

Adolescents' experiences and needs of social support from health staff in pregnancy in Yogyakarta

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Abstract

Purpose: This research aimed to explore the meaning of adolescents' experience and social support needs from health staff in pregnancy.

Methods: This research was a qualitative study with a phenomenological approach conducted in the working areas of Puskesmas Jetis, Gedongtengen and Umbulharjo 1 from 6 May to 7 July 2017. The selection of participants used the technique of maximal variation and the number of participants was adjusted to the varied place of study and the variation of participants with the total number of participants was 6. The research data was collected by using in-depth interviews with a semi-structured interview guide. The data were analyzed with Collaizi technique analysis. **Results:** There were 5 themes found in this study: the experience of adolescents at the beginning of their pregnancies, differences in the reasons adolescents maintain their pregnancies, the form of support that adolescents have gained during pregnancy, adolescent perspectives on the behavior of health staff during accompanying pregnancy and social support needs of adolescents in pregnancy from health staff. **Conclusion:** Adolescent acceptance of pregnancy occurs as pregnancy progresses, while support from optimal health staff increases teen motivation to maintain and maintain pregnancy well and informational support from health staff is a key requirement for healthy teenage pregnancy.

Keywords: social support; health staff; adolescent pregnancy

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INTRODUCTION

Adolescence is the life phase in which individuals are making transition into adult communities, so that the children do not feel under age, but the same level as older people in rights and life issues. Adolescence is a period of transition from childhood into adulthood that is beginning when a child is sexually mature and ending when he reaches legal age (1). One of the teenage problems is pregnancy. The World Health Organization (WHO) indicates that the birth of babies from teenage mothers aged around 15 to 19 years on average in the world is 49 of 1,000 teenage girls (2). Figures range from 1 to 299 births per 1,000 teenage girls, with the highest number in the Saharan Africa. About 11% of all births in the world occur in adolescents ranging from 15-19 years and 95% of these births occur in developing countries (3). The highest rates of teenage pregnancy in Indonesia have also been reported by WHO show that every year 16 million teenagers have given birth in developing countries including Indonesia (4).

Pregnancy in adolescents has a long-term effect on some aspects, including physical, mental health, education, and family. The influence of health on teenage pregnancy is significant with risk of maternal mortality, morbidity, disability, preterm labor, complications of unsafe abortion, sexually transmitted infections including HIV, and health risks and deaths in infants (3). Social support from spouse, peers and parents is very important to help teenagers in facing this pregnancy problem. Social support can help adolescents to avoid depression that is very likely experienced during pregnancy, thus increasing the confidence of pregnant teens to become mothers (5). The results of the study by Ajoulat et al (2010) found that adolescent mothers need health support in the form of counseling services to continue pregnancy. The results of Mohammadi's study suggest that adolescent women need strong social support to deal with any problems in teenage pregnancy (6). Healthcare providers are expected to fulfill the needs of pregnant teenagers by developing professional counseling services and support systems by stakeholders to strengthen the emotions of pregnant teenagers as was recommended by the Ministry of Health.

METHODS

This research was a qualitative study with phenomenology approach. The aim of this method is to explore, analyze, and describe adolescent experiences

and social support needs of health staff in pregnancy in Yogyakarta. This research was conducted at Jetis Health Center and Gedongtengen Health Center and Umbulharjo 1 Health Center from 6 May to 7 July 2017.

Participants in this study were adolescent mothers with inclusion criteria: mothers aged <19 years old, mothers undergoing pregnancy or being in the puerperium (40 days after delivery), able to speak well, having a pregnancy checkup at Puskesmas Jetis, Gedongtengen, Umbulharjo 1 and willing to become participants in the study, with exclusion criteria: mothers with physical disability and intellectual disability. The sampling used maximum variation technique with regard to age, and education level and place of study.

