

Understanding of pregnant adolescents about pregnancy

Compreensão de adolescentes grávidas sobre a gravidez

Comprensión de las adolescentes embarazadas sobre el embarazo

RESUMO

Objetivo: Conhecer a compreensão de adolescentes grávidas sobre a gravidez. Método: Estudo de abordagem qualitativa, realizado em uma Estratégia Saúde da Família (ESF) de um município do estado do Ceará. Foi elegida a ESF que continha o maior número de adolescentes grávidas cadastradas, quando da coleta de dados. Resultados: Participaram desse estudo 15 adolescentes grávidas. A análise, à luz do referencial de Bardin, evidenciou duas categorias temáticas: Compreensão das influências social e cultural da gravidez de adolescentes e Compreensão das adolescentes sobre as consequências da gravidez nos aspectos biopsicossocial e espiritual. Conclusão: A compreensão de adolescentes grávidas sobre a gravidez demonstra que pode haver influências social e cultural. O estudo apontou que as principais consequências percebidas são a interrupção dos estudos escolares; mudanças na rotina familiar e alterações biopsicológicas.

DESCRIPTORES: Adolescente; Gravidez; Serviços de Saúde do Adolescente.

ABSTRACT

Objective: To know the understanding of pregnant adolescents about pregnancy. Method: Study with a qualitative approach, carried out in a Family Health Strategy (ESF) in a municipality in the state of Ceará. The ESF that contained the largest number of registered pregnant adolescents was chosen, at the time of data collection. Results: Fifteen pregnant adolescents participated in this study. The analysis, in the light of Bardin's framework, showed two thematic categories: Understanding the social and cultural influences of teenage pregnancy; Adolescents' understanding of the consequences of pregnancy in biopsychosocial and spiritual aspects. Conclusion: The understanding of pregnant adolescents about pregnancy shows that there can be social and cultural influences. The study pointed out that the main consequences related to this situation are the interruption of school studies; changes in Family routine and biopsychological changes.

DESCRIPTORS: Adolescent; Pregnancy; Family planning; Adolescent health services.

RESUMEN

Objetivo: Conocer el entendimiento de las adolescentes embarazadas sobre el embarazo. Método: Estudio con enfoque cualitativo, realizado en una Estrategia de Salud de la Familia (ESF) en un municipio del estado de Ceará. Cuando se recogieron los datos, se eligió la ESF que contenía el mayor número de adolescentes embarazadas registradas. Resultados: Quince adolescentes embarazadas participaron de este estudio. El análisis, a la luz del marco de Bardin, mostró dos categorías temáticas: Comprensión de las influencias sociales y culturales del embarazo adolescente; Comprensión de las adolescentes sobre las consecuencias del embarazo en aspectos biopsicosociales y espirituales. Conclusión: La comprensión de las adolescentes embarazadas sobre el embarazo muestra que puede haber influencias sociales y culturales. El estudio apuntó que las principales consecuencias relacionadas con esta situación son la interrupción de los estudios escolares; cambios en la rutina familiar y cambios biopsicológicos.

DESCRIPTORES: Adolescente; El embarazo; Planificación familiar; Servicios de salud del adolescente.

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ORCID: 0000-0003-1700-4721**INTRODUÇÃO**

Teenage pregnancy is considered a public health problem due to the risks that can affect not only the adolescent mother but also for the child's development, namely: preeclampsia, surgical delivery, preterm birth, perinatal maternal death, among others. According to Taquette (2013), another important factor in the precocity of teenage pregnancy is the fact that it is related to the spread of Sexually Transmitted Infections (STIs) and Acquired Immunodeficiency Syndrome (HIV/AIDS).⁽¹⁻²⁾

Some characteristics that can influence teenage pregnancy are related to little or no dialogue, in a family environment, on topics still described as taboos, precocity in sexual practice, few activities that articulate the Family Health Strategy (ESF) with the community, lack of planning between intersectoral sectors to the School Health Program (PSE), fragility in public policies on the prevention of unplanned pregnancy and correct use of contraceptive methods.⁽³⁾

The biopsychosocial impacts for pregnant adolescents affect all social classes. However, lower socioeconomic classes are the most vulnerable. School dropout is a factor that commonly occurs during the school phase of pregnant adolescents due to the difficulties in reconciling the new role of being a mother and housewife, resulting in little study, with interaction in the low-paid labor market and which can contribute to the perpetuation of poverty. Emotional aspects, in the perception of adolescents, can be positive or negative depending on the factors that resulted in the pregnancy.

