



The Experiences of Adolescent Pregnancy in Developing Countries

Siti Fatimah^{1*),2}; Andari Wuri Astuti¹

¹) Universitas Aisyiyah Yogyakarta

²) Universitas Muhammadiyah Banjarmasin

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ABSTRACT

Adolescents are a vulnerable group who need special attention and support during pregnancy. Adolescent pregnancy has physical and psychological impacts such as sexual violence, dropping out of school, the social stigma that exists in the environment so that quality antenatal care services are needed. This study aims to find scientific evidence related to the developmental experience of adolescent in developing countries. This research is a Scoping review using Arksey & O'Malley Framework and PRISMA-ScR Checklist. The literature search in this study used four databases, namely Pubmed, Wiley Online Library, EBSCO, and Proquest. Grey literature is obtained from search engines, namely Google Scholar and support sites. The keywords used are adolescent, pregnancy, experience, and scoping review. This study uses the Critical Appraisal Skills Program (CASP) to assess the quality of articles. The first 2,453 articles obtained from the search were then selected into eight articles that were eligible for the next process. The inclusion criteria for the selected articles were articles published from 2016 to 2021, articles from grey literature and related official websites, scientific articles in English and/Indonesian, and scientific articles that focused on the experiences of adolescent during pregnancy in accessing antenatal care services (ANC), the stigma experienced by adolescent during pregnancy, and partner and family support for adolescents during pregnancy. The selected studies were from seven different countries. The eight eligible articles used a qualitative research design, conducted in the hospitals, clinics, and community settings. The mapping of themes obtained from the results of the analysis of the article is the experience of teenagers during pregnancy in accessing antenatal care services (ANC), the stigma experienced by adolescents, family and partner support for adolescents during pregnancy. During pregnancy, they need financial, emotional, and psychological support from partners, families, communities, and health workers to obtain quality services, avoid discrimination, stigma, and sexual violence.

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*) *corresponding author*

Siti Fatimah

Midwifery Program, Faculty of Health
Sciences, Universitas Aisyiyah Yogyakarta

Midwifery Program, Faculty of Nursing and
Health Sciences, Universitas
Muhammadiyah Banjarmasin

ABSTRAK

Remaja merupakan kelompok rentan yang memerlukan perhatian dan dukungan khusus selama masa kehamilan. Kehamilan pada remaja memiliki dampak fisik dan psikis seperti kekerasan seksual, putus sekolah, stigma sosial yang ada di lingkungan sehingga diperlukan pelayanan antenatal yang berkualitas. Penelitian ini bertujuan untuk menggali bukti ilmiah terkait pengalaman kehamilan pada remaja di negara berkembang. Penelitian ini merupakan Scoping review dengan menggunakan Arksey & O'Malley Framework dan PRISMA-ScR Checklist. Pencarian literatur dalam penelitian ini menggunakan 4 database yaitu Pubmed, Wiley Online Library, EBSCO, dan Proquest. Literatur abu-abu diperoleh dari mesin pencari, yaitu Google Cendekia dan situs pendukung. Kata kunci yang

Email: fattimaharifin80@umbjm.ac.id

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digunakan adalah remaja, kehamilan, pengalaman, dan scoping review. Penelitian ini menggunakan Critical Appraisal Skills Program (CASP) untuk menilai kualitas artikel. 2.453 artikel pertama kali diperoleh dari pencarian yang kemudian diseleksi menjadi 8 artikel yang memenuhi syarat untuk proses review selanjutnya. Kriteria inklusi kriteria artikel terpilih adalah artikel terbitan 2016 hingga 2021, artikel dari grey literature dan website resmi terkait, artikel ilmiah dalam bahasa Inggris dan/Indonesia, dan artikel ilmiah yang berfokus pada pengalaman remaja selama kehamilan dalam mengakses pelayanan antenatal care (ANC), stigma yang dialami remaja saat hamil, dukungan pasangan dan keluarga bagi remaja saat hamil. Penelitian yang dipilih berasal dari 7 negara yang berbeda, 8 artikel yang memenuhi syarat menggunakan desain penelitian kualitatif, dilakukan di rumah sakit, klinik, dan pengaturan komunitas. Pemetaan tema yang diperoleh dari hasil analisis artikel adalah pengalaman remaja selama kehamilan dalam mengakses layanan antenatal care (ANC), stigma yang dialami remaja, dan dukungan keluarga dan pasangan pada remaja selama kehamilan. Selama kehamilan, remaja membutuhkan dukungan finansial, emosional, dan psikologis dari pasangan, keluarga, masyarakat, dan tenaga kesehatan untuk memperoleh pelayanan yang berkualitas, terhindar dari diskriminasi, stigma, dan kekerasan seksual.