The process of identifying participants began with the assistance of key informants, ie midwives working in the Puskesmas. Data collection used interviews with semi-structured interview guidelines. Research tools were voice recorder and field notes. Interviews were conducted at participants' homes. The duration of the interview was 45-90 minutes. Interviews with participants were done twice. The data analysis process was done manually using steps from Colaizzi.

Triangulation of resources was carried out with 1 companion of participants (mother) and 2 health staff, while triangulation method was done by observation during pregnancy examination process. Observations were conducted by researchers and also research assistants who are students of D-III midwifery, D-IV midwifery.

RESULTS

The main participants in this study were 6 teenagers who were pregnant. The age range of participants in this study varied from the youngest age of 16-18 years old. Participants' education level varied from elementary school (3 persons), junior high school (2 persons), senior high school (1 person). The marital status was 5 married participants and one unmarried participant. Based on the results of in-depth interviews conducted by researchers on 6 participants, 5 themes appeared that describe the youth experience and social support needs of health staff in pregnancy. The description exposed from each theme included categories and sub themes were supplemented with some participant statement quotations. The quotations of participant 1 are represented and expressed by (P1).

Theme 1: teenage experience in early pregnancy

Teenagers described the feelings they feel when they first learned about pregnancy; some described positive feelings about pregnancy, which was initially displeasing but then they became excited by the physical changes experienced by pregnant teenagers like the following participant expressions:

"Actually not, but bigger the stomach day by day my feeling get really exciting". (P1, 17 years)

The other participants expressed the feeling of happiness because the pregnancy was something that had been eagerly awaited from the beginning of marriage like the quote below:

"Yes happy, happy, yes that's the most eagerly waiting right? The married person would not..emm pregnant is the most eagerly awaited, yes so ". (P6, 18 years)

Other teenagers have mixed feelings because of pregnancy and participants are not ready for pregnancy, such as the following quote:

"What to do? Yes happy, so a little nervous cause my son too young to have a sibling, surprised too, ya already so ya ya so my feeling mixed so hard ". (P4, 16 years)

Another teenager had some negative feelings for her pregnancy such as sadness since it has embarrassed her parents like the following expression:

"If sad yes sad because why I make my parents shy of me, that makes me so sad, but that already done and I feel sorry for them". (P1, 17 years)

The results of data analysis found that there were difficulties experienced by physically pregnant teenagers such as nausea and vomiting and dizziness, such as participant expression:

"If still in early pregnancy yes, recently it's dizzy, nausea that's the most, most uncomfortable". (P6, 18 years)

"Yes it may be difficult that vomiting, cannot continue to eat what I wanna, I am picky in eating.. smell is not good". (P2, 17 years old)

The other participants felt pain when urinating and stomach cramps when sitting too long, and this is reflected in the following participant expressions:

"if sit over time it's not good. The stomach was cramped "(P2, 17 years)

"if difficulty it is just when I pee, kinda pain when pee" (P5, 17 years)

Other analysis results of the difficulties experienced psychologically by pregnant teenagers included sleeping in early pregnancy, feeling heavy at the beginning of pregnancy and thinking about her future and feeling ashamed. This psychological difficulty only occurred in adolescents with unwanted pregnancies because of the psychological burden that adolescents receive with unwanted pregnancies such as the following expressions:

"Hard. Hard is there, when in the beginning "(P1, 17 years)

"Yes that, future thought then how so". (P5, 17 years)

"no much difficulties mbak, just shame". (P2, 18 years)

The results of data analysis show that participants do some ways to reduce difficulties early in pregnancy in which there is a surrender to what has happened to them and offer all their problems to God while other participants just rest quietly like the following phrase:

"Yes, I just keeping in silent, resigned wrote, resigned to the God". (P1, 17 years)

"Nothing, just take a break". (P2, 18 years)

Some other participants made pharmacological efforts by taking medicines given by health staff as expressed in the following phrases:

"Yes I was given the medicine by doctor, if still nauseated and I take the medicine". (P6, 18 years)

