PERSPECTIVES OF MATERNITY AT ADOLESCENT AGE

Elena-Monica MIHALCEA[1], Lavinia Elisabeta POPP[2], Claudiu Mihail ROMAN[3]

[1]PhD Student, West University of Timișoara (Romania),
E-mail:monica.mihalcea95@gmailc.com
[2]PhD Professor, Babeș-Bolyai University of Cluj-Napoca (Romania),
E-mail:lavinia.popp@ubbcluj.ro
[3]PhD University Assistant, Babeș-Bolyai University of Cluj-Napoca – Reșița University Center (Romania), E-mail: claustimro@yahoo.com

Abstract: *The present study aims to analyze motherhood at the age of adolescence in Romania, highlighting the risk factors and the impact on mothers and newborns. Risks include premature pregnancy and medical complications, in the context of low education and limited access to resources. Antenatal education and community support are crucial, and access to adequate antenatal care is essential to monitor maternal and fetal health. The tool used in this research was the semi-structured interview, applied to a sample of 14 mothers aged between 13 and 18 from Vâlcea county. The results highlighted the fact that, for the most part, pregnancies at this age are unplanned, also because of the reluctance of teenagers in relation to contraceptive methods. In the context of predominantly poor socio-economic status, with low schooling and limited family support, teenage motherhood is not without concerns, lack of newborn care skills and health problems. All these are also reflected in the emotional health of underage mothers, who end up facing anxiety.*

Keywords: pregnancy, adolescence, prenatal care, contraceptive methods, newborns.

1. Introduction

Placing ourselves in the specific sociocultural context of Romania, the analysis of underage mothers becomes essential in light of the impact it has on individuals and communities. The phenomenon of teenage pregnancy in Romania is not only a demographic problem, but also a complex issue that reflects the interactions between socio-economic, cultural and public health factors. Within this framework, it is imperative to explore not only the frequency of these situations, but also the underlying issues related to education, family support, access to health care, and financial resources.

In Romania, early pregnancy is a complex and sensitive issue, influenced by a variety of causes and factors. One of these factors is the low level of sexuality education, both within the education system and in communities. Young people may have limited access to information about contraception and sexual health, which contributes to unwanted pregnancies.

The moment of initiation of sexual life is, however, influenced by biological factors, as well as cultural, environmental and social factors in general. Thus, this decision, sometimes premature, is influenced by their peers or even parents. However, studies show that the optimal age to become sexually active is between 18 and 22, when the individual is mentally and physically mature. Thus, the early initiation of sexual activity can be associated with medical problems (cervical cancer, breast cancer, HIV infection or other sexually transmitted diseases), but also with risky behaviours (alcohol consumption, drug use, unplanned pregnancies, abortions, multiple sexual partners, risky sexual activities) (Rada 2014).

However, the chronological age of the mother, independent of cultural and socioeconomic influences, cannot be considered a predictor for pregnancy, but corroborated can constitute risk factors for teenage mothers and their children (Stativa et. al. 2021). Thus, although young people may have difficulty in making responsible decisions about sexual relations, and lack of experience and maturity may contribute to high-risk behaviours,

situations of poverty, the quality of interpersonal relationships, and culture may contribute to increasing the risk of early pregnancies.

The causes that lead to teenage pregnancies are not only the poor economic situation, low level of education, early marriage specific to certai ethnic groups, unprotected early intimate relationships, disorganized family environment, older partner, rape, alcohol and drug use but also other environmental influences (Florescu, Temneanu and Mindru 2016). Getting pregnant in adolescence is correlated with emotional problems manifested in stress, depression, anxiety, but also with social problems such as school dropout (Mantescu et. al. 2021).

The fact that, most of the time, underage mothers become single mothers causes them to face poverty and adopt risky behaviours such as smoking. The entire context is later reflected in the behaviours of their children who, in turn, are more likely to have lower school results or even drop out of school to which is added a higher prevalence for health problems (Stativa et. al. 2021). In addition, these children are more likely to have behavioural problems, and in their adolescence to experience substance use and even early sexual relationships (Van der Starre 2017).