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INTRODUCTION

World Health Organization data showed that around 16 million adolescent girls aged 15-19 years and 2 million female adolescents under 15 years of age gave birth each year (WHO, 2021a). Meanwhile, from around the world, it was known that 95% of adolescents who gave birth at the age of 15-19 years occurred in developing countries (UNFPA, 2017a). A total of 777,000 deliveries to adolescents in 2016 were one-third of which were unwanted pregnancies, which occurred 58% in Africa, 28% in Asia, and 14% in Latin America (Woog & Kagesten, 2017). Pregnancy in adolescents is often associated with human rights that adolescents who come from poor families, have low education, and live or come from suburban areas, have a greater risk of experiencing adolescent pregnancy (WHO, 2021b). In addition, individual factors, relationships with husbands/partners, family factors, peers, and society are also factors that influence the incidence of recurrent pregnancy in adolescents (Govender et al., 2018).

Maternal health is also referred to as maternal health which is part of women's reproductive health which includes reproductive health since adolescence, before pregnancy, during pregnancy, childbirth, and after childbirth (UNFPA, 2017b). Maternal health services are carried out as early as possible by a person's mental and physical development starting from adolescence to prepare themselves to become healthy and productive prospective mothers (RI, 2014). Some countries have adolescent pregnancy prevention programs, but they focus more on changing adolescent behavior (RI, 2014). Programs to prevent or promote adolescent pregnancy that focuses on causes are few such as gender inequality, poverty, sexual violence, child marriage, social pressures, societal stigma, and opportunities in work and education (UNFPA, 2017b). Adolescents who experience pregnancy need access to good antenatal care and adequate information (WHO, 2021b).

Pregnancy and childbirth during adolescence harm the education, employment, and health of adolescents (UNICEF, 2021). The problems that are most often found in adolescent pregnancy are economic, socio-cultural (stigma) problems

(UNFPA, 2017b), difficulties in accessing health services, and discrimination in the community. The main needs of pregnant adolescents should focus on financial (economic) support, support for completing education, family and partner support as well as support for obtaining health information according to needs (Kirchengast, 2016), knowledge of family planning, and women's ability to make decisions, in the family greatly influences access to and utilization of antenatal care services and support during pregnancy for adolescents (Govender et al., 2020a). Adolescents who become mothers experience difficulties during pregnancy such as knowledge about their child's needs and care (Chemutai et al., 2020). Adolescent mothers are a high-risk group and the group most in need of support during pregnancy (Oktaviana et al., 2018).

The purpose of this scoping review is to review the latest obstetric scientific evidence about the experience of pregnancy in adolescents related to the experience of adolescents in developing countries during pregnancy in accessing antenatal care (ANC) services, the stigma experienced by adolescents during pregnancy, partner and family support for adolescents during pregnancy.

METHOD

The Method literature review in this article was a scoping review that aims to map evidence-based and identify gaps or differences between scientific studies. However, in the scoping review, it is not necessary to carry out an article quality assessment (critical appraisal) (Fulpagare et al., 2019). The steps for conducting a scoping review refer to the scoping review step from Arksey and O'Malley which was refined by Daniel Levac, Heather Colquhoun, and Kelly O'Brien including identifying research questions, identifying appropriate research articles, selecting articles that match the inclusion and exclusion criteria, data charting, data extraction (analysis of research articles through assessing the quality of research articles, reporting findings and

conducting discussions with relevant experts) (Arksey & O’Malley, 2005).

Identify Research Question

The PEO (Population, Exposure, and Outcome) framework was used in this scoping review to help search articles, determine inclusion and exclusion criteria, and identify suitable articles. The review question in this scoping review is “*What is the latest obstetric scientific evidence about the experience of pregnancy in adolescents in developing countries?*”.

Table 1
PEO Framework

Framework	Keywords
Population	Adolescent
Exposure	Pregnancy
Outcomes	Experience

Identify Relevant Articles

In determining the research article search strategy that is following the research questions and objectives, the researchers identified the inclusion and exclusion criteria for the article used. The inclusion criteria used in the selection of

Table 2
Keywords

Population	Exposure	Outcomes
Adolescent* OR Teen* OR Youth AND	Adolescent pregnancy OR Pregnant* OR Early Pregnancy OR antenatal* OR prenatal OR antepartum AND	Experience* OR opinion OR View OR Perspective

Article Selection

The selection of research articles was carried out through an examination of articles duplication, screening titles, and abstracts, and then reading the complete research article to assess the suitability of the research article to conduct a scoping review (Arksey & O’Malley, 2005). The use of

articles were primary articles published from 2016 to 2021, articles from gray literature and relevant official websites, scientific articles in English and/Indonesian language, and scientific articles that focused on the experiences of adolescents during pregnancy in accessing antenatal care (ANC) services, the stigma experienced by adolescents during pregnancy, partner and family support for adolescents during pregnancy. Research articles in the form of guidelines, standard operating procedures (SOP), paper opinions, reviews, commentaries, research articles that do not use English and Indonesian, and research articles that focus on the causes of teenage pregnancy and teenage pregnancy outcomes are not included in this review.

Search articles used several search strategies, namely using keywords, using medical subject headings (MesH), using truncation, using Boolean operators (OR, AND, and NOT) and paying attention to the use of keywords in British English and American English. This scoping review used 4 databases, namely Pubmed, EBSCO, Proquest, Wiley Online Library, while the gray literature was searched using Google Scholar and supporting sites.

