

## TRENDY V SOCIÁLNÍ PSYCHOLOGII

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### FAMILY AND EARLY MOTHERHOOD PROBLEMS

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**Abstract.** Contraceptive culture and contraceptive behaviour of youth are discussed by increasing number of researchers nowadays. Russia has a world lead in the amount of abortions. Today young mothers make one of the youth risk groups, and contrary to the past they more and more estrange themselves from the parent's family, school, macro- and microenvironment in whole. Early sex life start of Russian teenagers happens in quite specific conditions – low contraceptive culture, few special medical, consultative, psychological services and programs of sexual education for teenagers. The early entry of children and adolescents in the sex life becomes an insoluble problem in our society.

**Keywords:** teen pregnancy rate; contraceptive behaviour, abortion.

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Teenage pregnancy and motherhood problem in the early age is of the most immediate interest not only in Russia, but in many world countries, because the increase of teenage pregnancy and childbirths rate is registered everywhere, and this fact raises a serious concern of the society. A lot of researches [2; 3; 4] were devoted to contraceptive and reproductive behaviour of girls-teenagers and early mothers according to which families of early mothers are referred to extremely disadvantaged ones and are included in the medico-social risk group. However, they can not be considered as united disadvantaged totality only because the fact that a minor mother gave birth to a child. This contingent is very diverse

including several groups – either disadvantaged, or quite successful.

Purpose and objectives of the research: to find out patterns of contraceptive and reproductive behaviour of teenaged girls and early mothers in Republic of Mordovia, to study abundance of contraceptives in use and reasons for refusal from them.

The inquiry was held within the period from September 2015 till March 2016 in maternity welfare centers of Mordovia (Budgetary Public Health Facility in Republic of Mordovia “Atyashevo Central District Hospital”, Budgetary Public Health Facility in Republic of Mordovia “Kochkurovo District Hospital”, Budgetary Public Health Facility in Republic of Mordo-

via “Lyambir Central District Hospital”, Budgetary Public Health Facility in Republic of Mordovia “Ruzaevka Central District Hospital” and Budgetary Public Health Facility in Republic of Mordovia “Romodanovo Central District Hospital”) by self-reporting of the questionnaire in the presence of the survey taker.

With the help of this questionnaire survey the contraceptive behaviour of 178 girls aged from 17 to 25 years old – teenagers and early mothers were investigated. The participants were divided in the following way:

- 1<sup>st</sup> group – minor pregnant girls of 17–18 years old, who decided to continue pregnancy (n = 5);
- 2<sup>nd</sup> group – minor pregnant girls of 17–18 years old, who terminated pregnancy (n = 14);
- 3<sup>rd</sup> group – pregnant girls of 19–24 years old (n = 54);
- 4<sup>th</sup> group – non-pregnant girls of 19–24 years old (n = 63)
- 5<sup>th</sup> group – young women after childbirth 17–24 years old (n = 42).

Childbirth in the adolescence age is notable for more frequent development of different complications: abnormalities of childbirth activity, untimely discharge of amniotic fluid, bleeding in labour and in the fourth stage of labour, injuries of soft birth canals, postnatal diseases. High percentage of complications in labour of minor girls with the first childbirth is connected with the absence of maturational readiness of body for the childbirth and may be caused by functional immaturity of placenta [1]. Besides age features, aggravated somatic and gynecologic history, fetomaternal disease, negative social and hygiene factors in-

fluencing on pregnancy and childbirth are of great importance. Complications during and after childbirth require mobilization of all internal reserves of the mother’s body to compensate possible pathological conditions, but compensation abilities of teenagers are reduced because of body functional immaturity.

6,1 % of respondents among girls began their sex life at 13, 10,3 % – at 14, 25,4 % – at 15, 27,3 % – at 16, 18,2 % – at 17, 12,7 % – at 18. The average age of girls-teenagers and early mothers who started their sex life is 15 years old. 73,3 % of respondents had one sexual partner, 11,4 % – two, 5,6 % – three, the rest – more than three.

Among respondents ineffective means of contraception are the most popular (54,3 %): interrupted sexual act (20,2 %), “secure” days calculation (16,7 %), spermicides (12,3 %), vaginal douching (5,1 %). 31,6 % of respondents mentioned a sheath as a means of contraception. 8,2 % of respondents do not use any means of contraception. Hormonal contraceptives were used by 3,7 % of girls of 17–24 years old, participated in the research.

In 65,2 % of cases a baby was conceived accidentally, 33,5 % of girls planned their pregnancy, in individual cases (1,3 %) impregnation resulted from wrong use of means of contraception.

Response analysis was aimed to reveal motivation of refusal from contraception use. The most frequent reason – “trust to each other” – girls believed that their partner either prevented probable consequences or married

them. The second motive was that means of contraception are harmful.

The analysis of social hygienic features of parents' families of respondents was of profound interest because it is widely thought that nuclear families have significantly less risk factors for their members' activity than incomplete ones. It has been shown that early motherhood problem became typical in 82,3 % of cases for nuclear and objectively successful families with on child in 33,4 % cases. 42,1 % of early mothers were from workers' families, 26,2 % – from employees' families, the rest of respondents had parents from mixed social groups. Educational level of respondents' parents was not very high – only 28,5 % of parents had higher education, nearly 56,8 % – secondary and vocational education, the rest – mixed education (one parent with secondary education, another – with higher education, etc.).

It is important to note that 76,2 % of early mothers were married, 16,3 % of respondents were single mothers and 7,5 % of girls lived with a partner. Complexity of the teenaged family problem is specified by the fact that 47,8 % of early mothers participated in the research were students. Among those who studied before their pregnancy only 41,2 % of girls continue education after childbirth, 39,7 % of respondents interrupted their training, and the rest 19,1 % of early mothers terminated their study.

Medical and social help should be rendered either individually or to the family of an early mother, among her nearest environment. Rational use of contraception during teenage years will significantly reduce perinatal and

maternal mortality rate, decrease the quantity of high risk childbirths, raise the health index of girls-teenagers, decline the level of teenagers' neurotization, improve life quality.

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