The other participants reduced the difficulty early in pregnancy by regulating the diet (food) consumed by snacking frequently as the following expression:

"If yes, if I often snacking, snacking so yes I do not eat rice but just snacking, eating biscuit or fruit". (P2, 17 years old)

Some other participants described how to reduce difficulties by finding entertainment or sleeping like the following phrases:

"just go to bed or just listening to music if I do not take sleep or take a walk". (P5, 17 years)

"Not. Sleep alone, then watch TV and continue to sleep again. Anyway if afternoon to sleep until late so, so there is no think how not even there, just relax ". (P4, 16 years)

Other participants explained how to reduce difficulties by telling about the difficulties experienced and felt to the nearest person such as to mother, husband or neighbor as the following expression:

"To the mother, if telling the story to mother is more comfortable than the others and if telling the story much better anyway if telling the story to mother". (P5, 17 years)

"Hmm... often telling to my husband. But it's because he's a man he does not feel like a female feel, so I often ask and telling the stories to neighbors and friends here who've ever feel pregnant ". (P1, 17 years)

Theme 2: different reasons teenagers maintain pregnancy

The results of the data analysis show that there is a difference of reasons teenagers maintain pregnancy between desired pregnancy and unwanted pregnancy. The reason teenagers with unwanted pregnancies consist of two factors are the internal factors of adolescents and external factors of adolescents. The internal factor of teenagers consists of the desire of themselves to sustain a pregnancy. Participants maintain pregnancy because the factor from within themselves wants to keep continuing their pregnancy, according to the phrase:

"Husband yes, but it's myself that I want to defend, the baby is not false so not have to be disturbed, it's I want to keep the pregnancy by myself, this is a sin yes must be a sin, why must i continue the sin was I made not my baby so it still I defend the pregnancy" . (P1, 17 years)

The other participants said they were afraid to sin again, had sinned because of an unmarried pregnancy, did not want to sin again by aborting their pregnancy, as the following participant expressed:

"Why is it? Because of the fear of sin, already make sins why have I to make sin again ". (P2, 18 years)

"In the beginning there was a thought to abort it but I just said I was pregnant how the people see me, you scared yes so I follow the mother said" don't be strange to do abort stuff "say so how many years already already two week pregnant like two weeks so would be reply if aborted it will make a sin also anyway, yes already defend the pregnancy ". (P4, 17 years)

The external factor of the adolescent consists of the child factor that can make the participant maintain the pregnancy, and the child can be the life motivation of the participant like the following phrase:

"Yes from the side of the child is, I also like child so I choose to defending the pregnancy while this could be for motivation I live, why not ..." (P5, 17 years)

Some other participants said the reason for maintaining pregnancy because of family support and midwife motivation, according to the following phrase:

"The great support from both parents continues and the motivation of the midwife in the puskesmas as well". (P2, 18 years)

"If the parents support me so go on, Alhamdulillah my mother support to make me know, the family also support so there is no motivation for think about other thing". (P4, 17 years)

Theme 3: support that teenagers get from health staff during pregnancy

The results of data analysis found that support from health staff for adolescents who go through pregnancy consists of providing motivation to maintain pregnancy, motivation to continue education, giving motivation to facing birth and giving attention to adolescents are contained in the following expression:

"midwife Said do not be aborted, we do not know it could be that it's the only child, because there are experiences that they were abort but afterwards never get pregnant anymore". (P2, 18 years)

"Usually it makes me strong with the stories of other patients' experiences the same as I am so, yes so that's it". (P2, 18 years)

"If the psychologist is given a suggestion, motivation, like this and that, you are still very young, still told to go back to school again if

husband left you, you still could fight for your son to support your son." (P5, 17 years)

Observations also found that midwives appear to maintain eye contact with participants, touch participants with caution, smile and talk in low tones to participants.

