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Fontenele Costa, Gleiciane; D'ávila Siqueira, Danielle; Araújo Rocha, Francisca
Alanny; Chaves Costa, Francisca Bertilia; de Oliveira Branco, July Grassiely
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PSYCHOSOCIAL FACTORS FACED BY PREGNANT WOMEN IN LATE ADOLESCENCE

Fatores psicossociais enfrentados por grávidas na fase final da adolescência

Factores psicosociales afrontados por embarazadas en la fase final de la adolescencia

Gleiciane Fontenele Costa

Higher Institute for Applied Technology (*Instituto Superior de Tecnologia Aplicada - INTA*) - Sobral (CE) - Brazil

Danielle D'ávila Siqueira

Higher Institute for Applied Technology (*Instituto Superior de Tecnologia Aplicada - INTA*) - Sobral (CE) - Brazil

Francisca Alanny Araújo Rocha

Higher Institute for Applied Technology (*Instituto Superior de Tecnologia Aplicada - INTA*) - Sobral (CE) - Brazil

University of Fortaleza (*Universidade de Fortaleza - UNIFOR*) - Fortaleza (CE) - Brazil

Francisca Bertilia Chaves Costa

University of Fortaleza (*Universidade de Fortaleza - UNIFOR*) - Fortaleza (CE) - Brazil

Júly Grassiely de Oliveira Branco

University of Fortaleza (*Universidade de Fortaleza - UNIFOR*) - Fortaleza (CE) - Brazil

ABSTRACT

Objective: To know the psychosocial factors faced by pregnant adolescents attending a Primary Health Care Center. **Methods:** Qualitative exploratory and descriptive study carried out using a focus group in December 2015 in a city in Northern Ceará. Participants were eight pregnant women aged 18 to 19 years. Thematic analysis was performed and the following categories emerged: Reasons for getting pregnant and feelings experienced by adolescents; Family and professional support versus prejudice; Positive changes versus difficulties faced. **Results:** The findings reveal that the reasons for getting pregnant ranged from lack of contraception to believing that they would not get pregnant. In addition, nurses were the most cited professionals regarding the social support network. As for positive changes, closer relationships with the family and partner stood out. With regard to the difficulties faced, these are related to not being able to continue their education. **Conclusion:** Feelings of rejection, sadness and anguish emerged from an unwanted pregnancy and its huge impact on the psychological well-being of adolescents.

Descriptors: Adolescent; Pregnancy in Adolescence; Public Health.

RESUMO

Objetivo: Conhecer os fatores psicossociais enfrentados por adolescentes grávidas atendidas em uma Unidade de Atenção Primária à Saúde. **Métodos:** Pesquisa exploratória e descritiva, com abordagem qualitativa, realizada através de grupo focal, em dezembro de 2015, em uma cidade da zona Norte do estado do Ceará. Participaram deste estudo oito gestantes com idade entre 18 e 19 anos. A análise apresentou-se, na modalidade temática, com as seguintes categorias: Razões para engravidar e sentimentos vivenciados pelas adolescentes; Apoio familiar e profissional versus preconceito; Mudanças positivas versus dificuldades enfrentadas. **Resultados:** Os achados desvelam que as razões da ocorrência da gravidez variaram desde a falta de contracepção até a confiança de que não iriam engravidar. Além disso, no que tange à rede de apoio social, os enfermeiros foram os profissionais mais citados. Quanto às mudanças positivas, evidenciaram maior aproximação da família e do companheiro; já as dificuldades enfrentadas são referentes a não conseguir manter os estudos. **Conclusão:** Emergiram sentimentos de rejeição, tristeza e angústia oriundos de uma gravidez indesejada e ao grande impacto na vida psicológica das adolescentes.

Descritores: Adolescente; Gravidez na Adolescência; Saúde Pública.