The use of keywords in searching for appropriate research articles is necessary to avoid errors in searching in databases and reference lists(Levac et al., 2010). The keywords used in the search for articles in this study are as follows:

Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flow charts and PRISMA-ScR Checklist are used in providing an overview of the scientific article search protocol, and in writing review reports, and providing information on the steps of research that have been carried out (Arksey & O’Malley, 2005; Tricco et al., 2018).

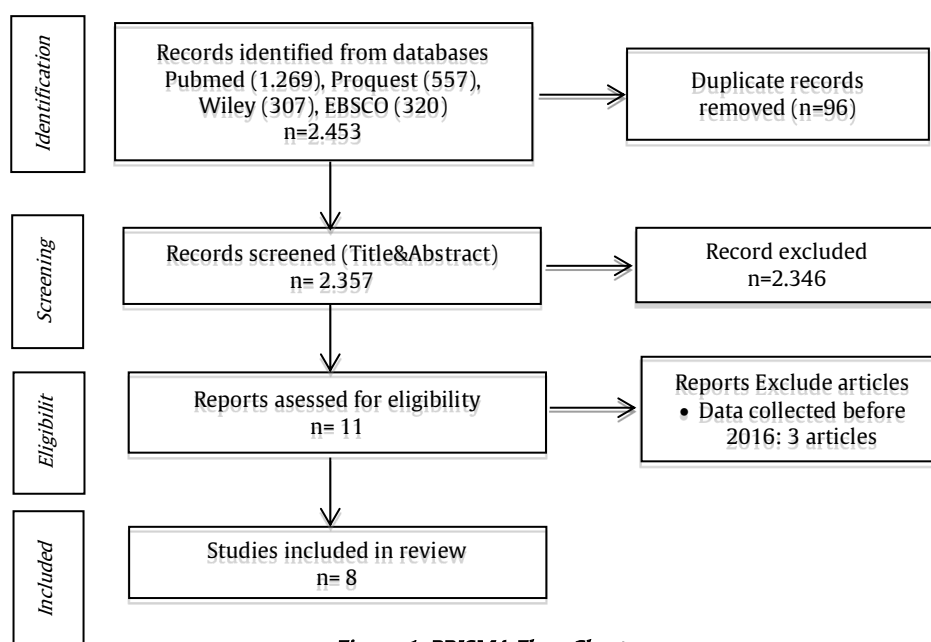


Figure 1. PRISMA Flow Chart

Based on the search results using keywords in the database and search engine, 2,453 articles were found. All articles were included in Mendeley and 96 articles were removed through article duplication checks. Furthermore, the researchers screened the titles and abstracts of 2,357 research articles manually, and 2,347 were excluded because they did not meet the inclusion and the exclusion criteria. A total of 11 articles were screened for articles as a whole, 3 out of 11 articles were excluded because the research data collection was carried out before 2016. Article extraction and article quality assessment were carried out on 8 eligible articles.

Data Charting

Data synthesis of research articles was carried out using charting data adopted from the Joanna Briggs Institute including data on article authors, article titles, years, countries, research objectives, research types, data collection methods, participants/sample sizes, and research results (Peters et al., 2020). Data charting is done through discussion with the second author.

Table 3.
Charting Data

No	Author(s)/ Year/ Title	Country	Aim	Research Type, Participant/ Sample Size, Data Collecting Technique, Data Analysis	Result
A1	(Govender et al., 2020b) "I have to provide for another life emotionally, physically and financially": understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South, Africa.	South Africa	To explore and understand the phenomenon of adolescent pregnancy from the perspective of adolescent mothers and to gain hope for adolescent mothers in the future	This study is a descriptive qualitative study. The samples used were 18 adolescent mothers with inclusion criteria aged 13-19 years old who had given birth and used health facilities in South Africa. The exclusion criteria were not described in the article. Samples were taken using the purposive sampling technique until the data reached saturation. The data collection technique is with Focus Group Discussions (FGD), which was carried out in a comfortable, private room and without intervention a hospital, and documented with audio recorders, field notes, and notes for 120-180 minutes. Data were transcribed verbatim, then translated into English by research assistants who are experts in English and Zulu language and analyzed thematically. The transcript data was read repeatedly, then coded and categorized into main themes.	This study showed that pregnant adolescents feel angry, disappointed, rejection, but are forgiven by their families. Pregnant adolescents also experience emotional and mental disorders, financial difficulties, difficulty returning to school, abusive treatment and infidelity from their partners, and experience stigma/negative views in society during pregnancy. During adolescent pregnancy, they get emotional and financial support from in-laws, biological mothers, and grandmothers. The negative experiences experienced by adolescents were in accessing health services during pregnancy such as long distances, transportation costs, lack of empathy from health workers, and discrepancies in therapy and drug administration.
A2	(Luttges et al., 2021) <i>Pregnant again? Perspectives of adolescent and young mothers who and do not experience a repeat pregnancy in adolescence.</i>	Chile	To explore and analyze individual and family factors associated with recurrent pregnancy in adolescents	This research is a qualitative study with a grounded theory approach. Samples were taken until the data reached saturation, namely 30 mothers with inclusion criteria. Mothers aged 20 years or younger came from urban areas. Exclusion criteria were not explained. Data collection techniques with semi-structured interviews were conducted in private places chosen by participants such as homes or health facilities in urban areas, in 45-60 minutes, in May 2017 and April 2019. It was documented with an audio recorder. The data were transcribed and translated from Spanish into English by the researcher and were analyzed using MAXQDA 12 theme analysis. Data triangulation was carried out by 3 research members and experts in the field of adolescent health.	The results of this study indicated that most pregnancies in adolescents are unwanted pregnancies. Adolescents who are pregnant experience a decrease in self-esteem and feel alone, sad, and hopeless. Doubts about undergoing pregnancy in adolescents are often caused by a lack of good relationships (support) in the family (parents). Meanwhile, repeated pregnancies in adolescents are caused by higher risk factors such as dropping out of school, focusing on child care, not using contraception regularly, and stigma in society.