The result of data analysis showed that adolescent get some teaching from health staff that is teaching baby bathing method, teaching of breastfeeding and exclusive breastfeeding, teaching signs and delivery hazard, teaching of postpartum hygiene, teaching of body balance of pregnant mother, and teaching of pregnant woman's food and drink as contained in several the following expression:

"At what time gave birth and then taught by midwife after childbirth was taught in my head the baby" (P2, 18 years)

"Yes it, just ASI how to give how, how the pump, how to milk that where, what use, should be sterile so, so-so already so". (P4, 16 years)

"Vegetables, fish anymore, fruits, drink milk and keep a lot of iron food ". (P5, 17 years)

The results of interviews with the support participants found that the mothers who escorted the pregnant teenager to the midwife said that the midwife provides information related to foods that should be eaten by pregnant women and vitamins should always be given.

Theme 4: adolescent perspective on the behavior of health staff during accompanying pregnancy

The results of the data analysis found that there are behaviors of health staff that are supportive of adolescents during pregnancy that is to ask permission before doing the examination, inform the result of examination, accompanying during labor pain, giving comfort, friendly and likes smile, giving attention, suggestion, motivation and motivation, caring, and more attentive. This can be seen from the following phrases:

"Yes she is always there it keeps hold and stroke my back would be somewhat less its pain if she not stroked it really make me pain". (P2, 18 years)

"For me the good service was the health officer friendly, like smile" (P1, 17 years)

"What yes... so far the midwives well manners, care, often give encouragement, motivation" (P5, 17 years)

"... midwife still better, not fierce, even memorized the same midwife because I do not have a husband and going to the puskesmas always with my mothers, midwives even more attention because my condition like this" (P2, 18 years)

The results of data analysis found that there are behaviors that are less supportive of teenagers during pregnancy such as fierceness, angry, lack of attention, lack of sensitivity, poor communication midwives, not informing the results of examination to adolescents if not asked, while adolescents are afraid to burden the midwife. It can be seen from the expression below:

"Not really because of that time there is no schedule of pregnant women continue to be brought to the delivery room continue to be seen on it, its pain really, midwife was fierce " (P2, 18 years)

"From the delivery room they continue to keep asking me, they already know that I sick still questioning me and continue to ask for a signature again and it is annoyed me, it will be more sick when more asking and make me more in pain. They did not understand my feelings. Hehehehe "(P2, 18 years)

Theme 5: the social support needs of pregnant teens from health staff

The results of the data analysis found that the time during the teenage pregnancy requires the addition of days or time in order to counsel longer, the addition of health personnel and cost reduction. This is in accordance with the following phrases:

"Because it is often hunted for time and make us in a hurry, not good, but I want to counseling, I want to ask these questions but it's time to keep the queue line also and the schedule just tuesday and thursday, gosh". (P2, 17 years old)

"my hope was added to the doctor and midwife too and the midwife added the intention so that will not make we wait too long ..." (P1, 17 years)

This result showed that adolescents during pregnancy and before pregnancy require information related to reproductive health education such as about breast health, about HIV and AIDS and male and

female reproductive system, such as the following expression:

"Mmm .. what is it possible about breast health care if there is a bump, what can we do? Normally how the breast, if not normal how, so. Maybe it's about the vaginal discharge, sometimes there is something that make itch or not so, so maybe I want to know about it is how "(P2, 18 years)

Other participants said they wanted to be taught about early signs of pregnancy and baby-care training in accordance with the following phrases:

"Maybe the things about pregnancy, I do not know really know about pregnancy, I have taking care my brother but forgot how it is, well if I already know about the signs of pregnancy I can tell my friend" (P6, 18 years)

The results of data analysis found that the time during adolescent pregnancy requires more attention and also the motivation and spirit from health staff such as the following expression:

"... ..may be more attention even though it's been good attention". (P5, 17 years)

"Most motivation yes ... often give the spirit may be the same given what to do about pregnancy." (P5, 17 years)

