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Family Functioning in Families with Pregnant Adolescents

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Abstract

Pregnancy in adolescents represents a crisis for their families as it leads to changes in the subsystems, functions and responsibilities in the care of the adolescent's child. The risk factors associated with adolescent pregnancy can be grouped into three categories: individual, social and family. The objective was determining the degree of family functioning with pregnant adolescents from the point of view of their adaptability and cohesion.It is a descriptive, cross-sectional study, where families with pregnant adolescents belonging to a low socioeconomic level were studied.The family functioning level in this group of adolescents was the medium with a tendency to a balanced level. In relation to the extreme level, a low percentage was found with a predominance of rigidly agglutinated families, concluding that functionality with respect to cohesion and adaptability predominates in this group of families. We consider that pregnancy in these early adolescents activates the mechanism of homeostasis towards a flexible agglutination.

Introduction

Pregnancy in adolescents represents a crisis for their families as it leads to changes in the subsystems, functions and responsibilities in the care of the adolescent's child; according to the World Health Organization, adolescents are persons who are in the age group from 10 to 19 years old. The adolescent population in Mexico doubled in the last 30 years, since in 1970 it represented 11.4% of it, a figure that rose to 21.3% in the year 2000; currently in our country the births of pregnancies in adolescents represent 32% according to the statistics of the Ministryof Health. (1)

In the last five-year periods, teen pregnancy has increased significantly and many of these events represent problems because the adolescent mother has limited educational opportunities, rejection of the family environment and biopsychosocial immaturity. (2)

The risk factors associated with adolescent pregnancy can be grouped into three categories: individual, social and family; in this last category, the functionality and functioning of the family are described, as well as the presence of a pregnant mother or sister in adolescence, the loss of significant figures and the low level of education of the parents.

There are several instruments for measuring family functioning, one of the most relevant models in the understanding of family systems is the Olson, Sprenkle and Russell circumflex model; having as theoretical support this model, the FACES (Family, Adaptability and Cohesion Evaluation Scale) was developed. There is a validated Spanish version by, ER. Ponce Rosas, FJ. Gómez Clavelina, M. TeránTrillo, AE. Irigoyen Coria, S. Landgrave Ibáñez, who consider that the interaction of the dimensions of cohesion and adaptability affects family functioning. (3)

Family cohesion is defined as the emotional bond that family members have with each other, referring

to the degree to which family members are separated or united; this dimension evaluates: emotional bonds, family limits, coalitions, time, space, friends, decision making, interests and recreation. This evaluation allows the family to be classified as: detached, separated, balanced and agglutinated. (Olson, 1983).

Family adaptability are resources that the family has in order to be flexible to change, is represented by the skills to change their authority structure, roles and norms in the face of situational or developmental stress. This evaluation classifies the family as rigid, structured, flexible and chaotic.

The level of functioning is the result obtained when evaluating the dimensions of cohesion and adaptability of the Circumflex Model of Olson, and allows classifying families in three levels: balanced, medium and extreme.

Objective

To determine the degree of family functioning with pregnant adolescents from the point of view of their adaptability and cohesion.

Theoretical Framework

One study shows that the family system of pregnant adolescents was characterized in most cases by being dysfunctional, which probably evidences that households with little frequency are harmonic due to the lack of manifestations of affection, and that the opinion of the adolescent is not taken into account and sometimes there is no time to share with the family.

All this generates a rupture between the members of the family which increases the predisposition for unwanted pregnancies. There is a positive correlation between different lifestyles and the degree of family functioning. All this means that there is a direct association between these two variables; therefore, pregnant adolescents who presented functional family systems are characterized by using productive strategies. On the other hand, pregnant adolescents with dysfunctional family systems used non-productive strategies. (4)

In relation to family factors, an investigation showed that 54.7% of the adolescents did not live with the parents; in 38.9% the girls suffered from domestic violence, in 29% of the cases caused by the father; abuse of psychoactive substances in 20%;the 46.5% had between a regular relationship to none with the father; and the type of education received by the fatherwas adequate in only 29.6%.

Thompson et al, published in 2008 a study of cases and controls with young pregnant and non-pregnant adolescents (n = 951), from a North American database that had information from all over the country. Although they did not study family functionality as such, they mention several family aspects that turned out to be risk factors for teenage pregnancy, among them: being away from home for a long period of time (OR = 1.39), being out of school (OR = 2.18), feeling of abandonment by the family (OR = 1.46);emotional abuse by the mother (OR = 1.51), living with both parents constitutes a protective factor (OR = 0.75). The authors comment that pregnant adolescents have complex profiles composed of a multitude of risk characteristics, highly compromising behaviors, and poor family functionality. (5)

Other studies show that, despite the changes generated by a pregnancy in adolescence, both for the pregnant woman and for the family, the quality of life of the pregnant woman remains within the usual and families adjust to the changes that it means.

Similar results were shown in a study conducted by Rangel and colleagues in 2004, who addressed pregnant adolescents enrolled in a medical unit in the city of León, Guanajuato, México, in which, according to the Family APGAR, was reported that 27% of pregnant women had moderate family dysfunction, 6% severe and 67% were functional families.