A3	(Pike et al., 2021) <i>Family influences on health and nutrition practices of pregnant adolescents in Bangladesh</i>	Bangladesh	To explore experiences and decision making in adolescent pregnancy in Bangladesh associated with ANC and Nutritional Fulfillment	This research is a qualitative study with a sample of 48 pregnant adolescents aged 15-19 years who are pregnant and 48 adolescent mothers who have children under 1 year, and 64 family members appointed by adolescent participants. Exclusion criteria were not explained in the article. Samples were taken by the purposive sampling technique. Data collection technique was carried out by peer interviews conducted by interviewers (enumerators) using an application-based interview guide on the telephone with 30 minutes interview for each participant. Before conducting the interview, the interviewer was briefed first by the supervisor and also given feedback by the researchers. The research was conducted in an urban slum area.	This study showed that pregnant adolescents get emotional and physical support from their families (mother, mother-in-law, husband, uncle, aunt, and brother-in-law) but adolescents feel a lack of freedom and rights in opinion regarding their pregnancy. They also get support from health workers in the form of providing information related to health, especially nutrition and adequate care during pregnancy and breastfeeding. Financial barriers are obstacles to health services during pregnancy and in fulfilling good nutrition during pregnancy. In addition, the existence of a culture related to dietary restrictions also has an effect during pregnancy.
A4	(Bain et al., 2020) <i>Decision-making preferences and risk factors regarding early adolescent pregnancy in Ghana: stakeholders' and adolescents' perspectives from a vignette-based qualitative study</i>	Ghana	To understand the features of decision-making and determinants of adolescent pregnancy in Ghana	This research is a qualitative study using purposive sampling technique as many as 8 FGDs consisting of 14 parents, 14 adolescents who have never been pregnant, 14 adolescents who have been pregnant, 14 teachers. Exclusion criteria were not explained in the article. Data collection technique were using Focus Group Discussion (FGD). The FGD was conducted by 2 research assistants who are fluent in Ga and English. Piloting tests were not explained in the article. The research was conducted in an urban area.	This study showed that pregnant adolescents experience fear, surprise, and disappointment over their pregnancy. In addition, adolescents often do not get support from their families because they are considered to give shame so families often carry out abortions secretly. Decision making made by both parents, the families of the two adolescents, their spouses, and the adolescents themselves regarding pregnancy or having an abortion in adolescents pregnancies is influenced by the readiness to become parents and accept responsibility.
A5	(Bwalya et al., 2018) <i>Experiences of antenatal care among pregnant adolescents at Kanyama and Matero clinics in Lusaka district, Zambia</i>	Zambia	To explore and describe the experiences of adolescent's pregnant women during ANC examinations for pregnant adolescents aged 12-19 years in Zambia	It is a qualitative study with a phenomenological approach and with 12 pregnant adolescents as samples and 15-19 years old pregnant women who came to health facilities in urban areas and volunteered to be participants as the inclusion criteria. Exclusion criteria were not explained in the article. The sample size was determined by the maximum variation sampling frame. Samples were taken by the purposive sampling technique. Data collection technique was by semi-structured interview, in 30 minutes, and recorded using an audio recorder.	The results of this study indicated that pregnant adolescents get poor treatment from older pregnant women and health service providers for adolescents. They have negative experiences during pregnancy checks at health facilities such as erratic service hours, lack of room for adolescent pregnant women so that there is a lack of privacy, and confidentiality. The positive experiences that they get during pregnancy check-ups are getting useful education about pregnancy such as information about HIV prevention, malaria prevention, nutritious food during pregnancy and

