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Demographic-socioeconomic profile and sexual behavior of pregnant adolescents in a city in northeastern Brazil

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ABSTRACT. Adolescence pregnancy pictures the interaction between the exertion of sexuality and the reproductive life, as a process influenced by the historical and social context of the embedded person. This study aims to portray the demographic and socioeconomic profile and the sexual behavior of pregnant teenagers. It is a cross-sectional study accomplished at Family Health Units in a Brazilian northeast city. Participated in the study 50 adolescents between 13 and 19 years of age. It was adopted a survey with open and closed ended questions. Among the adolescents menarche occurred at an average of 11.68 years of age ($pd = 1.3$); 48% of them had their first sexual intercourse before 16 years-old (group average = 14.30 – $dp = 1.71$); the majority were primigravidae; abstained from alcohol ingestion during the gestational period and did not use birth-control methods; 98% had low family income. The pregnancy was a reason for school evasion. The knowledge of birth-control methods was not an impedible factor to the early pregnancy. The appropriation of the guideline for birth control has become one of the biggest difficulties in the basic health basic system to avoid unplanned pregnancy. In this situational context, there are sociocultural, political and economic factors involved.

Keywords: adolescence. pregnancy. sexuality.

Perfil demográfico, socioeconômico e comportamento sexual de adolescentes grávidas de um município do nordeste brasileiro

RESUMO. A gravidez na adolescência retrata a interação do exercício da sexualidade e da vida reprodutiva, sendo um processo influenciado pelo contexto histórico e social no qual o indivíduo está inserido. Este estudo teve como objetivo caracterizar o perfil demográfico, socioeconômico e o comportamento sexual de adolescentes grávidas. Trata-se de uma pesquisa transversal realizada em Unidades de Saúde da Família de um município do nordeste brasileiro. Foram cadastradas 50 adolescentes grávidas com idade entre 13 e 19 anos. Utilizou-se questionário com perguntas abertas e fechadas. Observou-se uma média de idade da menarca de 11,68 anos ($dp = 1,3$); 48% das adolescentes tiveram a primeira relação sexual antes dos 16 anos, sendo a média do grupo de 14,30 ($dp = 1,71$); a maioria era primigesta, abstinha-se do consumo de álcool no período gestacional e não utilizava métodos contraceptivos; 98% possuíam baixa renda familiar. A gravidez foi motivo para evasão escolar. Ter conhecimento de métodos contraceptivos não foi fator impeditivo para a gravidez precoce. A interiorização das normas contraceptivas tem se revelado como uma das grandes dificuldades da atenção básica de saúde para evitar uma gravidez imprevista. No contexto dessa situação, existem fatores socioculturais, políticos e econômicos envolvidos.

Palavras-chave: adolescência. gravidez. sexualidade.

Introduction

The transitional phase between childhood and adulthood is named adolescence. This period embraces the final process of individual growth and development. It is marked by somatic, psychological and social changes and by the development of new characteristics and competencies essential to adapt to adulthood (Brasil, 2010). The Ministry of Health – MH (Brasil, 2007) establishes the adolescence being an age which embraces behaviors and experiences, the ones which will help in the formation of the

individuality concerning their families. The process is influenced by the historical and social context where the individual is inserted and it ends when the reproductive function is settled, ensuring the species perpetuation. (Menezes, Campos, & Toledo, 2008; Schoen-Ferreira & Aznar-Farias, 2010; Faria, Franceschini, Peluzio, Sant'Ana, & Priore, 2013).

In 2010, according to the IBGE demographic census (Instituto Brasileiro de Geografia e Estatística [IBGE], 2010), there were 34,157.633 teenagers in

Brazil which corresponds to 20.8% of the general population. The adolescents of the current generation start their sexual life increasingly earlier and this practice causes the increase of sexual transmitted diseases (STD) and most of times an unplanned pregnancy (Azevedo, Diniz, Fonseca, Azevedo, & Evangelista, 2015). This part of the population differs in the present social context of family planning and maternity postponing. The adolescents have shown high pregnancy levels when compared to other women in a different reproductive age (Silva, & Surita, 2009). From 1970 to 1991 IBGE data (Instituto Brasileiro de Geografia e Estatística [IBGE], 2012) showed that the fecundity rate among a group of women between 15 and 19 years of age presented an increase of 26%. Even though there was a registered decrease of fecundity rate from 2000 to 2010 in this age group, Brazil has a higher fecundity rate than the developed and in development process countries (South Africa, Indonesia, Thailand and Libya) (United Nations [UN], 2012) contradicting the data which displays a decline in the general fecundity index. In 2000 the index was 2.4 and the projection by IBGE (Instituto Brasileiro de Geografia e Estatística [IBGE], 2013) for the year of 2015 was 1.72.

