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RESEARCH

Causas predisponentes à gestação entre adolescentes

Predisposing causes for pregnancy among adolescents

Causas predisponentes al embarazo entre adolescentes

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ABSTRACT

Objective: This study aimed to describe the predisposing causes for pregnancy among adolescents and their knowledge on the prevention methods. **Method:** This is an exploratory, descriptive, and quantitative research carried out at basic health units in the town of Sao Caetano, Pernambuco, Brazil, in September and October 2011. For data collection, one used a semi-structured questionnaire applied to 42 adolescents enrolled for prenatal care. **Results:** The findings show that most adolescents was around 16 years of age, brown skinned, literate, and Catholic, lived with her partner, and had a low socioeconomic status. One's own wish (54.8%) stood out as the main cause for pregnancy in the population under study. **Conclusion:** One found out there's a need for investing on strategies for providing these female adolescents with guidance, so that contraceptive practices and the responsible exercise of sexuality start being realized as positive and usual behaviors. **Descriptors:** Pregnancy in adolescence, Adolescent, Obstetric nursing.

RESUMO

Objetivo: O objetivo deste estudo foi descrever as causas predisponentes à gestação entre adolescentes e seu conhecimento sobre os métodos de prevenção. **Método:** Trata-se de uma pesquisa exploratória, descritiva e quantitativa desenvolvida em unidades básicas de saúde do município de São Caetano-PE, em setembro e outubro de 2011. Para a coleta de dados foi utilizado um questionário semiestruturado aplicado a 42 adolescentes cadastradas na assistência pré-natal. **Resultados:** Os achados evidenciam que a maioria das adolescentes tinha cerca de 16 anos, era parda, alfabetizada e católica, morava com seu parceiro e apresentava baixo nível socioeconômico. Destacou-se o desejo próprio (54,8%) como principal causa de gestação na população em estudo. **Conclusão:** Constatou-se a necessidade de investir em estratégias de orientação a essas adolescentes, de modo que as práticas contraceptivas e o exercício responsável da sexualidade passem a ser percebidos como comportamentos positivos e regulares. **Descritores:** Gravidez na adolescência, Adolescente, Enfermagem obstétrica.

RESUMEN

Objetivo: El objetivo de este estudio fue describir las causas predisponentes al embarazo entre adolescentes y su conocimiento acerca de los métodos de prevención. **Método:** Esta es una investigación exploratoria, descriptiva y cuantitativa, desarrollada en unidades básicas de salud del municipio de São Caetano, Pernambuco, Brasil, en septiembre y octubre de 2011. Para la recogida de datos fue utilizado un cuestionario semi-estructurado aplicado a 42 adolescentes inscritas en la atención prenatal. **Resultados:** Los hallazgos evidencian que la mayoría de las adolescentes tenía alrededor de 16 años, era parda, alfabetizada y católica, vivía con su compañero y presentaba bajo nivel socioeconómico. Se destacó el deseo propio (54,8%) como la principal causa de embarazo en la población del estudio. **Conclusión:** Se constató la necesidad de invertir en estrategias de orientación a esas adolescentes, de modo que las prácticas contraceptivas y el ejercicio responsable de la sexualidad pasen a ser percibidos como comportamientos positivos y regulares. **Descriptor:** Embarazo en la adolescencia, Adolescente, Enfermería obstétrica.

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INTRODUCTION

Adolescence is characterized as the transition phase between childhood and adulthood, between 10 and 19 years of age.¹ From the social viewpoint, it's at that time that the individual loses rights and privileges of a child and takes commitments and responsibilities of civil age of majority.²

At this life stage, clinical and psychosocial changes take place, with the emergence of new wishes, doubts, and curiosities, which intensifies with the discovery of one's own body and sexual pleasure, resulting in potential risks of an unwanted pregnancy.³

Pregnancy is a normal life event which involves physical and psychological changes for the mother; each quarter, adjustments occur to facilitate the fetal growth and physical changes are among the most evident ones, with the accommodation of the growing fetus. However, pregnant women also go through behavioral changes as they prepare for motherhood.⁴

Pregnancy in adolescence may be regarded as a social deadlock and a major public health problem in developing countries, due to the complications arising from it. Among those described in the literature one finds: school dropout, family disapproval, incentive to abortion by family and partner, partner abandonment, social discrimination, and high-risk pregnancy – the latter often associated to an inadequate prenatal care.⁵

This way, pregnancy among the population concerned is related to socioeconomic, psychological, and cultural factors.² It shows to be essential measuring strategies to decrease the fertility rates and even the mortality rates among pregnant adolescents, through the development of public policies, planning actions, and continued education of health professionals.⁶

In this context, nursing, as a profession committed to health promotion and prevention, should undertake an active search for these adolescents, by providing a differential pre-natal care, through a comprehensive listening and home follow-up, besides promoting the clarification of doubts and guidance on childbirth, puerperium, newborn infant's care, and breastfeeding.^{6,7}

It's believed that identifying the predisposing causes for pregnancy among the adolescents may contribute to the planning of actions for adolescents' health care, something which isn't an effective reality in the town under study, yet, as well as in many others throughout Brazil.