RESUMEN

Objetivo: Conocer los factores psicosociales afrontados por adolescentes embarazadas asistidas en una Unidad de Atención Primaria de Salud. **Métodos:** Investigación exploratoria y descriptiva de abordaje cualitativo realizada a través de grupo focal en diciembre de 2015 en una ciudad de la zona norte del estado de Ceará. Ocho embarazadas con edad entre 18 y 19 años participaron del estudio. El análisis se dio por temática con las siguientes categorías: Razones para quedarse embarazada y sentimientos vividos por las adolescentes; Apoyo familiar y profesional versus prejuicio; Cambios positivos versus dificultades afrontadas. **Resultados:** Los hallazgos desvelan que las razones para el embarazo variaron desde la falta de contracepción hasta la confianza de que no iban a quedarse embarazadas. Además, respecto la red de apoyo social, los enfermeros fueron los profesionales más citados. Sobre los cambios positivos, se evidenció mayor cercanía de la familia y de la pareja; respecto las dificultades afrontadas estas se refieren al no seguimiento de los estudios. **Conclusión:** Emergieron sentimientos de rechazo, tristeza y angustia oriundos de un embarazo no deseado y a su gran impacto en la vida psicológica de las adolescentes.

Descriptores: Adolescente; Embarazo en Adolescencia; Salud Pública.

INTRODUCTION

Adolescence is the stage of life between childhood and adulthood marked by a complex process of growth and biopsychosocial development. Adolescence is considered the second decade of life, that is, from 10 to 19 years of age, and young adolescents are those between the ages of 15 and 19⁽¹⁾.

When human beings reach adolescence they undergo body changes that lead to a reproductive capacity. Given that, they need to understand their sexuality and their body changes and be able to prevent themselves from situations that can redefine their life projects, such as sexually transmitted infections, abortion and unplanned maternity and paternity. It should be noted that the lack of sex education at school and within the family and social vulnerability lead adolescents to have unprotected sex⁽²⁾. Therefore, it is necessary to invest in sex education and this should not only focus on sexual practices, but it should also raise awareness of a life with responsible attitudes⁽³⁾.

One of the main consequences of unprotected sex is unwanted pregnancy, which leads to changes in the family dynamics⁽²⁾. Each year about 14 million children are born to adolescent mothers worldwide. The adolescent birth rate in the Caribbean and Latin America is 73.2 per thousand births⁽⁴⁾. In Brazil, there are 65 pregnancies per thousand girls aged 15 to 19 years, as demonstrated by 2006-2015 data analyzed by the United Nations Population Fund⁽⁵⁾.

Furthermore, psychosocial changes resulting from pregnancy are related to school dropout, lower chances of professional training, fears and concerns, postponement of future goals, deprivation of adolescence, withdrawal from friends and family, and changes in lifestyle⁽⁶⁾.

It is understood that health promotion is characterized by the process of empowering individuals to develop collective actions that will have a positive impact on quality of life and health, resulting in complete physical, mental and social well-being⁽⁷⁾. In this context, the social support received by the pregnant adolescent reverberates favorably in the prevention of psychosocial changes⁽⁸⁾.

It is important to group a set of information about the reality experienced by pregnant adolescents, as well as the psychosocial changes faced in the family context and in the community, to support the development of strategies to meet the real needs of these adolescents, with emphasis on health promotion and prevention of diseases. Given that, this study aimed to know the psychosocial factors faced by pregnant adolescents attending a Primary Health Care Center (*Unidade de Atenção Primária à Saúde – UAPS*).

METHODS

This is a qualitative exploratory and descriptive research conducted at a Primary Health Care Center located in Northern Ceará in December 2015.

The inclusion criteria used for the sample were: pregnant adolescents receiving prenatal follow-up at the UAPS where this study took place who should be present on the day of the scheduled meeting to collect data for the study. Exclusion criteria were: pregnant women who developed pregnancy complications that prevented them from participating in the research. After applying these criteria, eight pregnant adolescents were enrolled. They corresponded to the total number of pregnant women corresponding to the research period who voluntarily accepted to participate. They were included in the age group of adolescents aged 18 and 19 years old and were enrolled in the health care center.

