

**PREGNANCY IN
ADOLESCENCE AND
THE PSYCHOSOCIAL
FACTORS THAT
INTERFERE IN THE
DAILY LIFE OF WOMEN**

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Abstract: Identify the psychosocial factors of pregnant teenagers by confirming the pregnancy test and trace their socio-demographic profile. This study is a descriptive-exploratory research with a qualitative approach, carried out with 40 women between 20 and 40 years old through an online form. Most of the women interviewed are from the lower middle class, got pregnant at age 16, had support from their family members, but only financially from their partner, in addition to having suffered some type of domestic violence. Nursing needs to be more present to the public of adolescents, providing information on contraceptive methods and sexuality, avoiding unwanted pregnancies, sexually transmitted infections, sexual abuse and harassment.

Keywords: Pregnancy; Adolescence; Nursing.

INTRODUCTION

Adolescence according to the World Health Organization (OPAS, 2017) is divided into three phases, pre-adolescence from 10 to 14 years old, adolescence from 15 to 19 years old and youth from 19 to 24 years old. In Brazil, the Child and Adolescent Statute (ECA) considers adolescence from 12 to 18 years of age. It is a period of changes in growth, identity and maturation, for this reason, they may feel fragile and vulnerable (BRAZIL, 1990). This phase is characterized by physical, mental, sexual and social development. Adolescence is established when there are bodily changes, as in puberty, and ends when the individual already has his concrete personality and financial independence. It must be noted that this transition takes place in a period characterized by the intense need to explore and experiment with the diversities in which we live, and this need for exploration makes the adolescent more vulnerable to engaging

in behaviors that involve personal risks. Thus, individual vulnerability materializes, and the adolescent begins to present instability in emotional, attitudinal and social relationships (RIBEIRO; KONZEN, 2016).

Adolescents experience sexual, intellectual and emotional maturation simultaneously. The body develops, new sexual functions arise, the mind expands, the environment is modified, the quality of affective and sexual sensations are transformed. All of this provokes a series of crises in the young person that have to be overcome one by one, with greater or lesser difficulty. All these changes generate various feelings, of anguish and doubt, contradictory thoughts and attitudes, which trigger a period of tension in adolescents that must be transitory, when an imbalance occurs (LOPES et al., 2020).

In the meantime, teenagers need parental support, and parents must believe that this support makes a lot of difference in their children's lives. In addition, the period of adolescence is described, for almost all authors who talk about the subject, as being a generally healthy phase. As a result, there is a great lack of adherence by adolescents in the search for health promotion and prevention, since adolescents are not often seen in health services (APARÍCIO et al., 2020)

Puberty is part of the phases of adolescence and is identified as a biological phenomenon there are changes in shape, size and function. And so it is influenced by several factors, which may be psychological and environmental, such as socioeconomic conditions, health status, nutrition, among others (OPAS, 2017).

Sexuality in adolescence is still a difficult subject to be talked about by parents in health and school services. Since, many people still believe that talking about sexuality to a teenager is a stimulus. But it is in these spaces

and with these people that young people must be spoken to so that they can receive, reflect on and store information about sex, contraceptive methods, sexually transmitted infections and unwanted pregnancies (OPAS, 2017).

In view of this, according to RIBEIRO and KONZEN (2016), teenage pregnancy is a public health problem that is becoming more frequent every day, regardless of social class, it ends up being desperate, because many are in a moment of achievements and new discoveries, they are faced with a new being dependent, transforming reality, leading to new and difficult responsibilities, as well as changes and impacts on the lives of young people and their families.

In Brazil, we have a high rate of teenagers who become pregnant, according to data from the Brazilian Institute of Geography and Statistics (IBGE, 2016), showing that among 8.5 million women aged 15 to 19 years, 1.3 million, have an active sex life, that is, 55.1%. Among those who have already had sexual intercourse, 29.3% already have a child and 12.5% were pregnant in the year of the survey. In the state of Rio Grande do Sul, data show that among the 1.3 million women aged 15 to 19 years, 20.5% are already mothers. According to ROSA et al. (2010), already in Santa Maria, in Rio Grande do Sul, the total number of female adolescents aged 12 to 19 years, with 16110, among this number, 472 became pregnant in 2010, being the percentage of 2.9%.

