

GRAVIDEZ NA ADOLESCÊNCIA: PERFIL DAS GESTANTES E MÃES ADOLESCENTES EM UMA UNIDADE BÁSICA DE SAÚDE

PREGNANCY IN ADOLESCENCE: PROFILE OF PREGNANT ADOLESCENTS AND ADOLESCENT MOTHERS AT A BASIC HEALTH UNIT

EL EMBARAZO EN ADOLESCENTES: PERFIL DE LAS ADOLESCENTES EMBARAZADAS Y MADRES EN UNA UNIDAD BÁSICA SALUD

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RESUMO

Objetivo: este estudo tem como objetivo conhecer o perfil de saúde de mães adolescentes e gestantes adolescentes pertencentes a uma Unidade Básica de Saúde do interior de Minas Gerais. **Método:** tratou-se de um estudo descritivo-exploratório de abordagem quantitativa. Participaram da pesquisa 10 mães adolescentes e 5 gestantes adolescentes com idades entre 15 e 19 anos. Foram analisados: condições sociodemográficas, socioeconômicas, ginecológicas e obstétricas. **Resultados:** 67% das adolescentes não haviam planejado a gestação e estavam se relacionando com o pai da criança atualmente; 54% foram mães entre 15 e 16 anos de idade. Quanto à sexarcação, 47% relataram ter iniciado aos 15 anos. A respeito das consultas realizadas no pré-natal, 40% informaram ter realizado menos de 6 consultas e 7% não souberam informar quantas consultas foram realizadas. Com relação aos métodos contraceptivos, 60% estão fazendo uso de algum método contraceptivo atualmente e 56% informaram que o método anticoncepcional mais utilizado foi o anticoncepcional injetável. **Conclusão:** a caracterização do perfil das mães e gestantes adolescentes permite a identificação das necessidades de saúde desse grupo e contribui para o direcionamento das atividades educativas e assistência em saúde de forma integral e equânime.

Descritores: Adolescente; Gravidez na adolescência; Perfil de saúde.

ABSTRACT

Objective: this study aims to evaluate the health profile of teenage mothers and pregnant teenagers from to a Basic Health Unit in Minas Gerais. **Method:** this was a descriptive and exploratory study with a quantitative approach. The participants were 10 teenage mothers and five pregnant teenagers aged 15 to 19 years. There was analysis of sociodemographic, socioeconomic, gynecological and obstetrical conditions. **Results:** 67% of adolescents had not planned the pregnancy and were currently relating to the father of the child, 54% were mothers between 15 and 16 years old. As for the first sexual intercourse, 47% reported having started at age 15. Regarding consultations on prenatal care, 40% reported having done less than six consultations and 7% could not say how many consultations were held. Regarding the contraceptive methods, 60% are making use of contraceptive methods currently and 56% reported that the most widely used contraceptive method was the injectable contraceptive. **Conclusion:** the characterization of the profile of teenage mothers and pregnant adolescents allows identifying the health needs of that group, and contributes to direct educational activities and assistance in health, fully and equitably.

Key words: Adolescents; Pregnancy in adolescence; Health profile.

RESUMEN

Objetivo: este estudio tiene como objetivo evaluar el perfil de salud de las adolescentes madres y embarazadas que pertenecen a una Unidad Básica de Salud en Minas Gerais. **Método:** se realizó un estudio descriptivo y exploratorio con enfoque cuantitativo. Los participantes fueron 10 madres adolescentes y cinco adolescentes embarazadas de 15 a 19 años. Fueron analizadas: condiciones sociodemográficas, socioeconómicas, de ginecología y obstetricia. **Resultados:** 67% de las adolescentes no habían planeado el embarazo y estaban relacionándose con el padre del niño, actualmente, 54% fueron madres entre 15 y 16 años de edad. En cuanto a la primera relación sexual, 47% informaron haber iniciado a los 15 años. En cuanto a las consultas sobre la atención prenatal, 40% reportaron haber hecho menos de seis consultas y 7% no podían decir cuántas consultas fueron realizadas. En cuanto a los métodos anticonceptivos, 60% están haciendo uso de métodos anticonceptivos actualmente y 56% informaron de que el método anticonceptivo más utilizado fue el anticonceptivo inyectable. **Conclusión:** la caracterización del perfil de las madres y adolescentes embarazadas permite la identificación de las necesidades de salud de este grupo, y contribuye a la dirección de las actividades educativas y de asistencia en materia de salud de forma plena y equitativamente.

