Families are the basic unit of communities and the foundation of societies. Several interrelated social trends have resulted in major restructuring of family life. Some examples of these trends include homosexual marriages, labour force participation of women, ex-nuptial births, relationships fragility, teenage pregnancy and unemployment. (Australian Institute of Family Welfare, 2011). In Australia also, these trends made impact on family structure. This essay deals with two population groups which made an impact on Australia’s family unit. Two population groups considered in this essay are teenage girls and unemployed parents. The trends of this population groups selected are teenage pregnancy and domestic violence. This reflective essay will analyse and compare the changing trends among these two groups, impact of these trends in family unit and discuss the role of the nurse to reduce the effect of these trends in family and community.

The teenage is an uncertain age in which youngsters try hard to make their identity for adulthood. It also is a time of sexual experiment for many young people. This is a response to teenager’s physical, hormonal, cognitive and psychosocial development. (Farber, 2009). Sometimes this sexual experimentation leads to teenage pregnancy. Teenage pregnancy is a term given to pregnancy that occurs to a woman who is under the age of 19 years. Teenage pregnancies in Australia are in a declining manner even though it is not eradicated completely. This decline is mainly due to increased access of sex education, improved access to contraception. (Women’s health, 2011).

Teenage pregnancy and child birth is an important health issue because of its relation with overall effects on teenager, family and community. It is an exciting experience to be pregnant for any woman at any stage, but for a teenager it can create emotional crisis and health complications in mother and the baby. (Bishop, 2007). It also affects their education and leads to school dropout, unemployment and poor socioeconomic status. (Farber, 2009). Teenage pregnancy can affect all the family members from the moment the pregnancy test reads positive. It is really a crisis situation for the family members to decide whether they keep the baby or end the pregnancy. Family members lose their trust in their teenager. Identifying teenager has been sexually active must be a real blow to family relationships. More than this teenage pregnancy can cause changes in relationship in the family. Parents should understand that their child who is a teenage mother has a new responsibility of a new person. Boundaries and rules may need to be adjusted to reflect to new relationships as these young parents balance youth and responsibility. Teenagers mostly are not prepared to take care of themselves and they are even less able to look after an infant. It is financially difficult for the family to support their teen children who became mother. (E how, 2011).

Community nurses are the persons in an ideal position to work against community problems. It is mainly due to their accessibility to population. In ancient times their role was management of diseases in the community. But in recent years community nurses role begin to shift. Role has become more focussed on provision of early intervention measures to prevent complication to clients, family and society. (Loon, 2007). Community nurses role in teenage pregnancy prevention begins with primary prevention. Primary prevention is the main component of any adolescent intervention programme. The main of aim of this is to provide care before sexual activity begins in the teenage. (Leishman & Moir, 2007). Educating the teenagers about abstinence and personal responsibility is the primary message of any pregnancy prevention programmes. It should also include education and counselling about sexual health issues, pregnancy prevention, family planning, and post phonement of pregnancy into adulthood. (Farber, 2009). Education should focus clearly on sexual behaviours that lead to unintended pregnancy and sexually transmitted diseases. Community health nurse should explore the teenager’s knowledge base about sexual matters and clear their doubts and correct any misconceptions about birth control methods. Proper education about contraceptives also included in the teaching section. (Laundy & Janes, 2009).

The teaching method and material selected should be appropriate to the teenager. Nurse should provide basic information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse. Teaching activities should involve the participants and help them to personalize the information. (Laundy & Janes, 2009). Nurses can select teachers or peers and provide training which involves practice sections to give sex education to the teenagers. The most beneficial approaches for education are peer education approach, life option approach and working with parents and adults. (Laundy & Janes, 2009). In peer education approach peers are trained to give sex education and pregnancy prevention programmes within the peer group. In this approach, nurses role is to be a facilitator and trainer. Life option approach includes one to one meeting, counselling services, exposure to new experiences such as museums, exhibitions and concerts and community service participation. In this approach community nurse act as a trusted mentor, educator, community liaison and coordinator of such programmes. More than this she should have the awareness about programmes and resources available in the community that targets teenagers in a broader perspective. (Laundy & Janes, 2009).

Community nurse should work with parents and significant adults of teenagers. Because with everyday interaction these people can influence the character of teenagers to an extent. (Laundy & Janes, 2009). Nurse can suggest guidelines for effective communication with teenagers to their parents. This consists of some points like educating the parents about the importance of talking clearly about their sexual values and attitudes for their children, overlooking and keeping an eye of children’s behaviour, creating rules and standards, knowing about children’s friends and family, taking rigid stance about teenagers relationship, development of an intimate relationship with their children. (Laundy & Janes, 2009).

School based programmes and health clinics play a crucial role in pregnancy prevention. These programmes include sex education, family life education and contraceptive education. (Laundy & Janes, 2009). This helps adolescents in their understanding of sexuality and making responsible choices in their future. Nurses are effective sex educators because they are equipped to provide sexual context in a factual and non judgemental approach. (Strunk, 2008). Community health nurses can also helps federal, state and local government in policy making which influence pregnancy prevention (Farber, 2009).