					breastfeeding, the impact of smoking, and preparation for childbirth.
A6	<i>(Asnong et al., 2018)/ Adolescents' perceptions and experiences of pregnancy in refugee and migrant communities on the Thailand-Myanmar border: a qualitative study</i>	Myanmar	To explore adolescent perceptions and experiences of pregnancy among adolescents in refugee and immigrant camps on the Thai-Myanmar Border	This research is a qualitative study. The sample used for interviews were 20 pregnant adolescents who come to health facilities taken using a convenience sampling technique. The sample for the FGD with a total of 20 people consisting of husbands of pregnant adolescents, health workers, more than 18 years old adolescent boys, and girls who were not pregnant were taken by purposive sampling and snowball sampling and volunteering. Data collection was carried out by the principal investigator and senior midwife in a private room in a rural area in 45-60 minutes. It was recorded and written (notes). The data obtained were transcribed and translated into English and then carried out inductive thematic analysis with Nvivo software. Researchers checked the results of data transcription and did back-translation. 2 researchers did the coding and determined the theme separately.	The results showed that adolescent pregnancy is a phase of life that is too early to be experienced and increases the risk of problems in the family such as violence, stigma, and pressure from society and culture. Adolescents get financial support, family support (mother, sisters, aunts, and husbands).
A7	<i>(Gbogbo, 2020) Early motherhood: voices from female adolescents in the Hohoe Municipality, Ghana-a qualitative study utilizing Schlossberg's Transition Theory.</i>	Ghana	To explore and describe adolescent pregnancy experiences and coping strategies during the transition to motherhood	This research is a qualitative study with a phenomenological approach with samples taken using purposive and snowball sampling techniques. Sample for an interview Included 6 pregnant adolescents 6 adolescents who became mothers in 15-19 years old. While the focus group discussion (FGD) sample were 40 pregnant adolescents. 40 teenagers who became mothers aged 15-19 years old. Exclusion criteria were not explained in the article. The instrument were an FGD guide that has been piloted tested. Data were collected in private rooms and in a comfortable environment in 3 districts in August and October 2017. Interviews were recorded using a recorder with participants' permission and transcribed verbatim. The interview duration was 40-60 minutes and the FGD duration was 60-90 minutes. The data was analyzed using an inductive approach using 6 steps IPA frameworks.	The results of this study illustrated that pregnant adolescents have difficult experiences such as parental disappointment, suicidal ideation, regret, disappointment, shame, and desire to have an abortion. Support for pregnant adolescents is obtained from parents, grandmothers, partners, friends, and the environment. However, some pregnant adolescents experience the stigma of rejection from their parents, peers, partners, and society. Adolescents who are pregnant have barriers to pregnancy check-ups (ANC) due to a lack of financial support (economic problems).
A8	<i>(Apolot et al., 2020)/ Maternal health challenges experienced by adolescents; could community score cards address them? A case study of Kibuku District-Uganda</i>	Uganda	To document the obstacles faced by adolescents during pregnancy, childbirth, and the postpartum period and to see the effectiveness of the community scorecard (CDC) method in identifying these problems.	This research is a qualitative study. Samples were taken using cluster sampling and purposive sampling as many as 15 adolescent mothers who had children under 2 years old. Exclusion criteria were not explained in the article. The data was collected with in-depth interviews. The research was conducted in August 2018 in 6 sub-districts in 2 hours. The interviews were carried out by 3 research assistants using interview guides that had been piloted tests first. The results of the interviews were translated from English to Lug Were and then translated into English. Interviews were recorded using an audio recorder and verbatim transcripts for later analysis of the framework.	This study identified 5 main problems in maternal services experienced by adolescents during pregnancy including psychosocial problems, physical violence from parents and partners, rejection of pregnancy, unfriendly health services for adolescents, lack of socio-cultural protection (stigma from parents, community, and partners) and laws, and the lack of preparation for birth.

Article Quality Assessment with the Critical Appraisal Tool

Critical appraisal is a careful and systematic assessment of the results of scientific research to assess the quality of articles (Al-Jundi & Sakka, 2017). In this scoping review, the assessment of article quality is carried out using the Critical Appraisal Skill Program (CASP) assessment tool for qualitative research. 8 research articles were assessed for article quality using CASP with the assessment criteria used, namely:

2 : the questions are answered well and it is explained in detail

1 : the question is answered but it is not explained in detail
 0 : the question is not answered and/ it is not explained in the article

After evaluating the articles, then it proceeded by grouping the quality of the articles into 4 criteria/grades, namely:

- A : final score 16-20
- B : final score 11-15
- C : final score 6-10
- D : final score 0-5

Table 4.
Article Quality Assessment Data

Study	A1	A2	A3	A4	A5	A6	A7	A8
Clear aim & Objektives	2	2	2	2	2	2	2	2
Appropriateness of methodology	2	2	1	2	2	2	2	2
Research design	1	2	1	1	2	2	2	2
Recruitment	1	1	1	1	1	2	1	2
Data Collection	2	2	1	2	1	1	2	2
Relation between researcher and participants	2	0	1	1	0	1	2	1
Ethical issues consideration	2	2	1	2	2	2	2	2
Data analysis	2	2	2	1	1	2	2	2
Finding & reporting	2	2	2	2	2	2	2	2
Research value	2	2	2	2	2	2	2	2
Total	18	17	14	16	15	18	19	19
Overall	A	A	B	A	B	A	A	A

Based on the results of the article quality assessment, it was found that there were 6 articles of quality A (A1, A2, A4, A6, A7, A8) and 2 articles of quality B (A3, A5). Articles A8 and A9 have good score because they match the objectives, methods, and research results. Article A3 has the lowest score because it does not explain the sample exclusion criteria, limitations on the number of samples, and the research setting.