Palabras clave: Adolescentes; Embarazo en adolescencia; Perfil de salud.

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INTRODUCTION

According to the World Health Organization (WHO), adolescence comprises the age group between 10 and 19 years old⁽¹⁾. The Statute of the Child and Adolescent considers adolescent the individual between 12 and 18 years of age⁽²⁾. However, that chronological difference is not significant in the face of all the biological, psychological and social changes that characterize that period of life⁽³⁾. The first mentioned instance focuses on biopsychosocial aspects while the statute is more concerned with social and psychological aspects because they involve the rights and citizenship of the adolescent. In Brazil, according to the WHO age criterion, the adolescent population represents 17.9% of the population, of which 16,873,350 are female (8.8%) and 17,284,281 are male (9.1%), totaling 34,157,631 adolescents⁽⁴⁾.

Annually, 7.3 million adolescents give birth in developing countries. In Brazil, according to data from the Information System on Live Births (SINASC), in 2014, there were 2,979,259 births. Of those births, 562,608 live births were from adolescent mothers, of which 28,244 were births of adolescents between the ages of 10 and 14 and 534,364 births of adolescents between the ages of 15 and 19⁽⁵⁾.

Adolescence is marked by psychological conflicts, contradictions and ambivalences, in addition to physiological development and sexual maturation. Those conflicts affect the social development of the individual and can influence positively or negatively the life of that adolescent. Allied to the conflicts, the economic, cultural and social circumstances of the families of those individuals will reflect in an important way in the adult life of that adolescent⁽⁶⁾.

One of the striking features of adolescence concerns the evolution of sexuality. Sexuality is present in individuals from birth and, in adolescence, undergoes changes resulting from hormonal developments. Thus, physical and psychological changes occur naturally, changing the adolescent's body and sexuality, which commonly stimulates the onset of sexual exercise⁽⁷⁾.

Among the problems arising from the exercise of sexuality in adolescence, the exposure to sexually transmitted diseases (STD) and unplanned pregnancy stand out, which relate to

the increased risk of possible maternal and fetal comorbidities⁽⁸⁾.

When pregnancy and adolescence occur together, they have important negative consequences for girls in terms of physical and mental health, social well-being, educational performance, income-generating potential, influencing crises and conflicts in the family environment. Furthermore, factors such as low educational level, lack of information about sex and contraceptive methods, as well as lack of financial conditions for the acquisition of contraceptive methods are factors that also associate with early pregnancy⁽⁹⁾.

The pregnant adolescent is prone to a large number of problems that start from the moment of conception, since gestation, occurring during the maturation stage of the female organism, can lead to several disorders for both the pregnant woman as the concept, thus leading to enormous social and family losses due to the disorganization of the life of her family and of the whole society, who must bear the costs of medical care and the various problems that appear in the life of that future adolescent mother. On the social side, the high drop-out rates and victimization of children make the problem even worse⁽³⁾.

Organizing comprehensive care for adolescent health in the present day has represented a challenge both for health professionals as for society, due mainly to the significant lack of public policies aimed at that population, since literature demonstrates that most pregnant adolescents are economically disadvantaged, have low educational level, have less attention during prenatal care, are prone to have children with higher birth weight and neonatal and infant mortality rates⁽¹⁰⁾.

Given that scenario, the joint role of society, teachers, parents and health professionals in the work with adolescents becomes evident. Both professionals as health managers should seek ways to establish activities and partnerships to facilitate adolescents' access to health care strategies and care. It is also relevant to keep a frequent articulation among family, school and health, since adolescents do not always attend the Basic Health Units regularly. The lack of that articulation means that health professionals are not aware of the problems and social vulnerabilities exposed in the life of those adolescents, mostly identified first by teachers at school.

Thus, the question is: What is the profile of pregnant adolescents and teenage mothers in the area of coverage of the basic health unit that has the team of professionals from the Adolescent Health Multiprofessional Residency?