Given the above, the following questions were raised: 1) "What are the predisposing causes for pregnancy among the adolescents enrolled in the basic health units (BHUs) in the town of Sao Caetano, Pernambuco, Brazil?"; and 2) "What do these adolescents know about the methods for preventing pregnancy?"

METHOD

This is a cross-sectional study, with a quantitative approach, conducted at BHUs located in the town of Sao Caetano; the units concerned are distributed into 8 family health teams (FHTs) and 1 community health workers' program (PACS).

The sample consisted of 42 pregnant adolescents aged from 14 to 19 years, enrolled in the BHUs in São Caetano and living in the town, who sought assistance for prenatal care in their UBS, except the adolescents who got pregnant due to violent actions.

Data collection took place in September and October 2011, after authorization by the Municipal Health Council of Sao Caetano and subsequent approval by the Research Ethics Committee of Hospital Agamemnon Magalhaes, under the CAAE 0128.0.236.000-11.

It's noteworthy that the adolescents included in this study freely participated in the research, by signing a free and informed consent form; in case of adolescents under 18 years, one asked the parents or guardians for permission.

Data were collected through a semi-structured questionnaire, containing questions related to demographic data of interviewed adolescents, as well as questions related to pregnancy, contraceptive methods, and sexual practice.

The data of interest were systematized by the researchers in an electronic spreadsheet, in the software *Microsoft Excel*, which enabled the registration of variables and, subsequently, data were transferred to the software *Statistical Package for Social Sciences* (SPSS), version 15.0; then, one performed a descriptive statistical analysis (relative and absolute frequencies).

RESULTS E DISCUSSION

Table 1 refers to the distribution of the number of pregnant adolescents according to the variables race, marital status, education level, religion, and family income.

Within the study period, 42 pregnant women were interviewed; age ranged from 14 to 19 years, with an average of 16.8 ± 1.6 years. There was a prevalence of brown (47.6%) and Catholic (95.2%) pregnant adolescents, as well as consensual union (59.5%), incomplete Primary Education (54.9%), and monthly family income from 1 to 2 minimum wages (52.4%).

Table 1. Distribution of the number of pregnant adolescents according to the variables race, marital status, education level, religion, and family income, Sao Caetano, Pernambuco, Brazil, 2011.

Variables	N	%
Race		
White	13	31.0
Black	8	19.0
Brown	20	47.6
Indian	1	2.4
Marital status		
Single	12	28.6
Consensual union	25	59.5
Married	5	11.9
Education level		
Incomplete Primary School	23	54.9
Complete Primary School	9	21.4
Incomplete High School	8	19
Complete High School	2	4.7
Religion		
Catholic	40	95.3
Evangelical	2	4.7
Income (minimum wage)		
< 1	18	42.9
1-2	22	52.4
2-3	2	4.7

Figure 1 illustrates the marital status at the time when pregnancy was discovered: 48% reported to live with the partner, 33% were dating, but living with their parents, and 12% had no partner.