RESULT AND DISCUSSION

Article Characteristics

The research articles used in this scoping review come from several countries, such as the African continent including Ghana, South Africa, Zambia, and Uganda; the Asian continent such as Myanmar and Bangladesh, while the Americas it comes from Chile. Article characteristics by country can be seen in Figure 2.

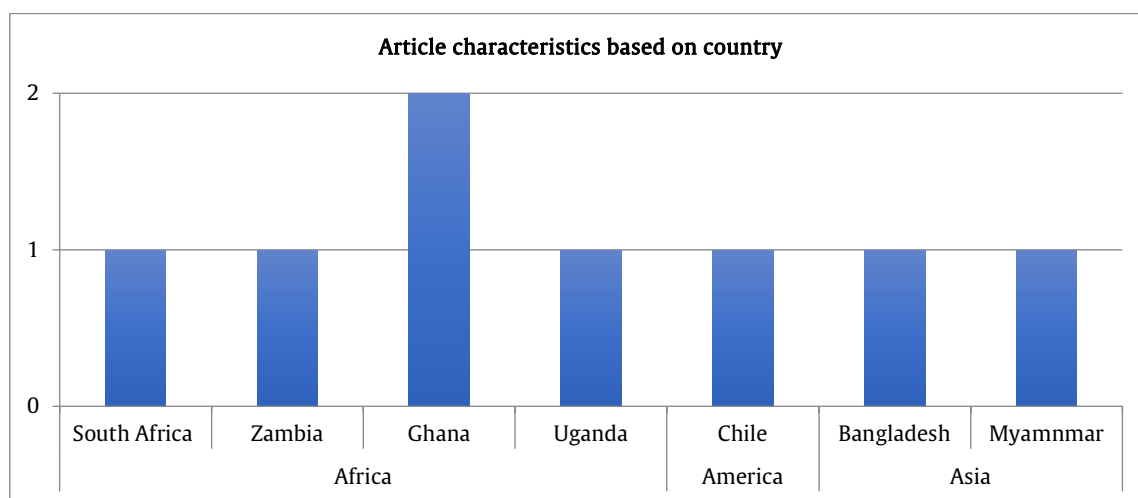


Figure 2. Article Characteristics based on

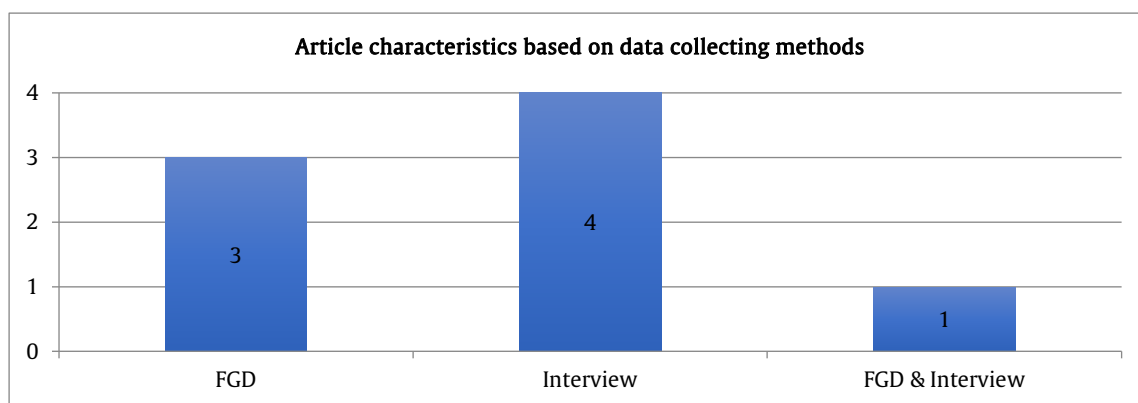


Figure 3. Article Characteristics based on Data Collecting Methods

The article characteristics based on the research design used can be seen in Figure 3. 8 research articles were selected using a qualitative research design with data collection methods through interviews (3 articles), focus group discussions (4 articles), and data collection using 2 methods as well as

interviews and focus group discussions (1 article). The research sites used in data collection were hospitals (1 article), health clinics (4 articles), and communities (4 articles). The article characteristics based on the article quality can be seen in Figure 4.