Information was collected using focus groups. This method is part of qualitative research and is used to seek data that occur in collective interactions⁽⁹⁾. The invitation to participate in the study was made by the nurses and the community health workers (CHWs) to all enrolled pregnant adolescents.

In all, eight adolescents were present on the day scheduled for the focus group and the study objectives and the technique that would be used in the study were explained. They were introduced to the Free and Informed Consent Form, which was read and signed, thus guaranteeing their participation. The literature reports a variation of six to 15 participants in focus groups⁽¹⁰⁾.

The pregnant adolescents were gathered in a room free of noises and interruptions, which allowed the use of voice recorders. The chairs were arranged in a circle so that each participant could see the other people in the group. The group was conducted by a moderator and a rapporteur who used triggers related to the psychosocial repercussions of pregnancy in adolescence and pregnancy and the social support network. However, before the start of the focus group, all the adolescents signed the free informed consent form and answered a questionnaire to characterize their socioeconomic profile.

The participants' statements were recorded and transcribed verbatim. The information was analyzed and interpreted using thematic analysis, which consisted of three stages: a) pre-analysis, consisting of the choice of the documents to be analyzed and the resumption of hypotheses and the initial objectives of the research; b) exploration of the material, characterized by a classificatory operation that aimed to identify the core point of the text and c) treatment of the results obtained and their interpretation⁽⁹⁾.

In order to protect the identity of the participants, we used P1, P2, (... Pn) identifications, which allude to the term pregnant and the increasing order of the statements, in order to maintain their anonymity.

The present research complied with the ethical precepts contained in Resolution 466/12 of the National Health Council⁽¹¹⁾ and was approved by the Research Ethics Committee of the State University of Vale do Acaraú (*Universidade Estadual Vale do Acaraú – UVA*) with Approval No. 1.344.070.

RESULTS

The corpus of the research was in accordance with the objective proposed by the study. The presentation of the results consisted initially of the characterization of the participants followed by the treatment of information and the organization of the contents into the following categories: Reasons for getting pregnant and feelings experienced by adolescents; Family and professional support versus prejudice; Positive changes versus difficulties faced.

The participants were eight pregnant adolescents aged 18 and 19 years: four in each age group. With regard to ethnicity, four (50%) were Black, three (37.5%) were self-reported *pardas* (mixed-race Brazilians) and one (12.5%) was White. As for marital status, five (62.5%) were single and three (37.5%) lived in a common-law marriage. Education ranged from complete primary education to incomplete higher education. One (12.5%) of the pregnant adolescents was enrolled in higher education, two (25%) completed secondary education, two (25%) reported having incomplete secondary education, one (12.5%) reported having complete primary education, and two (25%) reported having incomplete primary school. As for religion, all (100%) the participants reported being Catholic. None of the participants had a paid employment. With regard to housing, six (75%) participants lived with their parents and two (25%) lived with their partners. Household income ranged from less than one minimum wage to two minimum wages.

Reasons for getting pregnant and feelings experienced by adolescents

"I got pregnant because I was unconcerned; I relied on the other times that I had unprotected sex and did not get pregnant. So I kept doing it. It was not because of lack of information about contraception, not really, because I knew it..." (G2)

"I knew the information on how to not get pregnant, yet I did not protect me, I did not think it would happen to me." (G3)

The reasons that led these adolescents to become pregnant ranged from lack of contraception, even when they knew the ways to avoid pregnancy, to the belief that they would not get pregnant because of the widespread practice of unprotected sex.

The first theme also emphasizes the feelings experienced after the stage of discovery of an unwanted pregnancy, when the adolescent mothers begin to express good feelings in relation to the child:

"I feel like the happiest person in the world, even though it was not in my plans. I feel fulfilled and I get anxious all the time and I cannot wait to see my daughter's birth, to give love and affection." (G2)

"I am happy, but it was very difficult at the beginning [...]". (G8)

It is believed that adolescents engage in unprotected sex because of momentary impulses and desires. They do not analyze the consequences, which lead, in many cases, to an unwanted pregnancy filled with feelings of rejection, sadness and anguish. This has a major impact on the psychological life of the adolescent, although it is not always faced in this way.