In the absence of support from the family, the pregnant teenager will not receive appropriate prenatal care, embodied in medical checks and analyses aimed at detecting possible problems that may arise both in the mother and in the child. Thus, quick action by specialists will not be possible, despite the fact that, from the perspective of age, the medical consequences of giving birth at the age of adolescence are the most diverse (difficult birth, low birth weight, prematurity, anemia, malformations, disabilities) (Florescu, Temneanu and Mindru, 2016). The risk factors associated with these consequences are both biological and medical in nature and include the mother's diet, which is often inappropriate, sexually transmitted infections, inadequate prenatal care, the use of tobacco, alcohol, or drugs during pregnancy. pregnancy, incomplete development of the mother (Dimitriu et.al. 2018; Mantescu et. al. 2021).

Thus, health problems in children born to teenage girls are closely related to the fact that the woman is not anatomically and physiologically prepared to procreate without risk. In addition, children born to underage mothers are vulnerable from this point of view because they are usually premature and come from pregnancies that have not been medically monitored (Radu et. al. 2022). On the other hand, the complications that can occur both during pregnancy and at birth can be fatal for underage mothers, representing the second cause of death for girls between the ages of 15 and 19 all over the world (Florescu, Temneanu and Mindru 2016).

Roma families, known in Romania for marrying at an early age, for dropping out of school, for large families and, implicitly, for early sexual relations encourage pregnancies even at the age of 12, not following contraceptive methods or visits to the gynecologist (Diaconescu et. al. 2015). Continuing the same idea, Radu et. al. (2022) explains that the majority of underage mothers are of Roma ethnicity by the fact that ethnicity-specific values and education are very different. Early marriages, without a legal basis, concluded only according to the rules of the community to which they belong, respect for ancient traditions, culture and customs, the large number of children and the low number of divorces are just some of the specific characteristics of this ethnic group.

2. Research design and methodology

The present research aims to achieve the following general objectives: the identification of risk factors that lead to the occurrence of a pregnancy at the age of adolescence; capturing the impact of a teenage pregnancy on the mother; capturing the impact of a teenage pregnancy on the child, both at birth and in the long term, during their teenage years.

The present work uses a qualitative methodology, being based on semi-structured, in-depth interviews. Open-ended questions and empathy can help gain a deeper understanding of the experiences and pressures teenagers face. The questions will address interpersonal relationships, access to information about sexual health, but also family or social support available. It is essential to create an open and safe environment to encourage teenagers to freely share their experiences and concerns. The interview thus helps to create a favorable climate between the interviewee and the researcher, giving the latter the opportunity to explore unexpected aspects.

The sample used in this research was a non-probability, available one : illiterate 14 mothers between the ages of 13 and 18 (8 Roma) who gave birth in Vâlcea county, either in the maternity ward or at home, were selected. To protect identity and confidentiality, interviewees' names have been coded with initials in the results section.

The data collection was carried out from August to November 2023 based on an interview guide, with an emphasis on the following topics: the socio-economic situation of the mothers' family of origin, the onset of pregnancy (changes and concerns), interpersonal relationships (partner, persons of support), physical and emotional health during pregnancy, implications of birth and emergence of the newborn (accommodation and changes). Thus, the present research aims to analyze the changes in the life of a teenage girl from the time of pregnancy to the appearance of the newborn, with environmental implications.

3. Results

Socio-economic situation of mothers

Nine of the fourteen mothers interviewed, reported on the precarious economic situation of the family of origin, with below average income and unsatisfactory living conditions: *"10 people lived in 3 rooms, with grandparents, aunts and cousins"* (RM). At the same time, with the exception of one person, the others came from disorganized families, with divorced, deceased parents or were simply unrecognized on the paternal line in the civil status documents: *"when I asked my mother who my father was, she said that it's better not to know"* (CP), *"my parents separated when I was very young, they both remarried... but I grew up only with my grandmother"*(EB).

Regarding the level of schooling, only four of the mothers interviewed reported that they had attended school until the moment of birth, the others not being schooled or having dropped out of school years ago. The eight Roma mothers communicated the fact that, in the environment they come from, girls are not encouraged to go to school, two of them later enrolling in a form of education with the support of some programs, being financially or materially motivated: *"I might never have signed up, but they promised us money; if I learn to bathe, it's still good"* (AG).