DISCUSSION

Results of data analysis obtained from interviews about adolescent experiences and social support needs of health staff in pregnancy obtained five themes. These five themes were then formulated into three main findings in this study which are: 1) the process of acceptance of pregnancy by adolescents occurs in line with the development of pregnancy; 2) support from an optimal health worker to motivate adolescents to maintain and maintain their pregnancy well; and 3) the need for informational support from health staff is a major requirement for teenage pregnancy

The process of acceptance of pregnancy by teenagers occurs along with the development of pregnancy

Teenagers have varying experiences at the beginning of their pregnancies, which include different feelings when they first find out they are pregnant. There are various feelings that arise such as positive feelings, mixed feelings and also negative feelings. Positive feelings that arise when knowing the

pregnancy occurred in the desired pregnancy is in participants who are married and have planned a pregnancy. Although there are participants who with unwanted pregnancies have positive feelings but it comes after there is influence of the growing stomach and also because of the movement of the baby.

This is the same as in the results of research by Monica who said the sadness and regret will disappear with the age of pregnancy and birth (7). This level of acceptance is illustrated in a woman's readiness to conceive and in her emotional response. Many women feel surprised to get pregnant. Acceptance of the condition of pregnancy is in line with the acceptance of fetal growth significantly. Unacceptable pregnancy, in contrast to rejecting the child involves a woman who does not like to get pregnant, but loves a child to be born.

Participants with unwanted pregnancies have mixed and negative feelings because they do not plan the pregnancy. In line with Monica, these different feelings are caused by differences in the situation in pregnancy, where some are happy because of pregnancy and some fear and surprise (7).

Psychological difficulties experienced by teenagers include feelings of being heavy pressure early in pregnancy because of pregnancy outside of marriage, teenagers thinking about their future as well as teenagers feeling ashamed, with feelings of confusion, anxiety, embarrassment and guilt mix with depression, pessimism about the future and sometimes with self-hatred and anger. In line with what Rahayu finds in psychological impacts for pregnant teenagers outside of marriage they will experience feelings of fear, disappointment, regret and low self-esteem with the toughest impact when the spouse who impregnates is irresponsible (8).

There is a difference between the reasons for maintaining a desired pregnancy and an unwanted pregnancy. Teenagers with desired pregnancies have a reason for the pregnancy they are experiencing at the time is something that has been expected and they have been waiting for the baby's presence and teenagers trying to keep pregnancy well, with one of the main ways is by keeping the diet well.

Teenagers with unwanted pregnancies have internal factors of adolescents and external factors of adolescents as well as family support and motivational factors of the midwife. Internal factors of adolescence include self-desire, fear of sinning again, and bad risks of abortion, while external factors are factors of the child's side. Teenagers maintain pregnancy from the child's side because the child can motivate their life

and change their view of life and have a vision of a life to raise his child by giving whatever can be given by them.

The great support of the family and the motivation of the midwife is also the reason teenagers maintain their pregnancy. In this study the six participants lived together with their families either with their husbands or nuclear families so that families have a big share to make teenagers maintain pregnancy and keep their pregnancy well. The motivation of the midwife was felt by one of the participants who did not have a husband so it became one of the reasons participants participated in maintaining a pregnancy.

Support from an optimal health worker enhances teenagers' motivation to maintain their pregnancy well

Adolescents get some social support from health staff such as emotional support, informational support and assessment support. Emotional support was gained that provides motivation to maintain pregnancy, motivation to continue education, motivation to face birth and giving attention. One of the provisions of motivation by health staff was by telling the experience of others to teenagers. This is in line with the study of Putri showing one of the reasons that participants were sure to maintain a pregnancy is because they have gained experience stories of others who also had unwanted pregnancies and they made it through (9).