Family and professional support versus prejudice

According to the statements, the adolescents revealed support from the mother and the partner.

"I have always had the support from my parents and my partner. Of course they did not receive this information very enthusiastically at first. (...) They help me by buying things for the baby, encouraging me to attend consultations because they are important." (G1)

"I only have the support from my partner and my mother because my family judges me a lot. It was quite difficult. But today it is my mother's joy." (G3)

As for the multidisciplinary team that serves pregnant adolescents within the Family Health Strategy (*Estratégia Saúde da Família – ESF*), CHWs, physicians, dentists and nurses were mentioned as the professionals who stood out the most in serving pregnant women, which can be understood in the following statements:

"The community health worker and the nurse". (G1)

"[...] I only got it from the nurse". (G3)

"I got it from my doctor and the nurse, who always served me". (G4)

"The dentist, the community health worker and the nurse supported me". (G5)

In this research, when the adolescents were asked about the existence of prejudices, it was possible to note, through their statements, their occurrence, both on the part of the family and on the part of society:

"We suffer prejudice from older people, from strangers; they call us 'goody-goody'. They talk a lot". (G1)

"Some people bad-mouth, but I do not care. Even my friends bad-mouth, they criticize me because of that and they treat me with indifference". (G5)

"From my father: My father criticized me a lot at first, always complained, said horrible things. Then he ended up accepting and stopped doing those things". (G6)

In this context, it is possible to notice how much the adolescents feel intimidated to talk about issues that involve sexuality due to the feelings of repression imposed by the society. When the adolescent becomes pregnant, these feelings imposed by society tend to arise and intensify judgments and prejudices.

Positive changes versus difficulties faced

The adolescents cited several positive changes that occurred during pregnancy:

"I felt that other people, especially my family, were more careful, and I see that they want to give me a sign of support". (G1)

"Pregnancy made me get closer to my partner, most of my relatives and certain friends. So, closeness and warmth were my strengths in the beginning of pregnancy". (G3)

The statements show a closer approximation of the family and the partner of these adolescents, who began to demonstrate greater care and protection.

Thus, the study participants mentioned the following difficulties faced:

"It is difficult because I am attending administration school, 3rd semester, and I am scared to know that I will have to take some time off... I am sad about that...". (G1)

"I was studying for the college entrance exam, and when I found out I was pregnant I stopped attending the preparatory course and did not take the entrance exam; it was difficult to find a job". (G4)

"It was difficult because I had to drop out of school, because I felt very sleepy; I really enjoyed going out, going to parties, having fun with my partner". (G5)

The difficulties in continuing studying and the sexual discomfort, in addition to other physical discomforts resulting from the physiological process of pregnancy, are highlighted in the following statements:

"Having sex with my partner, even knowing that sex during pregnancy does not harm the child; I find it difficult to walk; I feel quite lazy; I have difficulty sleeping and back pain". (G2)

"I feel a little discomfort during sexual intercourse". (G3)

"As for sexual intercourse, I feel less sexual desire and it is more difficult because of the discomfort". (G5)

DISCUSSION

Early pregnancy can lead to significant changes in the life of any adolescent, regardless of the reasons that led her to become pregnant – either because of lack of access to contraceptive methods or because they do not understand their real need, or because

they believe it will not happen. The feelings arising in this period are ambivalent. They start with fear, anguish and rejection and after acceptance they are transformed into pleasurable emotions. The magnitude of this phenomenon is highlighted by evidence showing that 15 to 20% of births in the countries of the Southern Cone are the result of relationships in adolescence. Thus, adolescents have become pregnant increasingly earlier in Brazil and Paraguay over the last decade, despite the decrease in birth rates in Brazil⁽⁴⁾.

A study that investigated the socioeconomic, demographic, cultural, regional and behavioral profiles of teenage pregnancy in Brazil reported that the North and Northeast regions have rates above the national average of 55.5% of women who become pregnant before the age of 19⁽¹²⁾.