The onset of pregnancy (changes and concerns)

Only two of the fourteen mothers interviewed, stated that they wanted the pregnancy and planned it with the intention of escaping poverty and thus forcing me to leave the family to live with my partner*: "my mother would not have let me move in with him, but because I got pregnant, he was ashamed of the world to raise the child alone, and that's how I escaped"* (SI); the others admitted that the pregnancies were unplanned, but they conformed to reality and got used to the idea that they would become young mothers: *"I had met my husband 2 months before, he was much older than me and I trusted that nothing bad would happen"* (CC), *"I didn't know what it was like to become a mother at 14, but that's how it is with us (roma), I'm neither the first nor the last"* (AG).

In what concerns the contraceptive methods, most of the mothers interviewed, especially those of Roma ethnicity, stated that they are not followers of these methods and have never used such methods. Being asked if they know such methods or if they would be

willing to try them in the future, I noted the same reluctance on their part, not having correct information: *"I heard that you can get cancer from the IUD"* (AG).

Regarding the changes that occurred with the onset of pregnancy, all the interviewed mothers specified physical aspects (weight gain, malaise specific to pregnant women), and 2 of them also mentioned emotional changes: "*it was a shock for me, I was crying a lot, I couldn't bear seeing myself in the mirror... I actually hated myself*" (AM), *"I was passing by on the street and I would hear <<look at this one is pregnant>> and then I felt like I had a disability ... I felt like dying"* (SM).

Regarding the worries that appeared with the pregnancy, the majority stated that they had no worries, only three of the mothers mentioned certain thoughts that they had during that period: *"my parents found out a month before giving birth that I am pregnant... they always told me when I was little that if I did it, I will leave their house; all this time I was wondering where I was going to live"* (AS), *"I was worried about the fact that I didn't know who I got pregnant with and I didn't want my son to grow up without a father"* (DR), *"I thought that I wouldn't know how to change his diaper or have milk to give him, that I wouldn't sleep at night or spend enough time with my boyfriend or that he wouldn't like me anymore if I were fat"*(SM).

Interpersonal relationships

In what regards the fourteen mothers interviewed, four are single mothers. Furthermore, one of them stated that she did not know who the child's father was because she had several sexual partners at the same time, and the other 3 confessed that they were left when they learned the news: *"his parents never accepted me, we secretly loved each other, but they didn't want to accept the child in any way"* (EG), *"when he found out that I was pregnant he made me have an abortion; then I also found out that he also had a wife and a child"* (MC).

Regarding other support persons, the 8 Roma mothers, who were married according to their culture, were supported by their partners' families. The others said that they were supported by parents, grandparents, siblings or other people from the extended family: *"my family didn't welcome me home, they were very angry with me...I had stayed with an aunt for about 5 months, and then they came and took us, they did the baptism and we have all been together since then... it helps me a lot"* (AS), *"we managed as best we could, my sister also sent me money for diapers, clothes... "* (NC).

Physical and emotional health during pregnancy

Only two of the fourteen interviewed mothers stated that they went to the doctor during the pregnancy for tests and monitoring, the rest coming to the attention of the doctors only on the occasion of the birth: *"if I am not sick, why should I go to the doctor?"* (SI), *"I didn't have money to spend on the means of transport that should have taken me, it was far and there are no buses to go to the city"* (LB), *"I didn't go because I was ashamed to undress in front of them"* (NC) . No particular health problems were recorded during the pregnancy, apart from seasonal colds, nausea, dizziness or other pregnancy-specific problems of this type. In each case, the treatment was self-administered without asking a doctor.

Regarding the emotional state of the mothers, they unanimously highlighted an increased sensitivity, states of anxiety, states of restlessness that set in upon learning the news, for some persisting even after the birth: *"I was left with such a sensitivity, I cried about everything, I had restless sleep, but I had to recover"* (AM).