Another population group selected in this essay is unemployed parents. One trend of unemployed parents in Australia is domestic violence (Kalil, 2009). Domestic violence increases with unemployment. When a male partner is employed the rate of violence is 4.7%. It is 7.5% when a male partner experiences unemployment. (WomensLaw.Org Reports, 2008). The lack or absence of family income increases the potential for domestic violence. It is mainly due to the increased stress of families to meet both ends together. (Buzwa, Buzwa & Stark, 2011). Domestic violence is a type of physical, emotional or sexual threat by spouses, partners, relatives or anyone else with a closer relationship with their victims (Lynda, 2011). It involves child abuse, intimate partner violence and elder abuse. It may in the form of verbal coercion, physical assault and attempted or completed murder. (Furlow, 2010). Different forms of domestic violence are physical, sexual and emotional violence. Physical violence includes any traumatic assaults such as slapping, kicking, bruising, hitting, burning and scalding. (Lynda, 2011). Emotional abuse involves humiliation, intimidation, isolation from friends and family, denial of financial access or basic needs and with holding access to social support. Sexual violence means physically coercing sexual acts with the victim. (Furlow, 2010).

Domestic violence affects women more than men, mainly because of gender difference. (Lynda, 2011). Impacts of domestic violence influence family. Victim’s quality of life and health status can be profoundly affected by domestic violence. The main psychological effects are low self esteem, helplessness, depression and post traumatic stress disorder. In addition to this family violence affects coping strategies. It includes denial, minimization, anger, shock and dissociation. These all will affect victims productivity and role fulfilment. (McCure, 2009). This can impair their parenting skills and cognitive performances. Domestic violence can also cause acute and chronic health complications such as pain, injury and fracture. Domestic violence ripples throughout communities. Its roots are multivariate and complex and are not limited to the abusive household. (Furlow, 2010). Domestic violence also affects children in the family. It may create stressful environment to the child. It affects their cognitive, psychological development and school performances. Increased stress with poor school performance may lead to substance abuse, gambling and teenage pregnancy. Unemployment of parents itself affect education of children. (Kalil, 2009). Signs of domestic violence include injuries to head, neck, face, chest and forearm, incomplete explanation for injuries, fear of apprehension, panic and attempted strangulation injuries (Lynda, 2011). All health care professionals must be aware of signs, symptoms and patterns of injuries associated with domestic violence. Nurses have many roles in the community in handling domestic violence. (Lynda, 2011).

The main problem of providing care to domestic violence victims is that family violence is often unrecognized and unreported (Lynda, 2011). Many victims of domestic violence are not ready to report this incident because of norms of the society, fear of retaliation and economic dependence. Because of this substantial screening of vulnerable groups in the community from the side of nurses is very important. (Buzawa, et al, 2011). Bystander screening is also very useful for the community nurses to identify the risk families. As a result of victim seeing, non participants including neighbours, friends and bystanders become primary source of information about domestic violence for social agencies and health professionals in the community. So nurses should collect information from the surrounding community about families at risk of domestic violence (Buzawa, et al, 2011). Nurses should take initiatives to address extreme form of domestic violence by criminal status. This is very essential in prevention of further domestic violence’s. (Buzawa, et al, 2011). While providing care to a victim of domestic violence documentation of physical injuries as well as their emotional status is very important. It is very essential in providing care. Nurse’s approach to the victims should be very sensible. (Lynda, 2011). If the nurse wants to talk to suspected victims of domestic violence, the consultation should be done confidentially and conversation to be in a place that cannot be over heard in by other family members. If there is any children in the family nurse should give special attention to the children. Their needs and feelings should be cared. (Lynda, 2011).

Nurse should inform the victims of domestic violence about the services available in the community such as counselling services and mental health services and rehabilitation facilities (Kalil, 2009). Government also provide lots of programmes at federal, state and local levels to prevent domestic violence. It includes partnership against domestic violence initiative, women’s safety agenda, perpetrator programmes and community awareness campaigns. Effective participation from the community nurse plays a significant role in implementation of all these programmes. (Parliament of Australia, 2006). Through community awareness programmes nurses can raise the public awareness of domestic violence. Relevant information such as legal services, support services, and financial services can be displayed on posters. (Buzawa, et al, 2011).

While considering the above mentioned groups, the problems such as unemployment, domestic violence and teenage pregnancy are interconnected. Parental unemployment increases the rates of domestic violence (WomensLaw.Org Reports, 2008). It increases stress on children. Unemployment of parents also affects children’s education. (Kalil, 2009). Increased stress and low educational level may lead to antisocial activities and teenage pregnancy. Teenage pregnancy results in school dropout and unemployment. (Farber, 2009).

To conclude, teenage pregnancy and domestic violence is a public health issue. This made several impacts in family and society. Teenage is a time of changes both physically and mentally. To help the teenagers to cope up with these changes and prevent consequences such as teenage pregnancy and substance abuse, education and support from parents, teachers and nurses is very important. Unemployed parents’ domestic violence affects all family members including children. Community nurses can help them by providing care to the victims and creating awareness in the community about services available to them.

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