

Case report: Holistic approach to pregnant adolescents

Sartika Nirmalasari*, Euvanggelia Dwilda Ferdinandus and Dwi Izzati Budiono

Midwifery Study Program, Faculty of Medicine, Universitas Airlangga, Surabaya, East Java, Indonesia.

World Journal of Advanced Research and Reviews, 2025, 25(01), 1845-1850

Publication history: Received on 12 December 2024; revised on 19 January 2025; accepted on 22 January 2025

Article DOI: <https://doi.org/10.30574/wjarr.2025.25.1.0223>

Abstract

Introduction: Teenage pregnancy is a global health problem with significant impacts on physical, mental, social, and economic health. In Indonesia, the prevalence of teenage pregnancy reaches 10%, with East Java recording a higher rate (12%). Factors such as lack of sexual education, limited access to contraceptives, social stigma, and low family support exacerbate this condition.

Case Report: A 14-year-old adolescent girl in Surabaya experienced an unplanned pregnancy and faced limited family support and economic problems. During pregnancy, she experienced eating disorders, anxiety, and limited access to health services. A holistic approach was taken by a midwife, nutritionist, and psychologist, including family counseling, nutrition education, and planning for delivery by caesarean section to prevent complications. Discussion: Teenage pregnancy involves biological, psychosocial, and economic factors. Family and health professional support is essential to reduce the risk of complications such as anemia, preterm labor, and mental health disorders. A holistic approach includes nutrition education, psychological counseling, and family and community support to improve the quality of life of mothers and babies. Continuity of Care (COC) ensures continuity of care from pregnancy, labor, to postpartum.

Conclusion: A holistic approach and COC are effective in addressing the challenges of teenage pregnancy with a focus on the following aspects keywords.

Keywords: Teenage Pregnancy; Holistic Approach; Continuity of Care; Family Support; Mental Health

1. Introduction

Teenage pregnancy is a global health problem that requires serious attention. Teenage pregnancy is a pregnancy that occurs in women aged 14-20 years, both in married and unmarried teenagers. According to the World Health Organization (WHO), every year around 16 million women aged 15 to 19 years experience pregnancy, with around 95% of them occurring in developing countries⁽¹⁾. The health risks of teenage pregnancy increase at a very young age, such as under 15 years. This pregnancy not only has an impact on the physical and mental health of the mother, but also carries a high risk for the baby, such as preeclampsia, anemia, infection, premature birth, and low birth weight (LBW). In addition, Teenage pregnancy also contributes to high maternal and infant mortality rates⁽¹⁾.

In Indonesia, teenage pregnancy is a deep health issue. Data from the 2018 Basic Health Research of the Republic of Indonesia shows that around 10% of total births in Indonesia involve mothers under the age of 20⁽²⁾. This figure shows a high prevalence, considering that Indonesia is a developing country with major challenges in providing optimal health access for pregnant women. East Java Province has a higher prevalence of teenage pregnancy than the national average, with around 12% of births in this province involving teenage mothers. Surabaya, as the provincial capital, recorded a significant number of teenage pregnancies. This shows the need for special attention to this condition at the local level,

* Corresponding author: Sartika Nirmalasari

where economic, social, and educational challenges play a significant role in increasing the risk of unplanned and high-risk pregnancies.

Teenage pregnancy often occurs due to lack of sexual education, limited access to contraception, and cultural or social norm influences. In addition, pregnant teenagers often face social stigma, loss of access to education, and limited economic opportunities. This condition is further exacerbated by physical and emotional immaturity, which makes them less prepared to face the challenges of pregnancy and parenthood. In addition, teenage pregnancy is closely related to social, economic, and educational factors. In many cases, pregnant teenagers tend to have limited family support, as well as difficulty in accessing health and education facilities. In addition, the psychosocial conditions of adolescents who are still in the development stage, as well as physical and emotional immaturity, can worsen their pregnancy conditions. Decreased motivation to maintain health during pregnancy, limited understanding of nutrition, and inability to manage stress are some of the challenges faced by teenage mothers. Therefore, a holistic approach, the role of social support, especially from family, health workers, and the community, is very important to reduce the negative impacts of teenage pregnancy.