Implications of childbirth and emergence of the newborn

Regarding the moment of birth, the mothers described it as a stressful, difficult and painful event that marked them, without any pleasant memories. Unanimously, the mothers stated that the births were complicated: *"I gave birth very hard, I struggled a lot, I don't even want to remember; I thought I was dying then"* (CP), *"the doctors were also surprised that I finally managed to give birth; after a week, at discharge, they told me that they were afraid I was*

going to die" (AS). Two of the fourteen mothers interviewed, gave birth at home, later arriving at the hospital for medical care: *"I didn't think I would give birth then, my mother-in-law called the ambulance but it arrived too late"* (DR). Four of the people interviewed talked about the fact that they could not give birth naturally, and the doctors ultimately decided that they needed a caesarean section: *"at the moment I didn't feel anything, but then I had terrible pain"* (SM).

According to the mothers, seven of them stated that meeting the newborn scared them at first: *"I couldn't believe it was my child, I expected it to look different, more beautiful"* (CC), *" I panicked when I saw how small he was, I was afraid to take him in my arms, and he was crying very loudly and I was crying with him"* (RM). Regarding the breastfeeding process, only five of the mothers interviewed breastfed their newborns, while the other mothers fed them with powdered milk: *"I had milk, but I heard that your breasts would become loose after breastfeeding and I didn't want to risk it"*(EG), *"it was easier because I had milk to give him, otherwise I should have had to get up at night to prepare it and it would have been more difficult"* (CP).

Regarding the newborns, 6 of the 14 were born prematurely. One of them suffered from a diaphragmatic hernia and required surgery from the first days of life, and another suffers from Turner Syndrome. All 14 newborns had a lower birth weight for gestational age.

4. Discussions

Although it is not a universal valid truth, the majority of underage mothers come from dysfunctional backgrounds with a poor material and financial situation, which adds an additional dimension of complexity to managing pregnancy and parenting responsibilities. These mothers may face pressures to provide the child's basic needs, such as food, medical care and adequate housing. The economic and social impact can negatively influence access to education, thus limiting future prospects. However, as we also noted in the results section, it is important to also observe examples of resilience and determination in these situations, where underage mothers make efforts to overcome obstacles and provide a stable environment for their children.

The appearance of a pregnancy at an underage girl, whether planned or not, is a stressful event for mothers because their body is neither sufficiently developed nor prepared for the pregnancy and, implicitly, for the moment of birth. Even though the maturation of sexual organs occurs around the age of 14, the onset of sexual life during puberty exposes girls not only to health problems, but also to risky sexual activities, to marital instability, affecting their ability to have a stable relationship in adulthood (Rada 2014).

At the same time, the appearance of a pregnancy at a young age also involves problems of the young mother with her parents, where they are present, or with the partner, respectively with the child's father. Thus, adolescence is a period strongly influenced by childhood events and implicitly by the family environment, which is why girls from disorganized families, with reduced material and financial possibilities and with poor education, are more prone to early pregnancies, outside of marriage (Radu et al. 2021).

Compared to adult mothers, minor mothers are prone to give birth to premature or much heavier babies for gestational age, a fact confirmed by the results of the present study. Given these characteristics, newborns require longer hospital stays. Moreover, newborns can present other health problems, which in the absence of careful monitoring of the pregnancy (mostly, underage mothers do not receive adequate prenatal care) cannot be anticipated nor avoided (Boia et. al. 2016).

As we saw in the results section, half of the interviewed mothers admitted that at the first contact cu the newborn were scared. This is due to the fact that, in most cases, mothers are not psychologically mature and are not responsible enough in relation to the needs of a newborn. Moreover, they do not have the necessary skills to take care of it properly (Radu et. al. 2021).

Also, due to the absence of prenatal care or inadequate prenatal care, both the mother and the newborn can face various health problems that normally could have been anticipated, avoided or treated in the early stages. This fact can lead to various conditions among newborns and even mothers that can result in frequent and prolonged hospitalizations or, in dramatic cases, can even culminate in their death (Radu et. al. 2022).

5. Conclusions

Motherhood at a young age in Romania comes with it a series of challenges, both for mothers and for newborns. Risk factors are diverse, from the mother's family background to inadequate prenatal care, and can affect both the mother's health and the child's development.