In Brazil, teenage pregnancy is considered a public health problem (Chalem et al., 2007). According to the Primary Health System, the data collected on deliveries in 2007 have shown that 42.43% of this procedure was among teenagers between 15 and 19 years old and 2.23% between 10 and 14. From 2010 to 2013 the total of live births from mothers between 10 and 19 years-old was about 2,233.654 (Brasil, 2013b).

During the time in which teenagers experience conflicts and paradoxical feelings the search for satisfaction of their desires take them to non-planned actions and too much risk exposure. This condition, according some writers, settles them in a vulnerable position and by creating their own rules when assuming their sexuality, the power and self-control over their own lives is mobilized. Some conditions provide and reinforce this vulnerability, such as the poor socioeconomic conditions, low education due to school evasion and the use of tobacco, alcohol and illegal drugs what may be related to the early pregnancy (Pessalacia, Menezes, & Massuia, 2010).

The MH (Brasil, 2013a) considers that the multidisciplinary action should be one of the basic fundamentals for teenager's healthcare in the Basic

Health Unit (Unidade Básica de Saúde). That means that at the moment of the appointment the use of preservative (male or female) and contraceptives to prevent pregnancy and sexually transmitted diseases (STD) should be instructed. Once established the diagnosis of teenage pregnancy is important to inform about the sexual and reproductive planning, encouraging setting up support groups for pregnant teenagers with the participation of their partners and notify, according to the case, the gestation of adolescents between 10 and 14 years-old.

Media has brought to the sociocultural environment reinforcements for teenagers to explore their sexuality in early age, stimulating a false autonomy and self-sufficiency of the young girl who is searching for freedom in sexual experiences. Teenage pregnancy portrays an interaction between the exercise of sexuality and reproductive life to the material life conditions and to the multiple aspects of inequality that shape Brazilian social life (Brasil, 2010).

After seeing an expressive number of children, sons of teenage mothers, in the neighborhoods of the city of Aracaju, there was a new found interest in research together with the Basic Health Units in the capital and one more city in Sergipe. In this context, this study is part of the project: Pregnant teenagers assisted at the Family Health Units.

The aim of this study is to characterize the demographic, socioeconomic and sexual behavior of pregnant adolescents assisted at Family Health Units (FHU) in a northeastern Brazilian city.

Material and methods

A cross-sectional, quantitative study performed in 19 FHCUs of the municipal district of Itabaiana, Sergipe State, Brazil, between February and May, 2015. Sample consisted of pregnant teenagers from 10 to 19 years of age, of different gestational periods. They were placed by the researcher during the prenatal routine in their respective units. For sample calculation, Barbeta's formula was used, being the base the indicative of live births in Itabaiana city in 2012 (Brasil, 2012), from mothers aged between 10 and 19, that showed a number of 169 adolescents already with an increase of 10% to minimize sample loss. For the purposes of this study the first 50 pregnant teenagers interviewed were taken, once it was a research already in process. The authors developed a semi-structured questionnaire, with open and multiple-choice questions. Some were based on the variables: sociodemographic and

economic profile; reproductive background; characteristics of sexual life; use of legal and illegal substance abuse. Data was collected through individual interviews performed by the researcher and inserted into an electronic spreadsheet for analysis by the SPSS 20 software. The study was approved by the Ethics Committee on Human Research of the Tiradentes University (Comitê de Ética em Pesquisa com Seres Humanos da Universidade Tiradentes - CEP/UNIT), resolution CNS nº 080812. All signed the Term of Free and Informed Consent.