A holistic approach to health emphasizes the understanding that each individual is an inseparable whole, and that physical, mental, emotional, social, and spiritual factors influence their well-being. In practice, this approach emphasizes the importance of seeing adolescent girls as whole individuals, rather than focusing solely on the diagnosis or treatment of a particular disease. This leads to the integration of various aspects of life that affect health, including lifestyle, social relationships, mindset, and spirituality. A holistic approach includes disease prevention by involving health education and promoting healthy lifestyles, such as good diet, exercise, and stress management⁽¹⁾. It aims to improve quality of life by paying attention to external factors that influence well-being, such as the environment and social support, as well as efforts to empower adolescent girls so that they can actively participate in their own health care and decision-making. This approach also recognizes the importance of family and community support, which is an integral part of the healing and recovery process (3). Family involvement allows for strong supervision and emotional support, and encourages positive changes in daily living habits. Overall, the holistic approach not only focuses on physical healing, but also prioritizes balance in social, emotional, and spiritual life, all of which contribute to the health and happiness of individuals in the long term. Based on the background above, the author needs to analyze the holistic approach taken by midwives in teenage pregnancy.

2. Case Report

A 14-year-old teenage girl came to the Surabaya Health Center with her older sister to check her pregnancy which had entered the age of 35-36 weeks. This pregnancy occurred in a very unplanned condition and was a difficult experience for the teenage girl because it happened at a very young age. At the beginning of the teenage girl's visit to the health center, she looked gloomy, and did not talk much when asked by the midwife, when further investigation was carried out from the family, namely the older sister who at that time accompanied the teenage girl to the Health Center, it was revealed that the support received by the teenage girl was very limited, especially from the nuclear family. Both of the teenage girl's parents did not provide direct support, and the boyfriend who impregnated her also did not pay attention to her pregnancy condition. The beginning of the teenage girl's pregnancy was discovered by the family when the teenage girl experienced a respiratory tract infection that required 7 days of hospitalization at a private hospital. At that time, a complete blood test, urine test and a series of other health checks were carried out, it turned out that the results of the examination showed that this teenage girl, in addition to a lung infection, was also positive for pregnancy with a gestational age of \pm 20 weeks. This made the family not accept the actions of this young woman because it had tarnished the family's good name and kicked her daughter out of the house, the young woman felt neglected and less motivated to maintain her health and that of her fetus. In addition, she also felt emotionally unsupported, which caused a lack of motivation to maintain a nutritious diet and carry out routine check-ups at health facilities. The doctor also advised the young woman to continue treatment for 2 weeks and was considered safe by the doctor, and was allowed to have a pregnancy check-up at the health center. The first visit, the results of the vital signs examination showed blood pressure (BP) 110/80 mmHg, respiratory rate (RR) 20 x / minute, oxygen saturation (SpO₂) 98%, fetal heart rate (FHR) 136x / minute, and uterine fundus height (TFU) 30 cm, TB 156 cm, BB 56 kg, body mass index during pregnancy (23.0 kg / m²), and upper arm circumference (LILA): 22cm. The adolescent girl also received an ultrasound examination by a doctor at the health center with the results of the examination GA: 20 weeks, EFW: 395 gr. The midwife collaborated with nutrition officers in providing counseling, information and education related to adolescent nutrition.

During pregnancy, adolescent girls face several physical and emotional problems. During this pregnancy, adolescent girls experience decreased appetite, sometimes nausea which interferes with daily activities and affects eating patterns. Education from Nutrition officers has been given regarding proper eating patterns such as eating lots of vegetables, fruits and sufficient protein intake, and providing the necessary vitamins, such as folic acid, iron, providing milk and

PMT for pregnant women, eating little by little but often, education about balanced eating patterns, the importance of avoiding processed foods, spicy and overly sour foods, the dangers of alcohol consumption and addictive substances or consumption of drugs without a doctor's prescription also need to be emphasized, in the condition of adolescent girls whose antenatal care (ANC) visits during their pregnancy are still limited, making health monitoring in the early stages of pregnancy disrupted. In addition, the limited economic background of the family further worsens the situation, limiting adolescent girls' access to nutritious food which is very important during pregnancy which can increase the risk of anemia and micronutrient deficiencies in adolescent girls.

In dealing with this condition, health workers, especially midwives, doctors and psychologists, work together to provide the support and guidance needed by adolescent girls to accept their pregnancy and their role as mothers and focus on building an adolescent support system. The approach applied is a holistic approach that emphasizes the importance of social support, especially from the family and people closest to the adolescent girl. The older siblings and grandmothers of the adolescent girls become the main companions who help them through their pregnancy. The older siblings are given education on how to provide appropriate emotional support to adolescent girls, including providing positive motivation and ensuring that the adolescent girls undergo regular ANC check-ups. In addition, midwives also conduct counseling with the extended family of the adolescent girls and their boyfriends, with the aim of reducing the stigma of adolescent pregnancy and inviting them to be more accepting and supportive of this condition. This process also involves family counseling sessions aimed at creating a more supportive environment for maternal and infant health.