In order to contemplate the theme, the present study aimed to know the health profile of pregnant adolescents and adolescent mothers belonging to a Basic Health Unit of the interior of Minas Gerais.

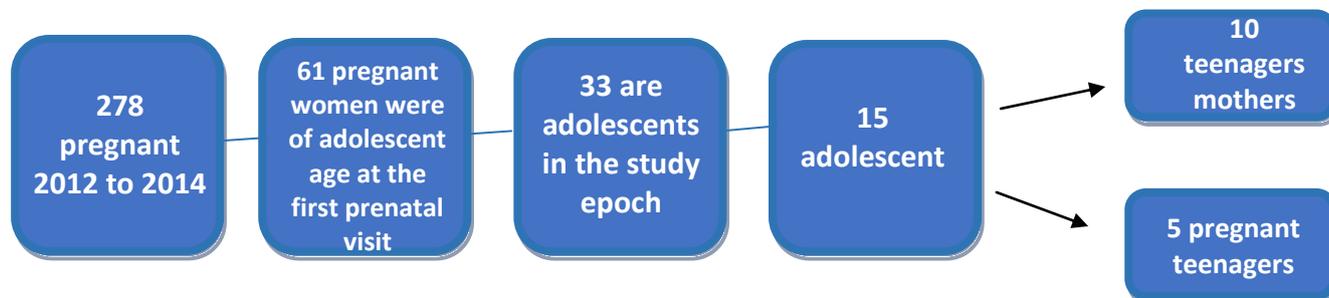
METHOD

This is a descriptive-exploratory study, of quantitative approach, on the characterization of the profile of pregnant adolescents and adolescent mothers aged 15 to 19 years, belonging to a Basic Health Unit of the interior of Minas Gerais. The reason for choosing the Basic Health Unit (BHU) for the study was that fact that unit is one of the units of the municipality where the Adolescent Health Multiprofessional Residency of the Federal University of São João Del-Rei is developed. The BHU where the study was developed has a technical composition of approximately 50 employees: trainees, contractors, public servants and residents. Its area

of coverage consists of approximately 20,000 users, being roughly 3,600 adolescents, representing 18% of the total population⁽¹¹⁾.

The following criteria were adopted for the selection of adolescent mothers and pregnant adolescent: the mother or pregnant in the adolescence between 10-19 years, from the period of 2012 to 2014 and residing in the area of coverage, being attended at the basic health unit where the research would be carried out. The adolescents were selected through a preliminary survey in the Monitoring Information System of the Prenatal and Birth Humanization Program (SIS PRÉ-NATAL) and in the records of the unit, which enabled identifying that 278 independent pregnant women of the age group underwent prenatal care during that period. Of them, 61 (21.9%) belonged to the age group of 10 to 19 years in their first prenatal visit. At the time of data collection, of the 61 identified, only 33 still belonged to the age group between 10 and 19 years of age, being eligible to the study. Of those 33, 15 accepted to participate in the study, being 10 adolescent mothers and 5 pregnant adolescent.

Figure 1 - Flowchart of the selection of the study participants and eligible subjects.



The study was developed from June to August 2015, at a room of the basic health unit previously reserved. The selected adolescents were invited to participate in the study through telephone contact. After the acceptance, the adolescent and her responsible were asked to sign the Informed Consent Form and Term of Assent; then a structured questionnaire was applied, which was answered after the participants read it and agreed, guaranteeing the confidentiality of the information.

The structured questionnaires explored aspects related to sociodemographic variables (age, marital status, color/race, schooling, occupation and income) and gynecological-obstetric variables (menarche, sexarch, if

pregnancy was planned, number of prenatal consultations, use of contraceptive methods, number of partners in recent years).

The data obtained through the questionnaires were tabulated and stored in the Microsoft Excel 2010 program. As the statistical treatment, one chose the use of descriptive statistics and later discussion, based on updated literature.

In order to preserve the ethical aspects of the research with human beings, the provisions of the Resolution of the National Health Council (CNS)/Ministry of Health (MS) 466/2012 were followed and the research project was submitted for analysis by the Ethics Committee in Research with Human Beings of the studied institution,

before the beginning of the data collection, with approval opinion No. 1108529/2015.