An unplanned pregnancy for a young girl in adolescence is a challenging time, it may lead to interruption of studies, or the need to look for a job. When these factors occur, together with no support network, there will be difficulties related to the care and demand that the baby needs. In addition, the young woman is in training, personal development, often being unable to master adult life (ALMEIDA et al., 2017)

In view of this, factors such as low education, conflict between parents and the young woman, lack of information, unfavorable financial conditions, immaturity, mistrust in the search for health services, influence of the media, early initiation into sexual life, can trigger an unwanted pregnancy in the adolescence (SOUZA et al., 2017).

According to COSTA et al. (2018), lack of family and partner support, feelings of rejection by society, abandonment of studies, difficulties to enter the labor market, insecurity to take care of the baby and raise it, are emotional factors that can occur after the birth of the child. baby and therefore may develop postpartum anxiety and depression. Still on factors, body changes are modifications that occur during pregnancy and in the postpartum period, with potential for personal image and relationship problems.

However, nursing has an important role in promoting and preventing health for young people, providing consultations for guidance, to know how to deal with their transformations, information about menstruation, fertile period, condom and contraceptive use, producing knowledge in a clear, objective and empathy, in an attempt to improve health protection and promote the quality of life of these adolescents (SILVA et al., 2020)

Through these ideas, the objective of this research is to know the difficulties faced by women who were mothers in adolescence.

METHODOLOGY

This is a descriptive-exploratory research with a qualitative approach. This type of research is used when you want to obtain data about the nature of a problem and when there is not enough structured information, or when the interest of the project is precisely to obtain the volume of information that explores the depth of how

a given phenomenon occurs (CARRAPATO; CORREIA; GARCIA, 2017).

Forty women who experienced teenage pregnancy participated in the interviews. Inclusion criteria were women between 20 and 40 years who were pregnant in adolescence. In the exclusion criteria, women diagnosed with depression or another emotional problem.

Data were collected through the methodological technique “snowballsampling”, or, snowball, is a form of non-probabilistic sample used in social research where the initial participants of a study indicate new participants, who in turn indicate new participants., and so on. For this, it is not possible to determine the probability of selection of each participant, but it is useful to study certain groups to be accessed (ALBUQUERQUE et al, 2009).

According to ALBUQUERQUE et al. (2009), the choice of subjects through snowballsampling, allows researchers to approach the target population, in addition to providing subsidies for the forms.

To carry out data collection, a form was used, which was constructed and applied online, for women who were pregnant in adolescence, residing in Brazil. This form was made available to women who responded and then followed by any women aged 20 to 40 they know who were pregnant in their teens.

The execution of the snowball sampling is constructed as follows: for the kickoff, documents and/or key informants are used, named as seeds, in order to locate some people with the necessary profile for the research. This happens because an initial probabilistic sample is impossible or impractical, and thus the seeds help the researcher to initiate his contacts and to grope the group to be researched. Then, the people indicated by the seeds are asked to indicate new contacts with the desired characteristics, based on their own personal network, and so on, and

this way, the sampling frame can grow with each interview, if it is of interest. from the researcher (ALBUQUERQUE et al., 2009). In order to have a considerable sample, an initial number of people (of “seeds”) must be selected, who, preferably, must exercise a certain leadership in the space to be studied, know many members of the locality and that these are from the same background and acting. Eventually, the sampling frame becomes saturated, that is, there are no new names offered or the names found do not bring new information to the analysis frame. (ALBUQUERQUE et al., 2009).

This way, snowball sampling is shown to be a process of permanent collection of information, which seeks to take advantage of the social networks of identified respondents to provide the researcher with an ever-increasing set of potential contacts, and the process can be finalized from the saturation point criterion.

The form, initially consisting of socio-demographic aspects, will have questions related to age, gender, marital status, education, working in the area at the time, postgraduate degree, position, how many pregnancies you had and at what age. As a second part, questions regarding difficulties faced by adolescents upon confirmation of pregnancy.

The analysis and interpretation of the data were carried out after the data collection, where all the items of the form available online, answered by the participants, were evaluated and performed content analysis, from data categorization, through ordering, classification and final analysis of researched data. Content Analysis is a set of increasingly subtle methodological instruments in constant improvement, which are applied to extremely diverse discourses (BARDIN, 2011). There are three steps that are part of Content Analysis, the first being pre-analysis, after collecting

data, it is possible to assess what makes sense to analyze and what still needs to be collected. The second step is about exploring the material, which must be done through the presence of a recording unit clipping, enumeration, presence or absence, frequency, among others. And the third stage, treatment of the results under the interpretation, made by controlled interpretation, exploring whether the contents confirmed the objectives of the analysis.