The results of laboratory tests at the 2nd ANC with a gestational age of 36-37 weeks showed a hemoglobin level of 12.1 gr/dL, blood type B+, protein (-), Random Blood Sugar: 138 g/dL, non-reactive HIV, non-reactive HBsAg, and non-reactive syphilis. The results of the ultrasound examination by the doctor were also all safe and observations of vital signs were within normal limits, administration of folic acid and iron tablets, and routine calcium intake, diligent check-ups to health facilities to monitor fetal well-being and maternal health. During the 3rd ANC visit, the adolescent was consulted at the psychology clinic to receive therapy regarding her anxiety in dealing with ongoing problems in strengthening her mental health, the adolescent was also given counseling, information and education to prepare for childbirth, referral preparation by a midwife at the health center

The midwife conducted a follow-up on the condition of the teenage girl, at 39-40 weeks of pregnancy the teenage girl gave birth at a Surabaya hospital by caesarean section to reduce the risk of complications that might occur due to her very young age and history of lung infection. The baby girl was born weighing 2800 grams and was declared healthy. The parents of the teenage girl were able to accept and for the time being the baby was fully cared for by the parents of the teenage girl who lived outside the city. However, the teenage girl was still involved in decisions regarding her baby's care, with the aim of building an emotional bond between mother and child.

After giving birth, the young women continued to receive support from health workers through 3 home visits and telehealth monitoring, which included education on post-operative wound care, maintaining emotional health, and preventing postpartum depression. Health workers also provided support to ensure that the young women could take on their new role as young mothers, despite the enormous challenges they faced. The young women were encouraged to plan for their future by receiving education on contraception to prevent future pregnancies in the near future and to continue their education to improve their quality of life. With the support of their families and health workers, the young women decided to rebuild their future by returning to school.

The materials and methods should be typed in Cambria with font size 10 and justify alignment. Author can select Normal style setting from Styles of this template. The simplest way is to replace (copy-paste) the content with your own material. Method and analysis which is performed in your research work should be written in this section. A simple strategy to follow is to use keywords from your title in first few sentences.

3. Discussion

Teenage pregnancy, in this case, is a complex and challenging phenomenon. In its role as a new mother, pregnancy at a young age involves various interrelated aspects, including physical and mental health, social dynamics, and the impact of lack of family support. According to WHO data (2021), teenage pregnancy is one of the main causes of obstetric complications globally, such as anemia, preeclampsia, premature birth, and high risk for newborns. Adolescents who are pregnant under the age of 18 are more susceptible to these complications. Pregnant women under the age of 16 have a risk of anemia up to three times higher than adult pregnant women (4). In the group of adolescent girls, nutritional limitations that are often influenced by lack of family support and economic constraints are risk factors that impact the health of the mother and fetus. In addition, teenage pregnancy also affects physical and mental development,

because teenagers are generally not fully ready to face the changes in their bodies and the responsibilities of being a mother(4).

Several factors that influence teenage pregnancy include biological, psychosocial, and economic factors. Biologically, a teenager's body may not be fully developed to deal with the process of pregnancy and childbirth. Psychosocially, pregnancy at a young age often causes emotional stress and anxiety, as teenagers often feel pressured by social stigma and uncertainty about the future. Economic factors also play an important role, where teenagers who come from families with low socioeconomic status often face limitations in terms of access to adequate health care, nutritious food, and sufficient emotional support. Lack of support from family, especially from parents or partners, can worsen the psychological impacts faced by teenage mothers (5).

Teenage pregnancy presents various challenges, both for the pregnant mother and the baby. One of the main challenges is the lack of family support. In the case of adolescent girls, although they receive support from their older siblings, they do not receive full support from their immediate family such as parents or husbands. Emotional and practical support from the family, especially parents and partners, plays a major role in reducing stress and improving the health of pregnant women (5). In addition, economic problems are a major obstacle, because adolescents often do not have sufficient resources to meet the nutritional and health care needs needed during pregnancy. In this case, the role of health workers is very important to provide education on affordable nutritious food alternatives, as well as ensuring access to the necessary health services.