Therefore, family and partner support are important bases for facing these impasses.⁽⁴⁾

Therefore, family planning actions aimed at adolescents must be designed and implemented in order to improve their access to the service and to continue to carry out continuous monitoring. In addition, training for human resources that interact with this public, which requires differentiated assistance, should also be encouraged. It is up to the ESF teams to integrate with other services such as school institutions through the PSE, community centers and meetings with different age groups.⁽⁵⁾

The choice of this theme is justified by the highlights and high discussions on the biological, psychological and social consequences of teenage pregnancy, which can negatively interfere with their well-being. In addition, the study can help to sensitize professionals to effective assistance to pregnant adolescents. The present study will contribute in the health area to sensitize professionals to an effective assistance to adolescents and municipal managers to develop training of human resources in family health care. In addition to contributing to the expansion of knowledge in the academic environment about this theme and thus proposing sources for the development of other research. This work aims to know the understanding of pregnant adolescents about pregnancy.

METHOD

This was a descriptive, exploratory study with a qualitative approach, carried out in a Family Health Strategy (FHS) in a municipality in the state of Ceará, Brazil. The

ESF that contained the largest number of registered pregnant adolescents was elected, during the data collection period.

The study population consisted of pregnant adolescents, who, according to the World Health Organization, adolescent is one who is in the age group between 10 and 19 years of age, in which they were being monitored in the prenatal period of the respective FHS.

For this study, the inclusion criteria were to be adolescents in the age group that circumscribes the age group between 10 and 19 years old, pregnant and registered in SISPRENATAL and who underwent prenatal care in the chosen FHS. The exclusion criteria adopted were pregnant adolescents who were absent from the health unit on the day scheduled for data collection and who did not propose to participate in the research.

The sample was according to the number of women registered in SISPRENATAL of the institution chosen for the study, which included a total of 23 pregnant women. After surveying the number of pregnant women, the invitation to participate in the research was sent, which, through the Community Health Agents; in addition to passing on information relevant to the research; made the appointment for the adolescents to carry out the research in the unit. The data collection period was carried out between May and July 2020.

The collection instrument used for data collection was a semi-structured interview script about the socioeconomic-demographic profile, clinical and obstetric data, built on the basis of the research objectives, as well as from the reading of studies on the

subject. Thus, subjective questions related to the theme were applied individually, with language accessible to all participants. At the time of the interview, after permission from the interviews, their speeches were recorded using a cell phone so that they could be transcribed in full, guaranteeing the anonymity of the research subjects. Thus, 15 pregnant adolescents composed the study.

The data obtained were interpreted and analyzed according to Bardin's criteria. The organization for data analysis was carried out in three chronological poles: pre-analysis – organization phase, aiming to make operational and unite ideas, creating a precise development scheme of the following operations in an analysis plan; Exploration of the material - consists of the construction of coding operations, through clippings, aggregations and enumeration, based on rules about textual information, content characteristics and, finally, the treatment of results, inference and interpretation - which comprises the evaluation of the results of materials that were collected, thus allowing the realization of expositions of the information provided, in this way, this rigor inhibits ambiguities during the investigation.⁽⁶⁾

The ordering of the research data was based on the transcription and reading of the material, building categories for a more dense interpretation. This process enabled a continuous review of the empirical material in dialogue with the assumed theoretical framework. During the course of data analysis, participants' speeches were literally transcribed, being identified by the initial "P" (Pregnant) referring to the interview carried out, followed by the order of performance with the participant, in order to maintain confidentiality regarding the names.

The study was approved by the Research Ethics Committee following the precepts of Resolution 466/2012. For data collection with the pregnant women, they were asked to sign the Free and Informed Consent Term (FICT).