For the development of this research, ethical issues were ensured, according to Resolution No. 466, which governs research with human beings. This project was approved by the Research Ethics Committee of the Universidade Franciscana under number 5,004,135.

RESULTS

The difficulties encountered after completing the form, upon confirmation of the pregnancy tests were many, but with a higher prevalence of missing a partner after the birth of the child (a). In addition, a large number of these parents participate only financially in the lives of their children (a) (s). And the partners who maintain the relationship, attack, verbally humiliate and/or force to have sexual intercourse without consent. Furthermore, another factor is the issue of family support, where there are still families that reject and/or expel them from home, keeping them helpless in a difficult situation. The mental health of these teenage mothers is the main issue, they feel afraid, rejected by society, indifferent to the family. Professional and personal life was harmed, some dropped out of school and needed to work, which influences future frustration.

The results on the sociodemographic questions show that in terms of current age, most were between 19 and 35 years old, 82.5% of the survey.

The level of education showed incomplete university education with the highest prevalence of 40%, followed by 25% of complete secondary education, 12.5% complete university education, 10% incomplete secondary education, 7.5% incomplete elementary education and the lowest of complete Elementary Education with 5%. With regard to professional and personal performance, 77.5% confirmed that they work and 65% say that pregnancy affects their performance in studies, which is why most drop out of school.

Regarding the social class of the women who participated in this study, the lower class prevails with 60%. Of all the women interviewed, 70% are single, 20% are married and 10% are divorced. In addition, 80% live with their children, 10% with a husband or boyfriend, 10% with their parents, the options only father and only mother were not marked.

Questions related to pregnancy, the period of discovery in one month of pregnancy were 12.5%, two months with 22.5%, three months with 17.5%, four months with 20%, five months with 15% six months 5% and eight months 7.5%. Regarding the age at which the first pregnancy occurred, 12.5% occurred at 13 or 14 years old, 45.5% at 15 or 16 years old, 35% at 17 or 18 years old. The number of children during adolescence, 85% had only one child, 10% two and 5% three or more children. The most common type of delivery was cesarean delivery with 62.5% and vaginal delivery 37.5%. All interviewees underwent prenatal care.

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As for support during pregnancy, 77.5% agreed that the father of their child(ren) participated and supported them, while 22.5% did not agree. Therefore, 56.3% participated in a financial and affective way, 34.4% only financially and 9.3% only affectively. The family of 87.5% women supported, of these 47.5% were supported by their mothers, 45% by their fathers and 7.5% had support from their partners. The others, that is, 12.5% were rejected and/or expelled from home. But even in a situation of support, 52% stated that they were humiliated by the family during pregnancy or after the child's birth, 12% suffered physical aggression and 10% were forced to have sexual intercourse after the child's birth. After confirming the pregnancy, 65% of them felt afraid, 15% felt rejected, 12.5% indifferent and only 7.5% happy. The assistance of a psychologist is important in some cases.

Knowledge about sexuality at school and in the family is ineffective, 52.2% obtained via the internet, 20% from friends, 10% at school, 7.5% from the mother, 5% from health professionals and 5% from the father.

DISCUSSIONS

Teenage pregnancy is a public health issue, since it involves a variety of experiences lived by teenagers, often related to low socioeconomic conditions, school dropout, biological factors and the age of discovery of pregnancy. In view of this, research shows that out of 40 women, most discovered pregnancy at age 16. At this age, they are still in the process of character building, sexual maturation and physical changes. These examples are moments in the life of a teenager, relating them to an unwanted pregnancy can be synonymous with numerous problems (MIURA; TARDIVO; BARRIENTOS, 2018).

Likewise, the educational level of the majority currently has incomplete university education, which shows that they only managed to study after years, with their children developed. According to OGIDO and SCHOR (2012), the low education of these young mothers can lead to difficulties and uncertainties in raising a child, in addition to financial problems due to few opportunities in the job market.

The labor market eliminates women who are mothers, since the thought and cultural position persist that children are the mother's responsibility alone. According to ALMEIDA, LIMA and COSTA (2018), for many women having children is an extra motivation to be an excellent professional, develop skills and have more sensitivity to deal with people at work.