In addition, the social stigma against teenage pregnancy is also a major obstacle. Many teenage mothers feel ashamed or isolated because of society's negative views of pregnancy at a young age. This can affect their mental health, causing anxiety, depression, or feelings of being under pressure. Around 30% of teenage mothers experience depression during pregnancy due to the social stigma and psychological pressure they experience(6).

A holistic approach is essential in dealing with teenage pregnancy, as it involves various interrelated aspects. This approach includes support from medical personnel, psychologists, nutritionists, families, and the community. In the case of teenage girls, several steps are taken to ensure the health of the mother and baby. Psychological assistance is provided to help teenage girls cope with anxiety and stress, as well as to provide the necessary emotional support. During her pregnancy, the teenage girl lived with her older sister who was married and her grandmother also lived with her, with their support, the teenage girl seemed enthusiastic about going through her pregnancy even though her biological parents still could not accept her, however, she was sure that over time her parents would accept her daughter back. Regret always comes at the end, this teenage girl is aware and deeply regrets the life story she has lived, but she must focus on survival and fight for her baby, she must be responsible for herself and prepare herself to carry out her role as a young mother. Relaxation techniques and group counseling have been shown to be effective in reducing symptoms of depression and anxiety in teenage mothers (7). In addition, education on how to manage stress and worries about the future is also provided to young women (7).

Psychologists and nutritionists play a very important role in supporting pregnant teenage mothers, especially considering the emotional and physical challenges they face. Psychologists help teenage mothers cope with stress and feelings of neglect by providing emotional support through individual and family counseling(8). Family counseling aims to reduce the stigma of teenage pregnancy, as well as create a more supportive environment, which is very important for the mental well-being of adolescent girls (9). In addition, psychologists also help identify the risk of postpartum depression and provide necessary interventions (7).

On the other hand, nutritionists provide much-needed education on healthy eating patterns, with a focus on nutritious foods that support maternal and fetal health. This is important, considering the family's economic limitations that can hinder access to nutritious food. Nutritionists ensure that pregnant women get the right nutritional intake, such as folic acid and iron to prevent anemia and micronutrient deficiencies (10). Nutritionists also play a role in overcoming the problem of nausea and vomiting that is often experienced in the first trimester by providing advice on more acceptable eating patterns (11). This collaboration between psychologists and nutritionists provides the holistic support that pregnant teenage mothers need to go through pregnancy better and prepare for a healthier future (12).

A holistic approach also involves support from the extended family and community. In the case of adolescent girls, family counseling programs involving family members and community leaders help reduce the social stigma of teenage pregnancy. Family counseling can increase social support and reduce psychological distress faced by adolescent mothers (9). Through counseling, the extended family better understands the situation and their role in supporting adolescent mothers, thus creating a more supportive environment for mothers and babies.

Teenage pregnancy does not preclude the possibility for the teenager to continue her education and achieve her future. In the case of adolescent girls, even though she experienced a high-risk pregnancy, the steps taken by health workers to provide psychological support and nutritional education enabled the adolescent girls to plan for a better future. After giving birth, adolescent girls were encouraged to continue their education and were given guidance on how to manage their time between caring for their baby and studying. Further education for adolescent mothers can improve long-term quality of life and reduce the risk of intergenerational poverty (13).

Teenage pregnancy as experienced by adolescent girls does have high risks, but with a holistic approach, these risks can be minimized. In the case of adolescent girls, the decision to perform a cesarean section is taken to prevent complications that can endanger the mother and baby, such as uterine rupture or prolonged labor, especially for mothers with a history of lung infection so that a CS is more advisable. This cesarean section is in accordance with WHO recommendations (2020) for high-risk pregnant women. After delivery, further assistance is provided, which includes education on family planning and the use of contraception to prevent recurrent pregnancies. Contraceptive education can reduce the rate of recurrent pregnancies in adolescent mothers by up to 60% (14).