Informational support provided by health professionals included to train on baby-bathing, breastfeeding and exclusive breastfeeding, labor danger signs, postpartum hygiene, body balance and food and drink for pregnant women. The teaching was given in a way when they performed the examination and the midwife provides education after the examination is done. Another way was done in the class of pregnant women by way of midwives and other health staff who provided health education about all aspects in the KIA book. Sometimes teenagers also ask if there is anything to ask about pregnancy. Women seek advice and information about breastfeeding from the midwife and in the antenatal class where the video is used or through a leaflet for reading (10).

Assessment support provided by health staff in pregnancy include a compliment because teenagers want to take care of their own baby, while some adolescents do not want the child adopted. The results of Nirmalasari and Dwi showed three participants said they received support from health staff such as midwives and from health services such as Posyandu or Puskesmas (11). This support includes support for the fulfillment of the informational needs of

individuals given by parents, other family members, relatives, friends and the surrounding community. Support received in addition to friends or extended family was from health staff residing in the neighborhood because the location of health services where health staff work is easy to reach.

Good social support by health professionals can improve adaptation of teenagers to their pregnancies so that adolescents are more receptive to pregnancy and pregnant teenagers can keep their pregnancies well. It can be seen in 4 out of 6 participants who were always routine to check their pregnancy to Puskesmas and keep pregnancy by consuming nutritious food and drink and take vitamins that have been given by health workers.

The need for informational support from health staff is a key requirement for pregnancy

Social support needed by pregnant teenagers from health staff is instrumental support, informational support and emotional support. Such support is needed for teenagers so that pregnant teenagers can maintain good pregnancy and pregnant teenagers feel ready to live their role as parents, especially as a new mother.

Instrumental support needed by adolescents is the addition of days or time. In fact, teenagers need more time for counseling and ask more about the progress of their pregnancy. Teenagers also hope there is addition of human resources or health staff, especially doctors and midwives so that the queue can be less so that health staff have a longer time with teenagers who are pregnant. Adolescents who are pregnant also expect a relief fee when examining pregnancy at the Puskesmas or when the delivery will be. Emotional support is expected to be provided by health personnel that includes more attention and motivation and spirit.

Informational support needed during teenage pregnancy includes early signs of pregnancy as well as infant care training, although pregnant teenagers have been able to care for infants but pregnant adolescents feel that they still need infant care training because more information by health staff are taught than those taught which was taught by her participant mother. Other informational support required by participants is the health of the male and female reproductive system, the disease that often accompanies the reproductive system, breast health, and whiteness of face. The results also found that the greatest needs required by adolescents from health staff are informational support because emotional support and instrumental support have been obtained from family support and husband support.

This is in accordance with research by Kusumaningrum which obtained the result that the first support requested by youth KTD is instrumental and informational support (12). The interesting part is that during the process of information and instrumental support that is provided, emotional support such as attention and acceptance is also channeled by the support giver to the KTD teenager without being asked. It has implications that social networks around KTD teenagers function effectively to connect young KTD teens with greater support to help KTD teenagers solve the problem.

In the research conducted by Nirmalasari and Dwi it was also found the needs of young women to receive support in the form of advice, motivation, information, whether coming from family, friends, or health staff services is perceived to be very important in the situation of teenage mothers who are not supported by their nuclear family (n = 5) (13). Adolescents express a very practical need such as being informed about body changes, when to consult, information and preparation of labor and so on. Two participants emphasized the importance of relationships with professionals during pregnancy.

CONCLUSION

The results of the study found 3 main findings that describe the adolescent experience and the social support needs of health staff in pregnancy, namely: the process of acceptance of pregnancy by adolescents occurred along with the development of pregnancy, support from optimal health personnel increased teenagers motivation to maintain and run pregnancy well, and informational health workforce is a major requirement for teenage pregnancy (11). Research conducted by Monica also found the needs of young women to receive support in the form of advice, motivation, information either comes from family, friends or health personnel (7). In this study all participants lived with their immediate family or with their husbands so that the need for social support was met but not as much as the need for social support in adolescents who were isolated or did not live with their families or husbands, as in the study by Ajoulat which emphasized the role of health services and social nets.

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