Results

Among the health units chosen for this research, only four offered the gynecology and obstetrics specialty. The interviewed ages varied between 13 and 19, being the average 16.1 (dp = 1.6). The lowest observed age was 13 years old, and 38% of the pregnant girls were 16 years old maximum. Majority had the elementary school completed and 80% of them did not stay in school after the pregnancy. Regarding race 94% of them were mulatto. As for the occupational situation just 6% of the pregnant adolescents were working and the familiar income predominated between 1 and 2 minimum wages and 32% of them claimed that this amount is complemented by governmental programs. About 38% of the interviewed claimed to have some religious belief (Table 1). The most daily used media by the teenagers were television (98%) and radio (58%).

Table 1. Socio-demographic characteristics of pregnant adolescents assisted by the Family Health Units (Unidades de Saúde da Família - USF). Itabaiana, Sergipe State, Brazil, 2015. (n = 50).

	n	%	X		n	%
Age				Education		
13	2	4		Illiterate	2	4
14	3	6		Primary school graduate	16	32
15	7	14		Junior school graduate	29	58
16	7	14		High school graduate	3	6
17	9	18		College education degree	0	0
18	16	32		Integration into the labor market		
19	6	12		Yes	3	6
Skin Color				No	47	94
White	2	4		Family Income*		
Dark	1	2		Lower than 1 minimum wage	10	20
Brown	47	94		From 1 to 2 minimum wages	34	68
Yellow	0	0		From 2 to 3 minimum wages	5	10
Religion				More than 3 minimum wages	1	2
Did not declare	31	62		Contribution type		
Catholic	13	26		Do not receive	33	66
Evangelic	6	12		Government grant	16	32
Spiritualist	0	0		Did not answer	1	2
Atheist	0	0		Total	50	100
Others	0	0		Receive contributions of governmental programs		
Do you study?				Did not answer	0	0
Yes	10	20		Yes	16	32
No	40	80		No	34	68

*Yearly family income 2015 (\$788.00).

Reproductive backgrounds and sexual life characteristics of the pregnant adolescents.

The menarche average age of the pregnant adolescents was 11.68 years old (dp = 1.3). Concerning the parturition 84% were primiparas and 16% conceived more than once. Having knowledge about contraceptive methods and access to information of its use reached a number of 96 and 30% of the pregnant adolescents stated that the reason for not concern about contraceptive methods was the will of their partners (12%), self-will (30%) and desire to get pregnant (28%). Regarding gestational age, the majority was in the second trimester (40%) (Table 1).

The first intercourse occurred in an average of 14.38 (dv = 1.71) years of age, ranging from minimum of 11 and a maximum of 19 years old. Eleven years old was the lowest age for the sexual initiation, even though it was between 14 (22%) and 16 (24%) years old when this practice was more frequent. Among the participants 14% had suffered a spontaneous abortion. In spite of 62% of the pregnancies were not planned 80% of them were very much desired (Table 2).

Drug consumption

The smoking habit was not characterized as a common practice between the participants. When questioned about chemical substances consumption, 64% of the teenagers had made use of alcohol and 94% abstained from it during pregnancy. None of them stated to have used or been in the use of any illegal substance an/or prescription drugs (Table 3).

Table 2. Sexual behavior of pregnant adolescents assisted by the Family Health Units (Unidades de Saúde da Família - USF). Itabaiana, Sergipe State, Brazil, 2015. (n = 50).

	n	%		n	%
First sexual intercourse age			Desired pregnancy		
10	0	0	Nothing	0	0
11	2	4	Very little	3	6
13	5	10	More or less	4	8
14	11	22	Very Much	40	80
15	6	12	Extremely	3	6
16	12	24	Maternity influence in the family income		
17	10	20	Nothing	22	44
18	2	4	Very little	6	12
19	2	4	More or less	18	36
Gestational age (trim.)			Very Much	4	8
1 trimester	16	32	Extremely	0	0
2 trimester	20	40	Information about birth-control methods		
3 trimester	14	28	Yes	48	96
Abortion occurrence			No	2	4
Yes	7	14	Factors that influenced not using contraceptives		
No	43	86	Partner will	6	12
Pregnancy planning			Self-will	15	30
Yes	19	38	Desire of conceiving	14	28
No	31	62	Others	15	30