Continuity of Care (CoC) is an approach that emphasizes continuity in health services from pregnancy, childbirth, to the postpartum period. CoC aims to ensure that pregnant women receive consistent and coordinated care from the same health worker or team throughout their pregnancy. In the context of adolescent pregnancy, CoC plays an important role in ensuring that adolescent mothers receive attention that is appropriate to their physical and emotional needs. CoC helps build a relationship of trust between adolescent mothers and health workers, which ultimately increases compliance with medical advice and antenatal check-up schedules. The implementation of CoC in the care of adolescent mothers can increase the birth rate of healthy babies, reduce pregnancy complications, and improve overall maternal well-being(14). The main components of CoC include integrated antenatal care that includes monitoring physical and mental health and education about healthy eating patterns and danger signs during pregnancy; ongoing psychological support through counseling to reduce stress, anxiety, and social stigma; multidisciplinary collaboration between midwives, obstetricians, psychologists, nutritionists, and social workers to provide comprehensive support; safe delivery planning according to the health conditions of the mother and baby, including indications for normal delivery or cesarean section; and postpartum support that includes education on baby care, the importance of breastfeeding, family planning, and contraceptive methods(14). With a holistic CoC approach, health workers can provide more effective and sustainable support to adolescent mothers. This not only impacts the health of the mother and baby, but also increases the opportunities for adolescent mothers to continue their education and achieve a better future. Good implementation of CoC requires commitment from all related parties, including families, health workers, and the government, to ensure that every adolescent mother receives optimal and sustainable care throughout their pregnancy and postpartum journey (14).

4. Conclusion

Teenage pregnancy is a complex phenomenon involving physical, mental, social, and economic aspects. Pregnant adolescents are at high risk of complications such as anemia, preeclampsia, premature birth, and mental health disorders due to social stigma and lack of family support. Biological, psychosocial, and economic factors play an important role in determining pregnancy outcomes.

A holistic approach involving medical personnel, psychologists, nutritionists, families, and communities is essential to support maternal and infant health. Continuity of Care (CoC) is an effective strategy in ensuring continuity of care, from pregnancy, childbirth, to postpartum. CoC includes integrated antenatal care, ongoing psychological support, multidisciplinary collaboration, safe birth planning, and postpartum support.

Good implementation of CoC not only improves maternal and infant health but also opens up opportunities for adolescents to continue their education and plan for a better future. Continuous support from families, health workers, and the government is essential to ensure that every adolescent mother receives optimal and coordinated care.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of ethical approval

The present research work does not contain any studies performed on animals/humans subjects by any of the authors.

Statement of informed consent

Informed consent was obtained from individual included in this study.

References

- [1] WHO. Adolescent pregnancy [Internet]. 2024 [cited 2025 Jan 18]. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
- [2] Health Research and Development Agency Ministry of Health of the Republic of Indonesia. Basic Health Research 2018.
- [3] Smith J, Brown R. Holistic health care: A comprehensive guide to patientcentered approaches. New York. Heal Publ. 2020;
- [4] Hardilla DS, Salimo H, Pamungkasari EP. Do Early Childhood Schools Have Contextual Effect on Child Development Aged 3-6 Years in Tanjung Jabung Timur, Jambi? *J Matern Child Heal*. 2020;5(2):120–8.
- [5] Rahmawati N, Kusumaningrum D, Lestari A. Emotional support and maternal health outcomes among teenage pregnancies. *Reprod Heal J*. 2021;14(2):102–10.
- [6] Dewi P, Rahayu A, Fitriana L. Depression and anxiety in pregnant adolescents: Prevalence and influencing factors. *Indones J Obstet Gynecol*. 2021;9(1):12–20.
- [7] Rachmawati A, Irwansyah M, Wulandari A. Psychological support for pregnant teenage mothers: Impact on maternal mental health and well-being. *J Psikol Klin*. 2023;8(1):74–83.
- [8] Dewi R, Fitriani N, Yulianti D. Mental health in pregnant teenage mothers and factors that influence. *J Psikol Kesehat*. 2021;12(4):85–91.
- [9] Handayani D, Utami F, Nugroho S. The role of family counseling in reducing the stigma of teenage pregnancy in society. *J Kesehat Masy*. 2021;23(1):56–63.
- [10] Astuti R, Suryani A, Pratiwi F. Providing nutrition education to pregnant women with low economic backgrounds: Its impact on maternal and infant health status. *J Kesehat Gizi*. 2021;20(3):112–8.
- [11] Safitri A, Amalia N, Widiyanti F. Antenatal care practices and nutritional interventions for adolescent mothers: Challenges and opportunities. *Matern Neonatal Heal J*. 2020;10(3):67–75.
- [12] Karolina A, Susanto A. Antenatal care interventions for adolescent mothers: A systematic review. *J Kesehat Reproduksi*. 2021;13(2):98–104.
- [13] Suryani D, Indah P, Utomo H. Educational interventions for teenage mothers: A pathway to improve quality of life. *J Matern Child Welf*. 2023;19(2):210–20.
- [14] Pratiwi R, Widodo A, Rahayu T. Contraceptive education for teenage mothers to reduce repeated pregnancies. *J Adolesc Heal*. 2023;18(2):98–105.