Over the past 100years significant variations have happened in the family unit. Mainly the alterations are connected to structure, commitments and child-rearing practices. In the society families are the core unit. The people are supported and concerned for and social values are increased. In a family each and every person has various roles. These roles may be changed by alterations of family unit and structure of the family. Parent child connections shaping children’s behavior. So the parent child bond is important during the childhood period. Children’s emotional, cognitive and emotional functions are connected with parent-child relationship. This relationship provides safe attachment for children and it offers good foundation for children’s later development such as such as self-esteem, positive peer interactions, and literacy development (Gibson-Davis, C. M., & Gassman-Pines, A. 2010). Family rituals are at the core of family life. Parents are the first teachers of children. Family structure is shape mother-child interactions through its links with economic status, emotional support, and family stability. Family quality, marital quality and agreement about parenting relate to the child growth and psychopathology (Schermerhorn, A. C., D'Onofrio, B. M., Turkheimer, E., Ganiban, J. M., Spotts, E. L., Lichtenstein, P., & Neiderhiser, J. M. (2011). Adolescent parents and women of advanced maternal age are the two different population groups. Significant changes can be seen in these two population groups over the decades. This essay explains about the present and past trend, merits and demerits and nurses responsibilities regarding these two population groups.

Adolescence and young adulthood are periods of quick biological, psychological, and social alterations. One of the most significant health issues among adolescence in Australia is teenage pregnancy. If pregnancy is continued, it has severe adverse effects on the adolescent mothers and her on child**.** These women are under severe emotional stress. The economic cost is very high for this population group regarding medical care, less educational opportunities and other social benefit payments. In the past, young pregnant adolescents were put in stigma and shame. They were separated into homes to hide their pregnancies (Corkindale, CJ ; Condon, JT 2006). Moreover, backyard abortions were very common in the past and it was conducted in unsafe medical settings. Relinquishment of the baby for adoption, which used to be the most common outcome in the past .In addition, teenage mothers have limited entrée to education and lack of educational qualifications that has been leads to greater level of unemployment, poverty, homelessness, poorer level of marital steadiness and increase the number of nonmarital births than their peers who delaying parenthood .Mother and child were lived in poverty. Poor family support reduced sufficient prenatal care. Teenage mothers are highly depending on welfare than adolescence who postpone their first child birth because they have lower income than adults. These adverse effects accounted for negative health outcomes for teenage mother and her child (Hellon, AS., McFarlane, J., &Anderson 2007). Domestic violence was also increased risk of adolescent pregnancy in the past years. There was also a higher level of running away and association with the criminal justice system. Adolescents who provide birth during their teenage period, liable to function less efficiently in numerous fields than their peers who delay childbearing**.** Adolescent mothers were lacking of parenting skills, they were not good to look after baby, and need careful handling. (Mary Breheny & Christine Stephen 2006). Besides, teenage mothers possess less mothering skills relate to elderly mothers, so they were distinguished as insensitive and impatient towards their babies.Most studies showed that early parenthood had a strong negative impact on their educational attainment; such mothers were not likely to keep on higher qualification after child birth than their peers who delaying to become mother. When teenage women became pregnant, they drop out their higher education and in majority of cases they not at all come back to the education system once more. By the time they may reach at 20, and may have more children. These circumstances may reduce their confidence level and return to secondary education also. So, in the past, teenage parents remained as unemployable.

Nowadays considerable social changes occur in relation to adolescent parents. Various contraceptive measures have become freely available, stigma and shame has been diminished, abortions eliminated from the society and terminations are usually conduct safely (Corkindale, & et al 2006). Public and families accepted this phenomenon. Parents of adolescent parents are in good health and more capable to give most favorable care for their children. There is growing evidence that many of the adolescent pregnancies are planned and they have strongest positive attitudes towards pregnancy. The challenges of being a young parent are accompanied by important personal development and happiness. Some of the adolescent parents denote that having a child forced them to stop risky or antisocial behaviors and lifestyles and fill their life with sense of purpose, maturity, and responsibility. The recent trend of adolescent parents is continuing their education with their child. In Australia, government establishes many programs as a part of accepting pregnant students. They provide opportunities and support to connect with re-education programs and other services, schooling requirements for welfare receipt, and other school progressive policies (Krystyna Slowinski 2007). Younger mothers who are aged 15-25 are encouragedfor education and learning (Dorothee Crawley 2005). Child care is crucial component at this place. In order to permit the women to focus on their studies, childcare centers help them. The women are eligible for childcare benefits, and pensions given by the government. Centacare attracts further funding to pay the gap.

Even though, teenage pregnancy is now acceptable, adolescent parents are under great risk such as for medical, social, psychological and developmental problems. The medical problems linked with teenage pregnancy include poor maternal weight gain, anemia, prematurity, low birth weight and pregnancy induced hypertension (Elaine, C., Claire, M., Abigail, k., Peter, 2006). Low birth weight has a significant impact on the development of children and later life also. Developmental delays, intellectual deficiencies, behavioral problems, lower level of school attainments, and some other level of developmental problems are some of the negative outcome of children.