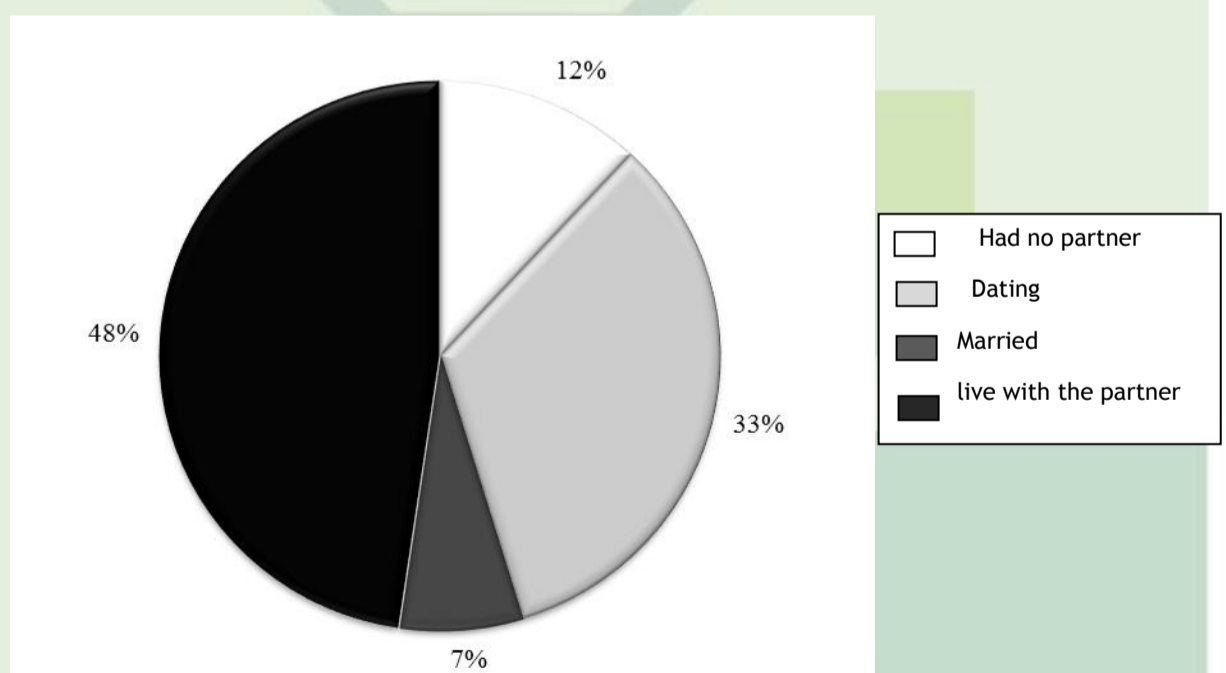


Figure 1. Distribution of pregnant adolescents according to marital status at the time when pregnancy was discovered. Sao Caetano, Pernambuco, Brazil, 2011.

Figure 2 illustrates the main contraceptive methods known by the interviewed adolescents when they got pregnant: one observes that 97.6% of pregnant adolescents reported knowing some contraceptive method, especially condom (88.1%), the oral contraceptive pill (78.3%), and the Rhythm Method (9.5%).

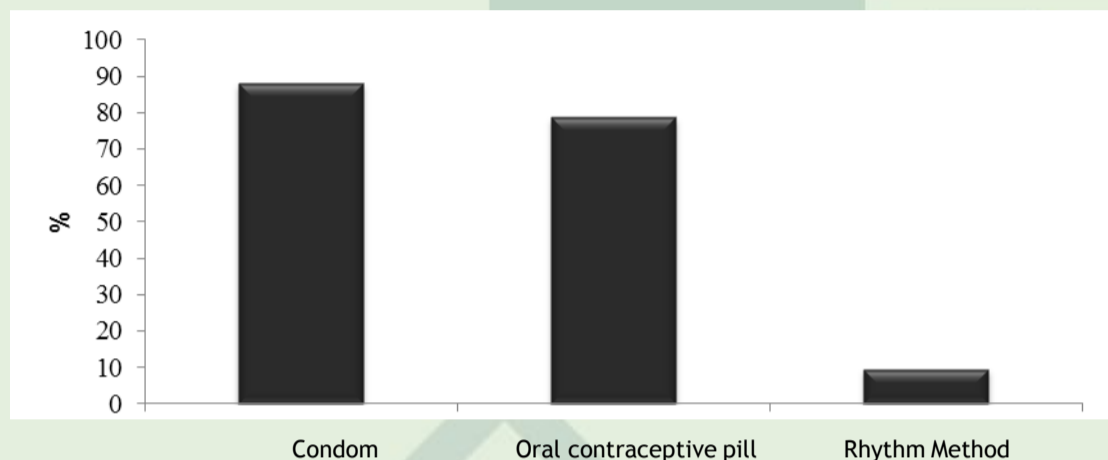


Figure 2. Distribution of the main contraceptive methods known by pregnant adolescents when they got pregnant. Sao Caetano, Pernambuco, Brazil, 2011.

Figure 3 illustrates the number of partners: 40.5% of the adolescents reported only 1 sexual partner and 35.7% reported 2 sexual partners.