Thus, there is a large percentage who feel that their personal and professional life has been affected, this may be because when there is an opportunity to study, enjoy their

adolescence, they have to drop out of school and look for a job to support their child. It must also be noted that the middle and lower middle class are the result of low education, difficulty entering the job market and frustrations in personal and professional life (LONGO; VIEIRA, 2017)

The predominant marital status of single explains the memories and experiences that women went through during pregnancy and during the growth and development of the baby. As an example, the domestic violence experienced by them, they were humiliated, forced to have sexual intercourse without their consent and assaulted. As well as the lack of support from the partner and/or the presence only financially during pregnancy and after the birth of the baby. (TRINDADE et al., 2019)

The lack of support from the partner during pregnancy causes feelings of uncertainty, loneliness and fear, yet, when the child begins to develop, he perceives the absence of the father, causing frustration for both mother and child. The mother for needing to be a mother and father, but mainly for seeing her son suffer from father absence. The son, regardless of age, misses his father, and personal problems may occur in the future (MAZZO; ALMEIRA, 2020).

The discovery of pregnancy for a young woman it is a moment of despair, or even anguish. For this, it is important that the young woman has the support of family and friends, feeling more motivated and welcomed. Furthermore, this help network comes mainly from the parents, or only from the mother. Because it is an atypical moment that occurs in adolescence, including immaturity, the support of friends becomes ineffective because they are in different situations and thus, there is a feeling of indifference (MATOS et al., 2019).

Society judges those who do not follow the standard, therefore, living in society for a young pregnant woman can trigger feelings such as fear and rejection in the face of looks and comments, causing the need for psychological help during and after pregnancy (MATOS et al, 2019).

Most of the women live only with their children, which reports that they have reached their financial and personal independence, as well as trying to maintain a present relationship with their children. This relationship proposes a mother-child bond in a stabilized period, collecting good and happy moments, eliminating difficult times from the past, strengthening their relationship (CAVALCANTE et al., 2017).

Health professionals have a duty to provide health information to the population. For adolescents, it is important to dialogue and resolve doubts about sexuality, and teenage pregnancy, sexually transmitted infections, sexual abuse and harassment are avoided. However, knowledge about sexuality is usually acquired through the internet or friends, and unfortunately little by health professionals, parents and school. To learn about subjects on the internet, it is necessary to know how to research, and you may be a victim of fake news. Parents must talk to their children about the subject, maintaining bond and trust if they need help. The school must be an environment where teachers must propose information, conversation circles, as they participate in the personal development of adolescents (MORAES et al., 2019).

On the other hand, most women had only one child during adolescence, which reports that after the birth of the first child, they gained knowledge about contraceptive methods, probably guided by a health professional. Prenatal care was performed by all interviewees, and it was positive for health professionals that there is an incentive

to adhere as soon as possible (ROCHA; FERREIRA, 2020).

Currently, vaginal births are more common, with scientific evidence, and providing that the woman with her wishes can carry out her own birth. This way, there is often no need to submit the woman and the baby to cesarean delivery. Vaginal delivery occurs naturally, with no need for spinal anesthesia, delayed bladder catheterization, incision and there is more difficulty in breastfeeding in the postoperative period. There are cases that strictly require cesarean delivery (SPIGOLON et al., 2020)

FINAL CONSIDERATIONS

The analyzed data consider that teenage pregnancy needs attention from health professionals and parents, in view of the research it is clear that women who were mothers in adolescence are frustrated professionally and with difficulties in personal relationships, especially with their children. To avoid or improve this situation, it is necessary that there are professionals inserted in schools, normalizing the subject of sexuality, providing information and clarifying doubts. Likewise, provide some kind of special and centralized care for pregnant adolescents, with professional psychological, nursing and medical help, helping throughout the pregnancy.

Thus, actions are considered necessary to address issues that make sense to adolescents, that is, one must consider the territory, its characteristics, customs, practices and habits for the realization and direction of the themes addressed, mainly about pregnancy, as this, it is possible to develop the work of education and health promotion based on the demands presented by the place, contributing to the prevention of teenage pregnancy.

Even so, the importance of forming a program that allows these young mothers to

enter the labor market without discrimination and more easily, allowing financial stability, is emphasized.

It can be considered as limitations of the study, the difficulty of the public to adhere to answering the questionnaire, some women became resistant due to the great propensity of difficult memories, as well as the absence of studies that address the mental health of women who were mothers in adolescence, most studies emphasize the public of adolescents during pregnancy and forgetting what their future will be like.

This study shows biases in relation to health promotion with adolescents, mainly due to the lack of professionals who have the ability to provide moments of clear and objective information about sexuality, contraceptive methods, family planning and, above all, valuing self-esteem and empowerment about attitudes and care for the body and your health.

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