Health professionals can play a considerable role in the prevention of unsupported and unplanned pregnancies by proper health education. Teenage pregnancy prevention and intervention programs are available. The programs intended to postponed or decreasing sexual activity. To achieve this intention giving health education of sexual reproduction and access of various contraceptives measures, teach about self discipline and values, shaping decision- making and social skills and raise other life options **(**Coley, & Lindsay, C. 2004). The purpose of these programs to develop their human and social capital and expand their objectives and life chances. Majority of such of programs aimed at teenage parents on welfare or those who have dropped out of school, and these programs contains incredible collection of servicessuch as education and job training, free child care and transportation, and other support services. Health practitioners such as nurse provide health education from the school level onwards. At first level, education includes on variety of topics such as contraception, sexually transmitted diseases and stress management (Brandi, M,.& Moria, G. 2005). Second level contains prevention of adolescent pregnancies and its outcomes and the access to a general practitioner. Also provide education regarding emotional and financial difficulties of becoming teenage parents

Advanced maternal age is another population group in our society and significant changes can be seen in this group. Women delaying pregnancy until later in life has been observed in both low- and high-income countries, which usually can be seen among highly educated and economically secure women. Despite the decline in general birth statistics the prevalence of older women becoming mothers has increased (Ben & Terence 2008). The tendency in childbearing have changed, together with the social profile of childbearing women particularly in developed Western countries (Emmanuel, E., Creedy, D., St John, W., Gamble, J., & Brown 2008). In Australia, the standard age of childbearing has increased to 30.7years in 2005from 26.3years in 1978.The birth rates for women aged 35—39 years have more than doubled in the past two decades. The reasons for delay in childbearing are completion of higher education, career building and marital circumstances ((Mary Carolan 2007). Over hundred years ago, men considered as the bread winner of the family and women supposed to look after children. Moreover, in the past, women became employed; when they married or became pregnant they would withdraw from the workforce. However, in this technological era, men and women realized the importance of dual earnings so women enter the workforce and plan a career. Therefore, women inclined to marry later and give birth at more advanced ages in order to first put together a career.

In the advanced maternal age group, delaying pregnancy occurs because women who have used time and effort to set up an employment before starting a family. Maternal employment is a remarkable change that can be visible in advanced maternal age group and it will continue in the future.(Emmanuel, E. & et al 2008). The recent trend can be observed that women take decision to have a baby after 35 years or more because of advanced technologies like IVF. Even though the cost of IVF and related tests are very high, people go before that. Women who have their first child in later adulthood are commonly better educated and economically secure and stable steady than are younger first time mothers (Bornstein, M. H., & Putnick, D. L.2007). Many evidences suggest that working mothers are happier with their life than is the nonworking mother. Working mothers are more prone to encourage independence in her children. Sometimes children of working mothers assist them in household jobs because they get lesser amount of time**.** This participationhelps to develop feelings of self-worth and believe they are essential part of the family (Hill, J. L., Waldfogel, J., Brooks-Gunn, J., & Han, W. 2005). The maternal job assisted the mother in many ways, such as providing self-esteem and new social contact.

Even though, age seems to be insidious part in parenting, health issues become more prominent with increased age. The pregnant women of advanced maternal age group are considered as high risk group. This population group gets less support from their family and peers. The parents of this group may be in sixties when their daughter start child bearing. Otherwise, parents may have reached retirement period and they are unable to give any help because of some age related problems**.** In addition, delayed childbearing women may face number of obstetrical problems. Some of the problems are prolonged labour leads to caesarean section, maternal mortality, maternal anxiety, preterm delivery, placental complications, diabetes, pregnancy induced hypertension, bleeding in the third trimester, miscarriage, multiple pregnancies may occur due to fertility treatment and stillbirth (Alison. C., Tracey .M, & Tina .L2010).Multiple pregnancies may occur from an infertility treatment. population Furthermore, some neonatal risks also take into consider such as increased peinatal morbidity, mortality, low birth weight, chromosomal abnormalities including Down’s syndrome, schizophrenia, congenital malformation, and psychological problems.

Even though the age is an indication for maturity and psychologically ready for childrearing and new technologies for infertility like IVF, older women would have to face number of issues. Public health nurses have an important role in women with decision of a baby after 35 years (Carolan and Nelson, 2007). Conduct seminars and educate them about the merits and demerits of advanced pregnancies. Some women reported that if they get better education regarding the complications of advanced pregnancies, they may reconsider about their decision. Health education regarding elderly pregnancy and related problems provides a pathway to reconsider about their attitudes towards childbearing age.

In summary, substantial changes have occurred in the family unit over the past hundred years. Significant changes can be seen in adolescent parents and advanced maternal age population groups. The recent trends are child care and IVF and this will continue in the future also. Even though these are the trends and its percentage is increasing in worldwide, they produce number health issues on mother and child in both population groups .These can be prevented to a great extent by providing adequate health education by health professionals regarding the use of preventive measures and how to face the outcomes. To get maximum advantage from health education, interventions must starts in preadolescence.

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