Regarding the sociodemographic profile of the pregnant adolescents who participated in the present study, similar results were found in another study that assessed the transformations that occurred during adolescence. The mean age was 19 years, with a mean of eight years of education; in addition, 77% of the participants did not work⁽¹³⁾.

In another study, the results showed that most pregnant adolescents completed primary school, but 80% did not continue their education. Of these, 94% were mulattos and only 6% worked. Household income ranged from one to two minimum wages. On the other hand, household income was complemented by income transfer programs. In agreement with the present study, evidence shows a prevalence of Black participants and low economic status⁽¹⁴⁾.

Another study reveals that pregnancy in adolescence is associated with low levels of education. However, this association was independent as it was more present when they had a partner and the desire and planning of pregnancy⁽¹⁵⁾.

As for religion, all the participants in the present study reported being Catholic. Religion has a strong influence on the lives of human beings. In general, it regulates the way of acting and determines moral conduct. However, in a study of pregnant adolescents, the connection with religion was not strong enough to make them remain virgin until marriage. This shows that despite being inserted in a religious group, adolescents live and practice their sexuality freely, although this is invisible to the eyes of their guardians⁽¹⁶⁾.

Regarding the reasons for becoming pregnant, results consistent with those analyzed in the present study were found in another study, in which the adolescents also had knowledge about contraception, but it was not enough to avoid early pregnancy⁽¹⁴⁾.

Other national studies carried out with similar groups have shown that although adolescents know contraceptive methods they do not understand their importance. Such practices lead to a potential risk of unwanted pregnancies when engaging in unprotected sex⁽¹⁷⁾.

With regard to the feelings experienced, the literature shows that the discovery of pregnancy in adolescence brings to the fore a variety of feelings, such as the fear of telling the family, the fear of parental disappointment, despair, doubt and uncertainty about motherhood⁽¹⁸⁾. Similar results were found in a study carried out in Northeastern Brazil with 14 pregnant adolescents who also reinforced the ambivalence of feelings existing in this period⁽¹⁹⁾. Faced with these feelings, the family support network and the partner have as their main function to raise self-esteem and avoid greater psychological trauma resulting from the transformations of a teenage pregnancy⁽²⁰⁾.

The family is represented as a pillar of support in the life of the adolescent because the family transmits safety and adolescents need financial support for living and emotional support to face the changes and the care for the baby⁽²¹⁾. The emergence of an unwanted pregnancy in adolescence may result in different feelings arising from their expectations about the future⁽²¹⁾. These feelings are intensified if the adolescent does not have the participation of the baby's father and the Family. Furthermore, a social support network is essential to minimize the complications that may arise during pregnancy⁽²²⁾.

In the context of teenage pregnancy, both parents and partners manifested reactions of happiness, frightening and fear when they knew about pregnancy. Research shows that reactions of happiness occurred in 76.6% of the partners, 59.1% of the fathers and 65.9% of the mothers, indicating that pregnancy in adolescence is seen positively⁽²³⁾. There was an ambivalence regarding the feelings related to the discovery of pregnancy on the part of the Family. The feelings tended to be contradictory and the most common feelings in the beginning were revolt and abandonment, as it was an unexpected event. However, with time acceptance takes place and negative feelings turn into positive feelings⁽²³⁾.

Family support is extremely important for pregnant adolescents as it provides the necessary emotional support to face the new reality and the intense changes that will occur^(21,22). The existence of social support is necessary as it comprises a dynamic process consisting of all support provided by the Family and husband/partner and non-rejection by friends and society⁽²⁴⁾. In a study carried out in a municipality in Southern Brazil, the eight pregnant adolescents who participated in the study cited their mothers as the main source of support⁽²⁵⁾.

In order to increase the support needed by pregnant adolescents it is necessary to put into effect a professional support network to ensure full care to the mother-baby binomial. In this context, the creation of the ESF aimed to establish a multiprofessional team composed of at least one physician, one auxiliary nurse or nursing technician, CHWs, and oral health personnel when necessary⁽²⁶⁾.

