Psychological Counselling and Family Planning for Teenagers

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Abstract

The reproductive health represents a healthy physical and mental condition but also a social condition in all respects concerning the reproduction system, its functions and processes. The family planning refers to the using of the methods of birth control, delivering of contraceptives, pregnancy examination, counselling in case of infertility, supporting the couples that want to have children, sexual education, abortion and counselling in case of abortion.

Keywords: teenagers, family planning, psychological counselling

1. Theoretical framework

Family sociology research revealed some similarities in family dynamics in contemporary societies of the past 20 years: a decrease of the legal marriages rate (Romania has one of the highest rates of legal marriages in Europe);

- increasing average age of marriage;
- increasing divorce rate and remarriage;
- an increase of the general welfare of a family with an average income and the growing contribution to this welfare made by the women in the family;
- a growing rate of married women engaged in an ongoing extrafamilial activity;
- increasing the quality of child care by helping parents and specialized social services;
- more egalitarian redistribution of power and authority between spouses;
- increasing share of couples in which one or both partners have extramarital sexual relationships, and a growing social tolerance to such behavior;
- increasing share of couples who use contraceptives;
- decreasing birth rate and average number of children per family;
- increasing share of births outside the marriage laws.

The family planning means the conscious control of fertility adopted by couples living in a stable sexual union. More specifically, this means that the parents consciously chose the total number of children they want to have and the time intervals between births. The concept of family planning is considered to be synonymous with the limitation of births, because we are referring to a conscious choice made by the parents. It would thus mark the

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transition from natural fertility to a conscious fertility. Moreover, the states who promote a policy of reducing the number of births, launch national family planning programs. (Stăiculescu, R., 2002) Family planning is a cultural model, determined by many factors. There are three conditions required to exercise family planning: the KAP - Knowledge, Attitude, Practice. That means that one needs adequate information, followed by a motivation needed for the decision – making, regarding the number of children desired, and the practical ways of implementing the decision.

The extent of family planning varies from a country to another, and at country level - from a social category to another, from urban to rural population, different education levels, etc. This is very important for understanding differential fertility. From the perspective of studying family dynamics and its effects on fertility, family planning occupies an important place. Family planning itself is as a genuine social movement that changed society, imposing new values, knowledge and action. Its immediate goal was to make contraception available to all individuals. After World War II, it has emerged as a part of the major problems to be solved recognized by the society. Thus, new family planning programs have emerged, with direct or indirect governmental support.

The fortuitous, unplanned fertility may have adverse effects on the health and welfare of families and communities, especially upon women and children. Unwanted pregnancies can worsen some pre-existing chronic conditions, leading even to the death of the mother. A high birth rate is usually associated with high infant mortality.

Family planning has the potential to prevent most of the deaths of mothers and children, and has economic and social benefits by providing correspondence between resources and population: rapid population growth complicates efforts to improve economic and social welfare.

Family planning also allows women to participate in economic and social life.

With access to family planning, couples and individuals are able to decide freely and responsibly on the number and interval between the births of their children. For women to enjoy their right to health, to education opportunities, training and employment, they must be able to control their own fertility. The purpose of family planning programs is to provide couples with information, contraceptives and medical services.

The main components of a family planning program aim: acknowledgement of the conditions, defining objectives, evaluating staffing requirements (medical and paramedical), assessment of population needs and requirements, organization and actual implementation of activities and services in the territory, information, surveillance, research and evaluation.

In the last 50 years of obstetric care, maternal morbidity and mortality have been significantly reduced. Perinatal mortality has not been comparably reduced, however, and the fetus or neonate in any given pregnancy is now at greater risk than the mother. A high risk pregnancy is one in which the mother or her baby has an increased chance of death or disability occurring before, during or after birth.

Becoming pregnant, especially for the first time, is one of the greatest changes in a woman’s life and, as change induces stress, having a child can be one of the decisions one reaches after extremely careful evaluation. It is a truism that no woman really decides to get pregnant, it just happens. However, nowadays there is no such thing as an immaculate conception; there is at least the knowledge, that after a sexual intercourse, pregnancy may be a natural consequence. There are certain reasons why women contemplate motherhood:

1. The marriage is coming apart at the seams, and the belief is that a child will supply the glue to repair the damage. Although this may be temporarily effective, it often fails to restore an unhappy marriage. Once the child leaves home, the marital crisis resurfaces. This is exemplified by the high rate of divorce among middle-aged and older couples.

2. Being a mother is the thing to do for a real woman. This is exemplified in psychoanalytic writing (e.g. Deutsch’s conception of womanhood as a progression from childhood to motherhood, and Erikson’s identification of inner space with motherhood as being the key role for women. Religion traditionally maintains (underlines) the importance of motherhood. Pope John Paul II stated that women express their true nature by bearing children. Nevertheless, with the growing importance of the women’s movement, many married women are realizing that having children is not the only path to fulfillment. Women who have children only because it’s “the thing to do”, often have a great deal of resentment.
3. Having children is a method of achieving a sense of immortality, one’s genes are continued in another life through one’s children. This ego-centered reason does have some merit, but if the children turn out in an unfavorable mold, then disappointment and even hate can result.

4. Children are necessary for the survival of humanity and especially of the particular ethnic group. Undoubtedly, if people didn’t believe this, the human race would disappear and so would separate cultures.

5. Children are a source of fun and happiness. They complete a family and add a sense of joy and wonderment to life. They are mysterious and novel and challenging. They can fulfill emotional needs and they inspire competence, creativity and feeling of achievement for mothers.