RESULTS

After the invitation to participate in the study, 15 adolescents accepted to participate, being five pregnant teenagers and 10 adolescent

mothers belonging to the age group 15 to 19 years old.

In the sociodemographic profile approach of pregnant adolescents and adolescent mothers, the present study obtained the results described in Table 1.

Table 1 - Characterization of adolescents according to sociodemographic and gestational variables at a Basic Health Unit Divinópolis, Minas Gerais, 2015 (n=15).

	N	%
Age		
15-16 years	5	33
17-19 years	10	67
Maternal Age		
15-16 years	8	54
17-19 years	7	46
Color		
Pardo	7	47
White	5	34
Black	2	13
Yellow	1	6
Marital Status		
Single	15	100
Currently relating to the child's father		
Yes	10	67
No	5	33
Education		
Incomplete Elementary School	7	46
Complete Elementary School	2	13
Incomplete High School	4	27
Complete High School	1	7
Incomplete College	1	7
Currently studying		
Yes	1	7
No	14	93
Average Family Income Per Person		
Less than R\$ 300,00	8	53
Above R\$ 300,00	6	40
Uninformed	1	7

Source: developed by the authors.

Regarding the characterization of the professional profile and education of the

adolescent's parents, and the child's father, Table 2 describes the results obtained in this study.

Table 2 - Characterization according to profession and education, child's father and adolescent's parents (n=15).

	N	%
Mother's age when the adolescent was born		
14 - 15 years	3	20
Above 20 years	10	67
Unanswered	2	13
Education of the adolescent's mother		
Incomplete Elementary School	11	73
Uninformed	3	20
Incomplete High School	1	7
Education of the adolescent's father		

Incomplete College	1	7
Uninformed	3	20
Incomplete Elementary School	11	73
Education of the child's father		
Uninformed	5	33
Incomplete Elementary School	8	53
Incomplete High School	1	7

Source: developed by the authors.

Regarding the occupation of the child's father, 7% work in the garment factory, 13% are currently unemployed, 7% work as a lantern in a mechanical workshop, 7% are set designers, 13% work as bricklayers in construction, 19% of the adolescents did not know the profession of their

son's father, 13% work with foundry (Metallurgical), 7% work in butchers, 7% as drivers, 7% as electricians.

Regarding the gynecological and obstetric characteristics of pregnant adolescents and adolescent mothers, Table 3 describes the obtained data.

Table 3 - Characterization of the adolescents according to gynecological and obstetric variables, Basic Health Unit, Divinópolis, Minas Gerais, 2015 (n=15).

Gynecological Data	n	%
Menarche		
10 years	3	20
11 years	2	13
12 years	3	20
13 years	3	20
14 years	3	20
15 years	1	7
Sexarch		
12 years	1	7
13 years	0	0
14 years	4	26
15 years	7	47
16 years	2	13
Uninformed	1	7
Number of partners in the last 3 years		
1 Partner	5	33
2-4 Partners	5	33
Above 7 Partners	2	14
Uninformed	3	20
Currently using any contraceptive?		
No	5	33
Yes	9	60
Unanswered	1	7
Which method?		
Injectable contraceptive	5	56
Oral contraceptive	4	44
Previous pregnancy		
None	15	100
Pregnancy		
Unplanned	10	67
Planned by the adolescent	5	33
Number of prenatal consultations		
Less than 6 consultations	6	40
6-7 consultations	5	33
10-11 consultations	3	20
Uninformed	1	7
Monthly Family Income		
Up to 1 minimum wage	6	40
More than 1 minimum wage	8	53
Uninformed	1	7

Source: developed by the authors.

DISCUSSION

With respect to family income, findings from some studies⁽¹⁷⁻¹⁸⁾ describe family income values below five minimum wages, similar to the results obtained in this research, reaffirming that adolescents do not contribute to that income, being dependent on the family or the partner. The data found in this study demonstrate how the low educational level, the high school dropout rate and the sociodemographic context in which those adolescents are involved are important aspects related to teenage pregnancy.