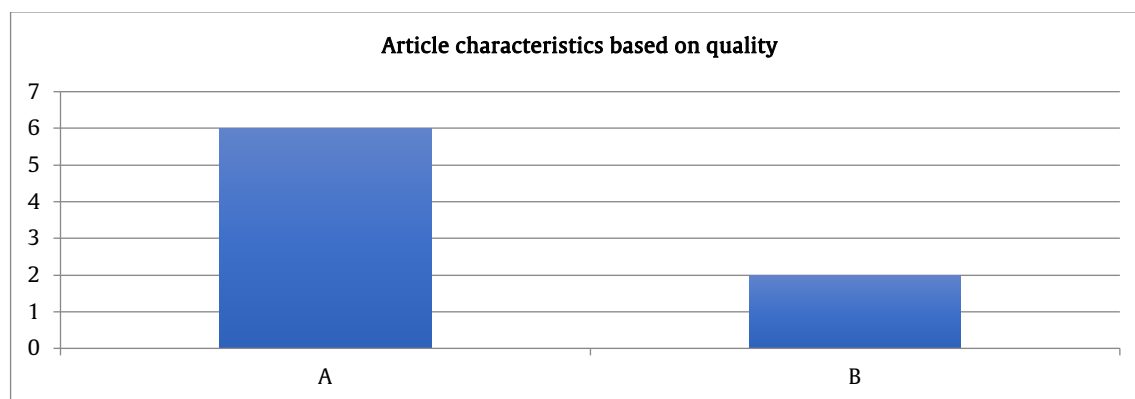


Figure 4. Article Characteristics based on Quality

Based on the critical appraisal conducted by 8 articles used in this study, there were 6 articles of A quality and 2 articles of B quality. Articles that have A quality have a good value because they are appropriate and provide clear information regarding the objectives, methods and results of the research. Articles with B quality have a moderate value because they do not explain the sample exclusion criteria, limitations in the number of samples, and limitations in the research setting.

Theme Analysis

Based on the analysis of the article theme which was carried out after data analysis through data extraction and assessment of the quality of the research article, the themes of the selected research articles were identified, namely:

Table 4. Analysis and Mapping of Research Article Themes

No	Theme	Sub Theme	Research Articles
1	Experience in accessing ANC services	Positive experience	A3, A5
		Negative experience	A1, A5, A8
		Obstacle	A1, A3, A7
2	Stigma	Close family and community	A1, A7, A8
		Socio-cultural	A2, A6
		Older women & Peers	A4, A5, A7
3	Family and Couple Support	Family support	A1, A3, A6, A7
		Lack of parental support	A2, A4, A5, A8
		Lack of spouse support	A1, A7, A8

Adolescent experiences during pregnancy in accessing antenatal care (ANC) services

Adolescents who access antenatal care (ANC) services have diverse experiences. Adolescents who carry out pregnancy check-ups at health facilities have positive experiences in the form of support from health workers such as providing important information related to good nutrition patterns for pregnant women and while breastfeeding (A3), getting good services such as good reception from service providers, getting services and good care from health workers, and getting an education about pregnancy such as HIV prevention, malaria prevention, nutritious food during pregnancy and breastfeeding, the impact of smoking and preparation for childbirth (A5).

Some adolescents have negative experiences during antenatal care such as lack of empathy from the staff on duty (A1), negative responses from health workers, lack of a special waiting room for adolescents, lack of privacy and confidentiality, and crowded antenatal classes because they were combined with a toddler clinic in the room and at the same time (A5). Some health workers used inappropriate language which showed bad attitudes towards adolescent pregnant women. The adolescent also get unaffordable maternal health checks, limited family planning services, and lack of post-abortion services (A8). Health care providers often give priority to women who come accompanied by a partner, while pregnant adolescents are often not accompanied by a partner during pregnancy check-ups because their pregnancy is not supported by a partner (A8). In addition, adolescents often have obstacles in accessing antenatal care (ANC) services such as long distances, high transportation costs, limited time and privacy, long waiting times for examinations (A1), and economic problems (A3, A7).

Analysis of the articles in this review found that adolescents had various experiences in accessing antenatal care (ANC) services during pregnancy. The utilization of adolescent antenatal care services in India is higher than other pregnant women (Fulpagare et al., 2019). The utilization of ANC facilities during pregnancy is influenced by economic status, use of socioeconomic support, knowledge related to family planning, and the role of adolescents in decision making in families related to pregnancy (Fulpagare et al., 2019). The increase in the utilization of maternal health services in the Asian continent is influenced by health services that are friendly to adolescents (Helena et al., 2018). The obstacles that affect the quality and effectiveness of maternal and child health services include inadequate medical equipment, infrastructure problems, inadequate medical staff skills, high medical costs, limitations in access to services (Bahriyah et al., 2021; Sumankuuro et al., 2017). Differences in experience and barriers to accessing pregnancy services by adolescents are influenced by religious and cultural views regarding sexual relations before marriage which affect social behavior and value norms that exist in society as well as government policies in health services (Astuti et al., 2020a).