2. **Purpose of Study**

The research aims the elaboration and application of a family planning program having the following objectives:

1. observing the psycho-social characteristics concerning the procreative behaviour and the fecundity importance in the Romanian family
2. identifying the ways of sexual education, informing and psychological counselling (delivering of contraceptives, pregnancy examination)
3. preventing of the undesirable pregnancies
4. women’s psychological counselling in case of miscarriage or abortion
5. reducing the number of morbidity and mortality produced by pregnancy
6. counselling the couple in case of infertility

3. **Methods**

The experimental design aims at using the following methods of psychological investigation: the observation method, the questionnaire of evaluating the perception of the pregnant woman on the maternal part, Burns Depression Scale (BDC Checklist), Edinburgh Postnatal Depression Scale (E Cox, J.L., Holden, J.M., and Sagovsky, R. 1987)

4. **Findings and Results**

The beneficiaries of this draft are procreative persons (pre-teenagers, teenagers, young persons forming a couple or not, almost 80 individuals) who come both from a favourable and an unfavourable social environment. 

The interpretation of the research’s results shows the difficulty young teenagers have in adopting a social parental role, as well as its negative effects on the social development field and their future professional integration. In the experimental group we have analyzed some of their opinions regarding the health care conditions offered to pregnant women and newborn babies, the possibility of calling a psychologist during pregnancy or motherhood and the need for counseling programs tailored to pregnant women and young mothers.

Another objective was to diagnose anxiety levels of pregnant women, in order to identify women with increased risk of postnatal depression. The distribution of characteristic anxiety resulting from the sample of pregnant women can be described as follows: 9% of the pregnant women are at a threshold level of anxiety, 48% present signs of a slight anxiety and 25% show a moderate level of anxiety. Pregnant women with severe anxiety level (17%) were observed to have reported a history of repeated involuntary abortions, and the extreme anxiety level appears when pregnancy occurs after fertilization treatment. On emotional level, apart from an emotional instability and irritability, during the pregnancy the woman may experience moments of anxiety, whose content is related to the puerperal event.

In our study we identified the following categories of patterns or anxious models:

- fear of pain (92%)
- fear of fetal abnormality (87%)
- pathological fear of heredity (28%)
fear of fetal distress (33%)
• fear of risk of death at birth (4%),
• fear of birth and disability of the pregnant woman occurring during labor (78%)
• fear of anesthesia (36%)
• fear of child replacement (37%)
• fear implied by becoming a mother (54%)

The level of post-natal depression
Postpartum depression is a severe medical condition that could occur in the first months after birth. Without assistance and counseling, the postpartum depression may have a prolonged development and cause disabilities. Postpartum depression can occur after miscarriage, stillbirth or birth with adoption. In rare cases, a woman with postpartum depression may develop psychotic symptoms that may endanger the child and others (postpartum psychosis).

In the experimental sample, we identified the following forms of manifested postnatal depression:
- lack of postpartum depression 13%
- level limit of post-partum depression 37%
- mild postpartum depression (baby blues) 35%
- postpartum depression 12%
- severe postpartum depression 1%

There is a significant correlation \( r = 0.52 \) at a significance level \( p < 0.0001 \), between the level of anxiety experienced by pregnant women during pregnancy and the post-partum depression levels recorded during the first 2-3 days after childbirth.

The prenatal, perinatal and postnatal psychological counseling may confirm its usefulness for the woman's life in the following situations:
- maternity at the beginning (biological or adoptive)
- beginning or end of a couple's relationship
- past or present trauma caused by involuntary or voluntary abortions associated with violence, physical, emotional or sexual abuse
- chronic diseases, which, due to pregnancy produce emotional instability.

5. Conclusions and Recommendations
If possible, any factor contributing to mortality and morbidity in a particular pregnancy must be identified and early action must be taken. Typically, more than one risk factor (multifactorial) is identified in the high-risk pregnancy. For example, the pregnant adolescent of 15 years old or younger, is likely to be unmarried, to have persistent ambivalence about the pregnancy, and to have family conflicts. In addition, the pregnant teenager is likely to have complications of pregnancy.

Factors influencing the incidence of adolescent pregnancy are:

1. Developmental Factors:
- early physical sexual maturation,
- egocentrism,
- personal fable (feeling that “it won’t happen to me”)
- responsiveness to peers’ sexual activity
- independence from family
- denial or personal sexuality

2. Societal Factors
- variety of adult sexual behavior values
- implied acceptance of intercourse outside marriage
- importance of involvement in heterosexual relationships stressed out by the media
- inadequate access to contraception
- access to public financial support for teen parents and offspring
3. **Family and Friends**
   - difficult mother-daughter relationship
   - lack of religious affiliation
   - sexually permissive behavior norms of the largest peer group
   - sexually permissive values and behavior of close friends
   - inadequate communication in heterosexual relationships.

**Family difficulties for the adolescent parent** are:

1. **Intermittent crises of teenage pregnancy**
   - recognition of pregnancy
   - adolescent crisis
   - family crisis

2. **Prenatal difficulties**
   - termination or continuation of pregnancy
   - special high-risk difficulties
   - economic, nutrition and medication needs
   - body image and exercise
   - interpersonal relationships

3. **Intrapartum difficulties**
   - labor and delivery difficulties
   - environmental control and depersonalization problems

4. **Postpartum difficulties**
   - possibility of adoption
   - body image changes
   - breast-feeding
   - problems arising from cesarean section
   - environmental restrictions
   - bonding
   - birth control
   - parenting.

By this paper we intend to extend the research in the field of educational counselling by introducing a new field – the prenatal counselling, starting from the need to demonstrate a healthy procreative behaviour for teenagers.

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