RESULTS

The research included 15 pregnant teenagers. Pregnant adolescents had the largest age group between 17 – 19 years, with 11 pregnant women; skin color, the majority declared to be brown, being 13. Most of the adolescents were single, being 8, and most with incomplete elementary school education. As for obstetric data, there were primiparous and second-pregnant adolescents, in which 13 adolescents stated that the pregnancy was not planned; 5 of them had already had other pregnancies. The use of alcohol and tobacco were also present in the adolescents in which two declared that they used alcohol and three, the use of tobacco. The religion of most pregnant women interviewed was Catholic, totaling 10 adolescents.

The adolescents' predominant place of residence was their parents' residence, in addition to housing in conjunctures with other types of people (among them grandmother, aunt and sister). The interviewees lived in the urban area, with an income below the minimum wage. As for the property, most of the interviewees reported living in their own property.

The categories that emerged from the reading and processing of data are presented below. The topics presented here represent the perception of pregnant women regarding the influence of pregnancy at this stage of their lives.

Categorization of speeches

Category 01: Understanding the social and cultural influences of teenage pregnancy.

From the statements below, it was observed that there are influences from the social and cultural environments of these pregnant adolescents. The teenagers stated that they had friends who had become pregnant as a teenager.

G1. Yes, it is, I get along with them, I talk to my friends. Many of my friends are pregnant...

G12. It exists, it existed because now the girls are not pregnant, I get along very well with them...my friends

and all.

Another type of influence related to conviviality was related to the questioning if the family of these adolescents had a history of pregnancy in adolescence and the type of kinship, with the mother being the most cited answer.

G6. Yes, my mom and aunt.

G7. Yes, my mom.

G11. Yes, my mom's, my grandmother's.

Some interviewees report changes in their leisure routine after pregnancy:

G6. Only in the family... friends remained normal, as before (...) it changes, we don't have the freedom we had before.

G7. Several, friendships, school (...) yes, because when I was a teenager I had the first one when I was 15 and everything was left to him.

Category 02: Adolescents' understanding of the consequences of pregnancy in biopsychosocial and spiritual aspects.

Regarding the changes experienced by the adolescents interviewed, reports were observed about changes in biopsychosocial and spiritual aspects due to pregnancy. It was found that teenage pregnancy can lead to several changes in life, such as difficulties in continuing studies, as reported in the statements below:

G13. Yes, a lot of my friends, (...) they liked it (...) and others found it strange, others didn't like it because I got pregnant, because of friendship... so I distanced myself a lot from the friendships of some. (...) Yes, well... a lot because of my study because I repeated it 3 times, because I missed a lot, because of the baby he got sick and I had to leave school and I came back now.

G11. Yes, it was related to my partner, we became closer (...) Yes, it (pregnancy) made me become more adult (laughs) in a certain way.

G10. In mine, yes, because my mother, my family was much more careful with me, they are much more careful now, worried about everything! If I feel anything (...) Yes, I feel more lively, more relaxed.

DISCUSSION

Early pregnancy can result in consequences such as population growth, favoring abandonment and abortions. In addition, it can contribute to an increase in maternal morbidity and mortality rates, interrupting the educational process of both girls and boys, reducing their chances of developing holistically in society. It causes emotional destabilization in adolescents and is an important factor in family breakdown, in addition to increasing the risk of STIs.^(7,8)

As for the influence of the environment, sociocultural and religious factors, some authors indicate that social morality, family, and socioeconomic level influence the sexual behavior of adolescents. In some cases, the occurrence of teenage pregnancy is seen by them as a positive fact, especially if they have support from their partners. It is understood that the family assumes a particularly important role in the new situation arising from the pregnancy, by providing support, advising on care during and after pregnancy, thus minimizing negative changes.⁽⁸⁻⁹⁾

Studies addressing the social role of religion, church-going teens had a lower rate of pregnancy than non-church-going teens. In this sense, recent empirical evidence has suggested that religion may be a factor associated with the sexual and reproductive behavior of adolescents in Brazil. Some theories have emerged to explain such aspects, due to the role of religious norms and teachings on what is right or wrong, acceptable or not, within each religion or church. Some norms, such as opposition to pre- or extra-marital sex, may be associated with a

lower risk of initiating sexual life early, or even having multiple sexual partners, thus reducing the risk of becoming a mother in adolescence or of contracting sexually transmitted infections.⁽¹⁰⁻¹¹⁾