Table 3. Drug consumption among the pregnant adolescents assisted by Family Health Units (Unidades de Saúde da Família - USF). Itabaiana, Sergipe State, Brazil, 2015 (n = 50).

	n	%		n	%
Current use of cigarettes			Use of alcoholic drinks		
Yes	2	4	Yes	32	64
No	48	96	No	18	36
Frequency of cigarettes use			For how long has drunk		
Never used	47	94	Never	18	36
Daily	2	4	0 to 5 years	30	60
Did not answer	1	2	5 to 10 years	2	4
How many cigarettes a day			Current use of illegal drug		
Do not smoke	47	94	No	50	100
1 to 20 cigarettes a day	2	4	Yes	0	0
Did not answer	1	2	For how long have used illegal drugs?		
Did you ever use cigarettes			Never	50	100
Yes	3	6	Has ever used illegal drugs		
No	47	94	Yes	0	0
For how long has smoked			No	50	100
Never smoked	47	94	For how has used illegal drugs		
0 to 5 years	2	4	Never	50	100
5 to 10 years	1	2	Which drug did you use?		
Current use of alcoholic drinks			None	50	100
Yes	3	6	Frequency of drugs		
No	47	94	Never	50	100
Current use of alcoholic drinks			Use of prescription drugs		
Do not drink	47	94	Yes	0	0
Every weekend	2	4	No	50	100
Monthly	1	2			
Rarely	0	0			

Discussion

Pregnancy was more frequent among the 18 year-old teenagers and the highest prevalence of the first gestation was between 15 and 19 years old, data also found in the study of Chalem et al. (2007). Demographic studies have shown that in Brazil, in the last 20 years, the specific fertility rate had an increase and a relative increase of births in 15 to 19 year-old women (Goldenberg, Figueiredo & Silva, 2005). The early sexual initiation and the non-use of contraceptive methods have been responsible for the rise of fecundity in the developing countries (Moura, Gomes, Rodrigues, & Oliveira, 2011).

Menarche is an indicator of the woman's mature development and has occurred, on average, around 10 years of age (Spindola & Silva, 2009), data also observed in this study. This fact has been occurring earlier than previous generations, a phenomenon which can be explained by different factors, such as: improvement on food and nutrition conditions, hormone use, pesticides, chemical additives in processed food, hypotheses which promotes acceleration on the adolescents' physical development (Heideman, 2006).

Ximenes Neto, Dias, Rocha, & Cunha (2007) highlight that the pregnancy during adolescence is

related to the establishment of the menarche and to the precocity of the first sexual intercourse. According to these authors, as early as the beginning of a sexual life takes place, the greater are the chances of a pregnancy occur. Chinazzo, Câmara, & Frantz (2014) states that the risk behavior is common among young people and the unprotected sexual intercourse is prevalent amid individuals with an active sexual life.

Similar to the results of Pelloso, Carvalho, & Higarashi (2008), data of this research displays that the pregnant teenagers are aware of the existence of contraceptive methods, although they present an inadequate practice for its use. This condition is attributed to the fact that pregnancy came from a choice for both the mother and the partner, disregarding the risk factors and the consequences of a pregnancy in this stage of life can present. It is possible that parents of teenagers who do not know how to deal with the emerging sexuality of their children are contributing to the lack of attention that is given to this issue.

Despite the knowledge of using contraceptive to be a necessary element, the literature points that there is no association between the knowledge levels and the utilization indexes (Madureira, Marques, & Jardim, 2010). Having the knowledge, in a certain way, was already expected, considering the progressive media transformations of the modern world. The results found attest these suppositions: television and radio were the most accessed media by the pregnant adolescents studied. These results correspond to the ones found in a study accomplished by Portela and Albuquerque (2014) with 231 adolescents, where it was noticed that the main sources of information are the mass media and the school. Nevertheless, these results differ to the study of Silva, Bomfim, Cardozo, Franco, & Marques (2007), who named as main advisor the school and the parents. This divergence of results may be due to the differences between the studied populations as to education, socioeconomic and cultural conditions.