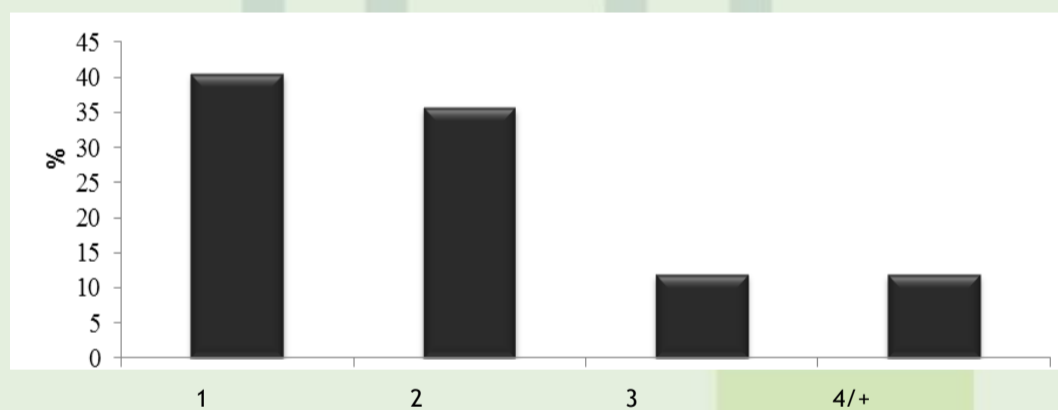


Figure 3. Distribution of adolescents according to the number of partners. Sao Caetano, Pernambuco, Brazil, 2011.

Data in Figure 4 indicate the main predisposing causes for pregnancy: stand out one's own wish (54.8%), neglect (31%), and neglect associated to lack of information (9.55%).

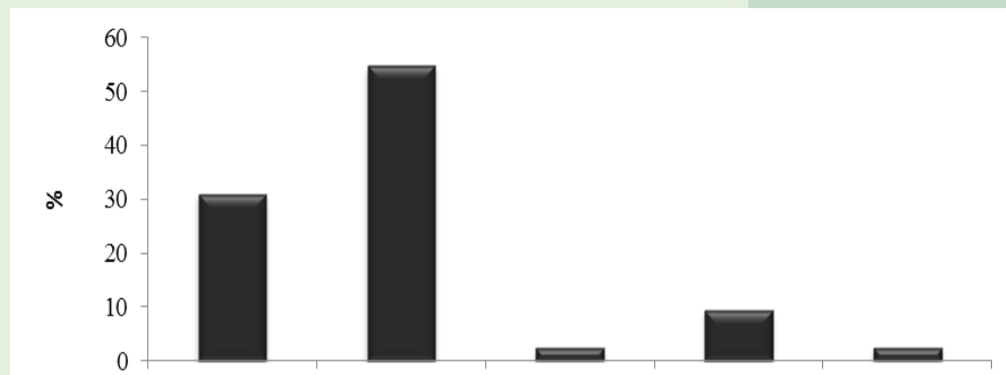


Figure 4. Distribution of adolescents according to the main predisposing causes for pregnancy. Sao Caetano, Pernambuco, Brazil, 2011.

The age group identified in this study shows up being early when compared to other studies conducted in northeastern Brazilian towns, whose results expressed that, when they got pregnant, a large part of the adolescents was aged between 17 and 19 years. Regarding the brown race (47.6%), this finding is supported by a study conducted in Recife, Pernambuco, Brazil, where brown/black represented 82.35% of pregnant adolescents.⁸⁻¹⁰

Concerning the marital status, pregnancy among adolescents has been highlighted as a precipitating factor of non-formal union between partners, something which stimulates the recurrence of pregnancy in adolescents with low education level.^{8,10}

In Brazil, it's evident that there's a significant proportion of adolescents who leave school during pregnancy or after child birth. A qualitative research carried out with relatives of pregnant adolescents points out that among the determining factors for school dropout one finds embarrassment and pressure from principals, teachers, classmates, and their own parents. This fact leads to missed opportunities and poor quality of life in the future; so, this is a life moment when the adolescent needs more support, either from the family members and the society as a whole.^{9,11}

In this research, one found out that low education and socioeconomic levels constitute the prevalent condition among adolescent mothers, as indicated by data from national and international studies. Lack of knowledge on the reproductive physiology and the consequences of sex intercourses observed in these situations are factors which result in pregnancy of adolescents, something which may compromise the growing of children and generate interruption of studies.^{12,13}

Most adolescents interrupts their school training at the time when pregnancy is discovered or they have already left school activities due to previous pregnancies, something which negatively interferes with their lifestyle, with adverse consequences on their prospects for study, work, and professional evolution.¹⁴⁻¹⁶