Teenage pregnancy, in most cases, is

The biopsychosocial impacts for pregnant adolescents affect all social classes. However, lower socioeconomic classes are the most vulnerable. School dropout is a factor that commonly occurs during the school phase of pregnant adolescents due to the difficulties in reconciling the new role of being a mother and housewife, resulting in little study, with interaction in the low-paid labor market and which can contribute to the perpetuation of poverty.

not accompanied by marriage, in which pregnant women are left without a partner and need the help of family members. This would be an important factor for a more

peaceful pregnancy, at a time of fears and uncertainties and when schooling is paused or abandoned.

The early responsibility imposed by an immature pregnancy results in coping problems, because in many cases it is abandoned by the partner, which can lead to a depressive crisis or, consequently, abortion or suicide.⁽⁴⁾ The abandonment of the partner stems from the threat that young people feel when they think they will lose their freedom, where they believe they will have to assume a more responsible role, without being prepared.⁽¹²⁾

These data demonstrate a possible mismatch between the users not planning for pregnancy and the non-effectiveness in taking precautions in sexual relations. However, it is known that the use of contraceptive methods can be influenced by cultural, gender and social conditions that prevent access. Therefore, many adolescents face difficulties in accessing male and female condom methods due to issues such as religious and social norms, economic conditions and gender.⁽¹³⁾

In this way, it is seen how necessary broader programs for healthy adolescence, which involve not only adolescents, but also their parents, teachers, religious leaders and other members of the community so that the information is passed on to adolescents in a correct way, breaking the existing taboos in society. In addition to the need to strengthen Programs, such as the Health at School Program, so that health professionals can gain access to this vulnerable public and facilitate dialogue to guarantee their access to health services.⁽¹⁴⁻¹⁵⁾

Another issue analyzed is the socioeconomic situation, which can be an aggravating factor for a teenager who goes through the experience of a pregnancy, as the adequate supply of her needs must be ensured. Social inequality is what worries us the most since, this situation means that adolescents belonging to the most deprived classes can prioritize the desire to compose a family in their life projects, to the detriment of the construction of professional plans, favoring early pregnancy and the recurrence of the same.⁽¹⁶⁾

As for religion, according to Coutinho and Ribeiro (2014), the influence of religion can curb some risk behaviors such as the ingestion of illicit drugs and sexual intercourse. Through these data, it is observed that the lifestyle of many adolescents also deserves to be analyzed, because according to some authors, it may involve smoking-related teratogens, alcohol abuse, among other drugs, may contribute to the increase in complications of a pregnancy at this age, especially in the development of the baby.

(17-18)

The subject addressed becomes more complex due to the numerous consequences in the biopsychosocial aspects of the adolescent, such as school dropout, which consequently hinders or delays the process of professional qualification. As a result, the girl is usually dependent on her parents' income or is left with low-paying jobs, perpetuating poverty. Due to adolescence being

a time of many changes in the biological process, pregnancy becomes a potentially risky public health problem. The pregnant woman and the fetus are exposed to complications in the gestational process and childbirth, such as induced or spontaneous abortion, prematurity, pregnancy-specific hypertensive disease (PSHD) among others. In addition to early exposure to Sexually Transmitted Infections STIs.

CONCLUSION

Pregnant adolescents' understanding of pregnancy demonstrates that there can be social and cultural influences of teenage pregnancy. The adolescents stated that they had friends or their mothers had become pregnant during the same period. The study pointed out that the consequences of pregnancy in the biopsychosocial and spiritual aspects reported by the adolescents were re-

lated to the continuity of school studies and changes in the family routine.

This research points to the need for discussions about the consequences of teenage pregnancy at the biological, psychological and social levels, which can interfere with the adolescent's well-being. In addition, the theme is important to sensitize professionals to effective assistance to adolescents and encourage professional training for planning and health care for this public.

It is expected that the present study will contribute to the academic environment for scientific deepening and development of new works, which in a critical way based on evidence, strategies are developed for better resolution of this theme. Also, that public policies and articulation with the school, parents, health sector and society in general be strengthened.

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