Teenagers justified the interruption, change or flaw in the use of contraceptives by the troubled context of the relationships, by the family approach on sexual issue, by the adverse effects of the hormonal methods, by the mismanagement of the prevention of pregnancy and by the difficulties of the health services (Brandão, 2009).

In this social context there is no consensus amid the authors when they approach the pregnancy as a cause of school evasion or as its consequence (Dias & Texeira 2010). The school evasion after the pregnancy was present among the majority of the adolescents interviewed in this study.

To Almeida, Aquino, & Barros (2006), the school evasion may occur by conjugal factors. The adolescent seems to care more to the affective relationship already established and choose to delay the education and professional plans, thus moving away from the social and family emancipation (Almeida et al., 2006). Multiple factors influence the low education of teenagers, and the early maternity may compromise the educational process, mostly in adverse socioeconomic conditions (Costa et al., 2005). In Brazil, it is observed an average of seven school years (Dias & Teixeira, 2010).

Literature points that becoming pregnant in this life stage is considered a transgression of the social norms and a risk to the biological point of view. Pregnancy at young age is perceived as being a course deviation, early pregnancy, unwanted, risk pregnancy, and is responsible for biological and social consequences (Oliveira, 2008). Although the adolescent pregnancy is an unwanted event for this life phase, in the survey group, this phenomenon was not a trouble, considering that only one interviewed connected the pregnancy as a problem. Asking about if the current pregnancy was desired and if it was planned, the majority claimed that it was not planned, even though they accepted the pregnancy. Data that corroborate with Dias and Teixeira (2010) when they question if, indeed, is there an incompatibility regarding the fact of being a teenager and being pregnant.

The adolescent's social background seems to be one of the aspects directly related to the matter of teenage pregnancy. The family income by itself may be an important factor in this problem. In general, researches point that the family income of this group is lower than two minimum wages (Silva & Tonete, 2006). In the present study, the family income found was between one and two minimum wages. When questioned about how much a child would help with the family income, those who received government assistance stated that it would help in some way, and less than half of them received the family grant (*bolsa família*) from governmental programs. A study on economy relating the impact of governmental programs in the fecundity, discusses the effect of how much an extra income could help in the family composition. It considers that a monetary transference program, according to the number of children in a household could encourage the increase of fecundity indexes (Simões & Soares, 2012).

Concerning the social habits related to smoking, alcohol and illegal drug consumption, the authors attribute these habits to the family influence (Caputo & Bordin, 2008). The use of alcoholic

drinks and illegal drugs is associated to the numbers of sexual partners and it is considered that those are interconnected behaviors (Cruzeiro et al., 2010). Miura et al. (2014) quotes that the social vulnerability in which the pregnant adolescent lives would be a prevalent factor to the alcohol and illegal drugs consumption; however that was not observed in this study. Despite the fact that the respondents lived in a social context of vulnerability (early pregnancy, school evasion and unemployment) the consumption of alcohol was not a problem, once they denied its use during the gestational period. In the present study, the fact of the teenagers have been interviewed individually by the researcher and identified by name, it was noticed that when being inquired about social habits they hesitated to answer the question about illegal drugs, leading the researcher to infer the possibility that they have omitted the truth about these habits, once this consumption is considered an illegal practice.

The study had limitations on the number of sample due to the difficulty of finding teenagers, especially since they do not regularly attend their prenatal visits. Finding them in their homes depended on active search, which was together with the Family Health agents. Considering results found, more studies should be developed in order to identify possible factors that contribute to pregnancy during adolescence.

Conclusion

Sexual precociousness remains a preponderant risk factor for pregnancy in adolescence. Early menarches, low education, low family income and use of alcoholic beverage were observed as risk factors in the pregnancy event. In this study, the lack of knowledge and the inadequate use of contraceptives were not determinant conditions for pregnancy, but the self-will, the desire of conceiving and the partner's will were. The increase on the family income by using governmental assistance programs was not a stimulant factor for the fecundity. Internalize the contraceptive norms has shown to be one of the greatest difficulties in the primary health care in order to prevent unexpected pregnancy. Considering that this study represents a partial vision of a research in progress, it is expected that in its conclusion the teenagers' pregnancy universe in the municipality will be better characterized. We believe that this study may help in directing strategies in teenage pregnancy prevention.

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