When receiving the diagnosis of pregnancy, the teenager does not always get the support of her partner and, in many cases, she has to resort to the family to help her raise her child or has to get a job to pay for her living and her son/daughter, compromising her studies, her professional perspectives and, consequently, her economic condition⁽¹⁵⁾.

Other studies^(8,12-13-14) also obtained those results, verifying that the adolescents attended an average of eight years in the formal education system. In addition, most adolescents who experience pregnancy have low educational level, high school drop-out rates, are out of the labor market, economically dependent on their partners or parents, and have low family incomes⁽³⁻⁶⁾.

Other investigations^(6,12) show that most adolescents follow their parents' path regarding education, since most parents do not complete elementary school. Those data demonstrate that the characteristics found in adolescents in this research do not diverge from what the literature describes. Regarding the age of the adolescent's mother when the adolescent was born, 20% belonged to the age group of 14 to 15 years, 67% belonged to the age group over 20 years and 13% did not respond. Those data differ from the data presented in the literature.

Regarding the gynecological history, an investigation⁽⁸⁾, which aimed to characterize the pregnant adolescent's profile from the area of coverage of the health sector in the city of Divinópolis, observed that the menarche varied between nine and 15 years old, 44% of adolescents had their first menstruation at 12 years. Sexual initiation prevailed at 14 and 16 years old, with 28% for each age group mentioned. Those data reaffirm the findings of this study.

An investigation⁽⁷⁾, which aimed to study the characteristics of pregnant adolescents accompanied by the basic health care of Buenópolis, Minas Gerais, evidenced that only 45.2% of the pregnant adolescents underwent at least seven prenatal consultations and only 103 (38.1%) of the 270 adolescents analyzed during the study period performed the first consultation in the first three months, corroborating the findings of the present study.

Regarding pregnancy planning, a descriptive study⁽¹⁵⁾, with a quantitative approach aiming at identifying the biopsychosocial profile of adolescents with repetition of pregnancy attended at a prenatal outpatient clinic, identified that, among the adolescents, 66.67% reported not having planned the first pregnancy and 77.78% did not plan the current pregnancy. Furthermore, most of the adolescents' mothers (64.71%) had their first pregnancy from 16 to 19 years of age, the highest incidence at 15 years, representing, therefore, 72.22%. Regarding the number of prenatal consultations, the Ministry of Health recommends at least six follow-up visits, preferably one in the first trimester, two in the second and three in the third trimester of pregnancy⁽¹⁵⁾.

When an adolescent begins late prenatal or has a low adherence in that follow-up, she is prone to have complications and negative consequences for pregnancy and becomes susceptible to the development of diseases related to the pregnancy itself. Such diseases, mostly pre-eclampsia or gestational diabetes, could be prevented and, in case of early diagnosis, have a minor impact on the health status of the mother or her child⁽¹⁶⁾.

Currently, 33% of the five pregnant adolescents and 10 adolescent mothers reported not using any contraceptive method, becoming susceptible to the contagion of Sexually Transmitted Diseases (STD), either for the adolescent or their child during pregnancy. Of the nine adolescents who reported using contraceptive methods (60%), five (56%) reported using injectable contraceptives and four (44%), oral contraceptives, 7% did not respond.

FINAL THOUGHTS

Pregnancy in adolescence is considered a health problem that still represents a challenge for Brazilian public policies on health and education. Maternity in that age group can have

biological, but mainly socioeconomic, and cultural consequences.

The nurse plays a key role in the prevention of pregnancy and STDs in adolescence, through health education activities at schools, active search and home visits for pregnant adolescents, in order to start early prenatal care. Moreover, the nurse should also be attentive to the economic and student situations of the adolescent so that she knows their rights and aids in the pregnancy-puerperal period.

The difficulty to recruit the adolescents for the research limited the present study, which means there are no generalizations about the social and health profile of pregnant adolescents and teenage mothers. Nevertheless, the results corroborated other investigations in the literature, and, among those results, the impact of motherhood on the student, labor and economic situation of adolescents stands out.

Thus, it is important to carry out new studies that seek to characterize the social and health profile of adolescent mothers and pregnant adolescents in order to know the essential aspects for the improvement of health care in that population, in an integral and equitable way.

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