Underage mothers face significant risks, including premature pregnancies and medical complications. The low level of education and limited access to financial resources increase the vulnerability of these young women. The present research highlighted the fact that young mothers mostly have a low level of schooling or, in the case of Roma, are uneducated. In addition, they lack correct and complete information about contraceptive methods, which makes them reluctant to do so.

This context can have a negative impact on the development of the fetus, with an increased risk of low birth weight and health problems in newborns. We noticed, therefore, in the results section that many children are born prematurely or with low weight, a fact that requires a long hospitalization and specialized treatments.

Adequate prenatal care is a key element in this equation. Although the present study highlighted the fact that most minor mothers do not go to the doctor during pregnancy for monitoring citing financial reasons or reluctance to medical services, antenatal care contributes to monitoring the health of the mother and the fetus, while providing the opportunity to provide useful information and advice. Programs that promote prenatal education can support teen mothers in making informed decisions and improving health outcomes for themselves and their children.

In addition, the ability of underage mothers to provide adequate care may be influenced by a lack of experience and family support. Prenatal education and counseling programs are imperative in developing these mothers' skills in pregnancy management and child care. These conclusions are necessary because the mothers interviewed in this research showed their lack of skill in caring for newborns and the limitations in exercising their responsibilities after birth. Family and community support are crucial in ensuring their access to health and social services.

Therefore, to tackle this complex problem, it is essential to have an integrated approach involving both preventive measures and effective interventions. The implementation of appropriate and accessible policies, together with social and educational programs, represent important steps towards improving the living conditions of the mother and child in the context of motherhood at the age of adolescence in Romania.

References:

1. Boia, M., Boia, E. S., Cioboata, D., and Manea, A. (2016). Medical and social implications of teenage pregnancy. *Romanian Journal of Pediatrics*, 65(1).
2. Diaconescu, S., Ciuhodaru, T., Cazacu, C., Sztankovszky, L. Z., Kantor, C., and Iorga, M. (2015). Teenage Mothers, an Increasing Social Phenomenon in Romania. Causes, Consequences and Solutions. *Revista de cercetare si interventie sociala*, 51.
3. Dimitriu, M., Ionescu, C. A., Matei, A., Viezuina, R., Rosu, G., Ilinca, C., ... and Ples, L. (2019). The problems associated with adolescent pregnancy in Romania: A cross-sectional study. *Journal of Evaluation in Clinical Practice*, 25(1), 117-124.
4. Florescu, L., Temneanu, O. R., and Mindru, D. E. (2016). Social and Medical Implications of Teenage Motherhood. *Revista de cercetare si interventie sociala*, 52.

5. Mantescu, A. G., Iordachescu, D. A., Vladislav, E. O., Gica, C., Panaitescu, A. M., Peltecu, G., and Gica, N. (2021). Risk factors and protective factors in pregnant adolescents. *Romanian Journal of Pediatrics*, 70(4), 247.
6. Rada, C. (2014). Sexual behaviour and sexual and reproductive health education: a cross-sectional study in Romania. *Reproductive health*, 11(1), 1-16.
7. Radu, M. C., Dumitrescu, A. I., Zaharia, C., Boeru, C., Pop-Tudose, M. E., Iancu, C. F., ... and Pop-Tudose, M. E. (2021). Teenage pregnancies and childbirth experience in Romania from the midwives point of view. *Cureus*, 13(3).
8. Radu, M. C., Manolescu, L. S., Chivu, R., Zaharia, C., Boeru, C., Pop-Tudose, M. E., ... and Chivu, R. D. (2022). Pregnancy in Teenage Romanian Mothers. *Cureus*, 14(1).
9. Stativa, E., Rus, A. V., Filip, V., Suciu, N., Stefanescu, A., Pennings, J. S., ... and Stoicescu, S. M. (2021). Predictors of Adolescent Motherhood in Romania. *Social Change Review*, 19(1).
10. Van der Starre, T. (2017). Prevalence of adolescent pregnancy in Romania. *Alban Med J*, 4, 42-9.