A research carried out by Zambrano et al in 150 pregnant adolescents, to whom were applied the Family Functionality Scale (e-eff) -designed by Fridemann for the identification of family functionality, found that 54% presented moderate to severe family dysfunction and 46% corresponded to patients with a functional family. For its part, regarding quality of life, Guarino in 2010, conducted an investigation in which he addressed 94 patients who attended pregnancy control in various public and private health centers in Venezuela, to whom he applied the Quality Questionnaire of Life and reported moderately high overall satisfaction with their quality of life and results very similar to those were found in this study. (6)

Another study evaluated family functioning in pregnant adolescents in risk environments.An exploratory study was carried out with 47 adolescents from 13 to 18 years of age, users of services of a multidisciplinary

health care clinic, residents of the eastern suburbs of Mexico City. A sociodemographic card for adolescents and their family was applied and a test on family functioning. Significant differences were found between the group of pregnant women and the group of non-pregnant women.

In pregnant adolescents, cohesion, adaptability and family communication are low, unlike the group of non-pregnant women, who have higher levels of cohesion, communication and adaptability in their families. It is concluded that the family can be a risk factor for adolescents to become pregnant prematurely. It is necessary to prevent adolescent pregnancy through control and prevention where health programs, schools and parents participate. (7)

In a comparative cross-sectional descriptive study, with a quantitative approach where the degree of family health was evaluated in 100 families which attended two institutions providing health (IPS) in Bogotá, Colombia, were organized into two groups: half of the families with pregnant adolescents who presented morbidity in the third trimester of pregnancy and the other half who did not have morbidity; for the collection of information, the ISF GES 19 instrument was designed, implemented and tested by Dr. Pilar Amaya de Peña. A global vision about family health was obtained and the degree of family health was compared according to the characteristics found in each of these groups. It is concluded that families do not feel or perceive the risk of suffering or not a pathology during pregnancy, and therefore, do not affect their degree of family health which they consider healthy and satisfied. It is necessary to create strategies that lead to diminish the health risks to which the family and adolescent mother are exposed. The research was based on the theory of systemic organization of Marie Louse Friedemann; the objective was to describe the degree of family health of families with pregnant adolescents.

A descriptive, observational, cross-sectional study was conducted of the 58 pregnant women under 20 years of age, who lived into the health area of the "Josué País García" University Polyclinic in Santiago, Cuba, from January to December 2013, with an objective to determine the relationship between family dysfunction and the presentation of pregnancy in them, for which the Faces III evaluation instrument was applied.

When the statistical analysis was carried out, a predominance of the age group of 15-18 years was observed, as well as the relationship to the different levels of education in correspondence with age, the family dysfunction and the type of extended family; these last 2 results were predisposing factors in the development of risk behaviors, such as early pregnancy. (9)

Material and Methods

It is a descriptive, cross-sectional study, where families with pregnant adolescents belonging to a low socioeconomic level were studied, who attended their pre-natal control in units of the first level of care in the metropolitan area of Monterrey, N. L., México.

We surveyed 90 families of a non-probabilistic type of intentional sampling; the variables were socio-demographic data, family context and the application of the family system assessment scale, FACES III.The analysis of the data was processed in the statistical package SPSS v, 17;a primary inclusion criterion was living with their families of origin.

Ethical considerations: the confidentiality of the information was assured; an informed consent was applied.

Results

- Age range from 14 to 19 years with an average of 15.2 years old.
- Average education level was in 64% High School.
- Marital status: 37% single, 49% in stable union and 12% married, all living with the family of origin.
- Only 35% used a contraceptive method prior to their pregnancy.
- Pregnancies were planned in 32%.
- In 92% of the cases, the mother of the adolescent was the first family member who found out about the pregnancy.
- In 100% single adolescents depend economically on their families.
- The predominant family type was nuclear in 57%, 23% belonging to disintegrated families and 20% were extended families.

In relation to family functioning, the medium level predominated in more than half of the cases with about

a third of them belonging to agglutinated families, followed by 8.9% by rigidly separated families.

In 38.9% of the cases, they belonged to the balanced level, with families predominantly connected in 16.8% and structurally separated in 10%.

The 7.8% of the cases were of the extreme level with families rigidly agglutinated in 5.5% and rigidly dispersed in 2.2%

Discussion

The findings allow to characterize adolescent in the first pregnancypredominantly within a level of medium family functioning, followed by a balanced level of functioning; in the middle level, the type that is flexibly agglutinated predominates, corresponding to 26 families, almost 30% of the adolescents participating in this study; the functioning of these families presents difficulties in a single dimension, while in the balanced type, families are central in both dimensions, at this level the family is free to move in the direction that the life cycle of a family member requires.However, almost 10% of the families were located at the extreme level, considered the most dysfunctional.

Conclusions

The family functioning level in this group of adolescents was the medium with a tendency to a balanced level. In relation to the extreme level, a low percentage was found with a predominance of rigidly agglutinated families, concluding that functionality with respect to cohesion and adaptability predominates in this group of families. We consider that pregnancy in these early adolescents activates the mechanism of homeostasis towards a flexible agglutination.

Table 1. *Levels of family functioning in families with first pregnancy in adolescents*

Family Functioning	Family type	f	%	Total f	%	P value
Balanced level	Flexibly separated	3	3.3	35	38.9	NS
	Flexibly connected	15	16.8			
	Structurally separated	9	10.0			
	Structurally connected	8	8.9			
Medium level	Flexibly dispersed	0	0	48	53.3	0.05
	Flexibly agglutinated	26	28.8			
	Structurally bonded	1	1.1			
	Rigidly connected	0	0			
	Chaotically separated	0	0			
	Chaotically connected	7	7.8			
	Structurally dispersed	6	6.6			
	Rigidly separated	8	8.9			
Extreme level	Chaotically scattered	0	0	7	7.8	NS
	Rigidly agglutinated	5	5.5			
	Chaotically agglutinated	0	0			
	Rigidly dispersed	2	2.2			
Total		**90**	**100.0**		100.0	

Source: FACES III

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