Stigma experienced by adolescents during pregnancy

Pregnant adolescents experience shame in society (A7) so they often get stigma in the form of ridicule, stigma, rejection, and judgment from society (A1), getting stigma and rejection from parents, spouse (A8), family and friends (A7). Lack of support from the community makes adolescents feel isolated, angry, lonely, and unhappy (A1). In

addition, some pregnant adolescents are often ostracized by other women during the same health check-up (A5) and are considered not to set a good example to their peers and the younger generation (A7).

The existence of a culture in the community that adolescents who experience pregnancy outside of marriage are not accepted and tolerated by local culture (A6) and the culture that adolescent girls are tasked with giving birth and caring for children after marriage causes adolescents not continue their education after giving birth and increases the incidence of repeated pregnancies in adolescents (A2).

Adolescents also experience negative stigma from health care workers because they experience pregnancy at school age and are ostracized by other women during pregnancy check-ups. Financial limitations and limitations in decision making in the selection of health services which are experienced by adolescents in the literature reviewed are also experienced by pregnant women in Kenya (Pell et al., 2013). Adolescents pregnancies are often stigmatized by families, partners, peers, other women, and society. Adolescents experience negative treatment, exclusion and rejection (Astuti et al., 2020b; Ngum Chi Watts et al., 2015). Young couples often experience stress and pressure in dealing with environmental and social problems (Saraswati et al., 2020) such as the impact of social stigma due to unwanted and unplanned (Afrose, 2015). Pregnant adolescents who experience exclusion will increase the risk of the prevalence of depression in adolescent mothers (Getinet et al., 2018).

Spouse and family support for adolescents during pregnancy

During pregnancy, some pregnant adolescent women received less support such as anger, rejection of pregnancy, infidelity, and harsh treatment from partners (A1). Adolescent couples who refuse to have adolescent pregnancies often commit physical violence such as beatings from early pregnancy to the end of pregnancy (A8) (A7) which has an impact on bad relationships so that it is difficult to get support from partners (A7). Adolescents who do not get support from their partners have difficulties in preparing for birth (A8) and have limitations in choosing reproductive partners with their husbands/partners (A6). Adolescent pregnancy causes anger and disappointment from the family (A7). Pregnant adolescents often experience physical violence such as beatings from their parents in early pregnancy (A8) and lack of family support which causes doubts in undergoing pregnancy (A8), the decision to have an abortion in order to avoid embarrassment due to adolescent pregnancy (A2) (A4).

Family support for adolescents during pregnancy was obtained from the biological mother (A1) (A6) (A7), grandmother (A7) (A1) husband, and mother-in-law (A3) (A1). The support provided is in the form of emotional and financial support (A1), a selection of health and nutrition services during pregnancy (A3). The husband plays a role in providing support in decision-making and nutritional fulfillment during pregnancy (A3). Some adolescents feel that they have lost their right of autonomy and opinion during pregnancy even though decision making is done through family discussions with the dominant role of the mother and mother-in-law as the main decision-makers (A3).

The support that couples and families provide to adolescents during pregnancy varies. Adolescents often do not get support during pregnancy from their

partners (Gordon, 2016) and from their parents, especially mothers (David et al., 2017). The risk of physical and sexual violence is often increased in adolescent pregnancies compared to non-pregnant peers (Tetteh et al., 2020), South African women have a high experience of sexual harassment and violence (Gordon, 2016). While another literature stated that support during pregnancy in adolescents is obtained from partners, parents, and other family members. About half of pregnant adolescents who are less than 20 years old receive adequate support from their partners (Rahmadhani et al., 2021). Husband's support is needed in decision-making in the family, especially during pregnancy and birth (Rahmadhani et al., 2021), but husbands/partners often lose their rights in decision-making because they are determined by older families (Astuti et al., 2021). Parents, especially mothers, provide great support regarding financial, emotional, and assistance during pregnancy (Astuti et al., 2020b; Ntinda et al., 2016). Other family members, especially grandmothers, have a major influence in decision-making and daily behavior such as the choice of nutrition and the determination of which health facility to use because they are considered experienced in pregnancy (Carolyn A MacDonald, Judi Aubel, 2017).

LIMITATION OF THE STUDY

The limitation in this study is that data collection is not done directly (not primary research) because it analyzes other research articles.

CONCLUSIONS AND SUGGESTIONS

Based on 8 articles that were reviewed, it was found that adolescents had positive and negative experiences and were stigmatized during pregnancy. Positive experiences were provided by families, partners, and health workers during pregnancy. Adolescents who experience pregnancy often experience stigma, discrimination, and rejection from other women and society because they are considered a bad influence on their peers. During pregnancy check-ups, adolescents often get lack privacy in health facilities.

Health services, especially antenatal care and quality delivery services are needed to provide a sense of security, comfort, and friendliness to adolescent pregnant women. There needs to be cooperation from various related parties in protecting the rights of pregnant adolescents in accessing pregnancy services, and minimizing the stigma that exists in family, peers and society. In future research, it is hoped that it will be able to explore the role of adolescents and their partners in decision-making in the family during pregnancy and childbirth as well as explore their rights in education, work, and reproductive health during pregnancy and after delivery.

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Not applicable

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