The health professionals that compose the ESF play an important role in the life of adolescents who, regardless of their socioeconomic and cultural profile, seek in the health team a possibility of having their problem heard and solved. These

adolescents wish to be embraced, guided and have their needs understood. A relationship of trust between the adolescent and the professional should be established so that the pregnant adolescent can feel supported and respected to maintain good care⁽²⁷⁾.

Contrary to the findings of the present study is the fact that despite the need to create a link between ESF professionals and pregnant adolescents, there is still a gap reported in the literature that is expressed through the invisibility of these health workers in the life reports of these women⁽¹⁹⁾. Researchers, based on their professional experiences with groups of adolescents in a school environment, perceived the occurrence of doubts, fears, taboos and prejudices regarding sexuality in their discussions, thus demonstrating the need to improve the relationship between health and education⁽²⁸⁾.

Difficulties emerge with the advent of teenage pregnancy, since there is a rapid transition from the status of daughter to mother. In this abrupt transition from a growing woman to a mother, the woman experiences a situation of conflict when she is challenged to assume a greater degree of responsibility⁽²⁹⁾. There is a relationship of identity conflict, since they need to mature early, assume responsibilities and leave aside natural experiences of adolescence⁽²¹⁾.

With regard to body changes, pregnancy requires new forms of balance in view of the changes in this period. These changes are related to the metabolic and hormonal rhythms and to the process of integrating the new body image, which has repercussions on the physical and emotional dimensions and can affect the pregnant woman's sexuality⁽³⁰⁾.

In addition, these adolescents are considered to be in the midst of educational training, and pregnancy may lead to delays or even suspension of school activities, leading to lower levels of education and an inadequate degree of professionalization⁽³¹⁾.

Given its context, teenage pregnancy constitutes a social and public health problem that requires guidance, preparation and follow-up programs throughout pregnancy, with follow-up during childbirth and postpartum, because pregnancy in this phase of the life cycle poses risks to the child's development and to the pregnant adolescent herself^(32,33), thus making it more important for health professionals to pay more attention to these pregnant adolescents⁽³³⁾.

Given that, it is necessary to consider actions to promote health and consolidate public policies aimed at the early debate on sex education and reproductive planning, joining efforts between the school environment and health care centers^(34,35).

It should be noted that this study was not intended to establish a generalization about the psychosocial changes faced by pregnant adolescents.

Furthermore, there are still gaps to be explored with regard to the psychosocial factors faced by pregnant adolescents, which may encourage further research on the theme. Further research should provide a new look to these women, emphasizing not only pregnancy, but also social support from the family and health professionals. One limitation of this study is the impossibility of analyzing the psychosocial repercussions in early adolescence.

FINAL CONSIDERATIONS

In view of the proposed objective, the feelings of rejection, sadness and anguish arising from an unwanted pregnancy due to an impact on the psychological life of adolescents emerged as a response to the psychosocial changes faced by the pregnant adolescents analyzed in this study. However, pregnancy was not always faced this way.

In addition, the adolescents' statements demonstrated experiences of intimidation by the society and family originating from the judgments and prejudices that came out when they became pregnant.

As for family support, the adolescents cited the mother and the partner. With regard to the multidisciplinary team of the ESF, CHWs, physicians, health care agents and nurses were mentioned, the latter being the professionals most cited by the participants.

Thus, it is necessary to build a care plan through discussions between health professionals and adolescents on how to deliver the best pregnancy care in health services.

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Mailing address:

Gleiciane Fontenele Costa
Instituto Superior de Tecnologia Aplicada - INTA
Rua Cel. Antônio Rodrigues Magalhães, 359
Bairro: Dom Expedito Lopes
CEP: 62050-100 - Sobral - CE - Brasil
E-mail: gleicyy_fc@hotmail.com

First author's address:

Francisca Alanny Araújo Rocha
Instituto Superior de Tecnologia Aplicada - INTA
Rua Cel. Antônio Rodrigues Magalhães, 359
Bairro: Dom Expedito Lopes
CEP: 62050-100 - Sobral - CE - Brasil
E-mail: alannyrocha2009@hotmail.com