This study is similar to other researches with regard to the marital status at the time of getting pregnant, which highlight that most adolescents were already living with their partners or husbands, something which seems to be a positive factor in face of pregnancy, where family ties get strengthened. However, marriage, in some situations, is regarded as an alternative to a life with no prospects, where the status change from single to married is an appreciation of the role assigned to women and the very relationship,

socially consolidated and legitimated, representing an upward move in society.¹⁰

The significant percentages found with regard to the barrier (condom) and hormonal (contraceptive pill) methods are probably due to the education campaigns and the home visits promoted by health professionals in the town, as well as to the distribution of these products in primary health units. However, such action only characterizes access to these methods, something which doesn't represent protection against sexually transmitted diseases or even pregnancy, because, despite having some kind of knowledge on contraception, there's an apparent lack of information about the operation of one's own body. The contraceptive methods most frequently adopted by adolescents were condom (88.1%) and contraceptive pill (78.3%), a finding which corroborates national studies where the most frequently used contraceptive method was the male condom (33%), followed by the oral contraceptive preparation (25%).^{15,17}

Access to information on contraceptive methods doesn't guarantee the adolescents a protection against unwanted pregnancy and sexually transmitted diseases; thus, to minimize this problem one must invest on policies which ensure not only access to contraceptive methods, but guidance on the correct use of them.¹⁸

One often establishes a relation between adequate contraception and sexual initiation. It's estimated that the earlier the sexual initiation, the less likely the use of contraceptive methods and, as a consequence, the greater the chances of pregnancy; there's also a correlation between education level and contraception, in which it's believed that the greater the adolescent's education level, the greater the chances of using some contraceptive method, both in the first sexual intercourse and in the subsequent ones.¹⁹

Sex education, when offered before sexual initiation, may contribute to awareness on the importance of practicing safe sex. In face of this, it's essential to create spaces for reflections on relationships and sexual behaviors, in order to minimize the statistical values of pregnancy in adolescence.¹¹

The first sexual intercourse is regarded as a milestone in a person's life and, among young people, it has been increasingly early, and premature sexual intercourse may be connected to unwanted pregnancy and to the typical characteristics of the adolescent process, such as: self-assertion need, increased freedom, magical thought that "it won't happen to me", pressure from the boyfriend or group of friends to have the first sexual intercourse, escape and search for attention not found within the family environment.¹⁷

Regarding the distribution of adolescents according to the number of partners, there's a predominance of 1 partner among adolescents; this may be explained by the existence of basic differences between men and women, above all in the way of loving, desiring, and in sexual drive: for boys, sex life is initially separated from the notion of love, while for girls, love is the priority, something which contributes to a restricted number of sexual partners.^{16,17}

Among the findings of this study, stands out the significant portion of adolescents who report a wanted pregnancy, in contrast to studies which claim that conception was unwanted or unplanned; this may be explained by the adolescents who got pregnant due to various causes related to social, economic issues instead of wish for motherhood itself.^{15,16,20}

These young women's conscious or unconscious wish to get pregnant may be

explained by factors such as encouragement of their mothers, who, in most cases, also became mothers during adolescence, something which demonstrates the perpetuation of a lifestyle and a family structure culture that they experienced.¹⁷

These findings are a matter of concern, due to possible psychosocial repercussions of early pregnancy. Having in mind the significant number of adolescents who drop out of school because of pregnancy, it's very important to know the problem in Brazil, in its various regions, as well as to identify the population which is most vulnerable to the negative effects that pregnancy can bring, both for the mother and the child, without mentioning the huge impact on the adolescent's family life. There's a need for developing sexual education policies, aiming at the prevention of pregnancy in adolescence.²⁰

CONCLUSION

This paper showed that early sexual education of adolescents may minimize the occurrence of pregnancy; however, among the population under study, most female adolescents reported their own wish as the main cause for the pregnancy, something which allows pointing out the particularities and specificities experienced by these adolescents from the Agreste region in the state of Pernambuco.

One notices that these adolescents have knowledge on the main contraceptive methods and that, even in face of this information, one's own wish and neglect contributed to pregnancy. Therefore, the health teams in the town, besides being responsible for the distribution and guidance on the use of contraceptive methods, should design, along with the education professionals, partnerships and training strategies for these adolescents, including them in health policies, especially those focused on sexual and reproductive health, so that the contraceptive practices and the responsible exercise of sexuality start being perceived as positive and usual behaviors.

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