child health. Studies have demonstrated an association between contraceptive use and maternal mortality and child health unwanted pregnancy can be a plausible mediator for this relationship. (Park et al., 2014). With access to reproductive health services, women can avoid unwanted pregnancies and

their consequences, complications during pregnancy and childbirth. While many studies have documented an association between unwanted pregnancies and maternal complications, they have not explored the effect of treatment during pregnancy on this association. The reasons why women with unwanted pregnancies receive inadequate care during pregnancy are unclear. One possibility is that women with unwanted pregnancies tend to recognize their pregnancies at a later stage, which means they miss opportunities to access comprehensive maternal health services during pregnancy.

In this study we also consider the relationship between unwanted pregnancies, maternal health care, and maternal complications. (Moseson et al., 2019). Consistent with previous studies, we found that women with unwanted pregnancies were less likely to receive adequate ANC, and, also as seen in previous studies, we found that non-admission Adequate ANC or home visits by ASHA during pregnancy are associated with an increased risk of complications. (Ajayi, Link to external site and Ezegbe, 2020). Unwanted early pregnancies have dire health and socioeconomic consequences. Globally, complications of pregnancy and childbirth one of the leading causes of death among young women. Adolescent mothers face an increased risk of perinatal morbidity such as eclampsia, puerperal endometritis, systemic infections, low birth weight, preterm delivery, and severe neonatal conditions. Indeed, early adolescent pregnancy has been associated with an increased risk of HIV infection. In addition, giving birth at an early age also has a negative impact on girls' socio-economic development and empowerment, which in turn reinforces the vicious cycle of poverty.

CONCLUSION

The results of the systematic review which contains all of this qualitative research are the relationship between unwanted pregnancies in adolescent mother stress and complications in pregnancy and postpartum; further analysis also revealed that the association was reduced by receiving care during pregnancy. The findings highlight the need to focus on the continuum of care to improve maternal health. Within this continuum, women must have access to health choices, including the choice to become pregnant or not. This study suggests that exercise choice may have beneficial effects on maternal health. Even if options are limited, our findings suggest that the provision of health services during pregnancy can play an important role in reducing maternal health risks associated with a stressful unwanted pregnancy. We also found that sexual assault was associated with the likelihood of unintended pregnancies thereby addressing unwanted pregnancies among needing interventions that not only improve access to contraceptive information and services but also reduce sexual violence and serve survivors.

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