



FAMILY PLANNING AND TEENAGE PREGNANCY

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ABSTRACT

Teen pregnancy is a recurrent fact in Brazil which produces consequences because of the rough change in the young mothers' lives. The main theme of this study is family planning and teen pregnancy. The research was realized at a Family Health Unit in Vitória da Conquista, Bahia, with 10 women, aged between 15 and 24 years old, who became mothers when they were between 12 and 17 years old. They answered a semi-structured questionnaire with open and close questions. The main objective of this study was to understand why adolescents do not take part in the Family Planning program offered by the Family Health Unit in order to avoid an unplanned pregnancy. It is a field research, with a qualitative-quantitative approach, of descriptive-exploratory character based on the objectives. It was possible to conclude that, although the contraceptive methods and Family Planning program are accessible to adolescents in the FHU, most have shown no interest in participating in the program and do not use or contraceptive methods or use then incorrectly.

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INTRODUCTION

Adolescence is a phase of physical and psychological discoveries and transformations. According to the World Health Organization (OMS), adolescence is the period between 10 and 19 years old (Organization, 1986), it is the phase of several intrinsic and extrinsic changes, with its own characteristics, such as development, sexual nature, personality definition, adaptation to the environment and social involvement. Through these factors, it is developed a change from the cycle of dependency to relative independence, making pregnancy a risky event in this phase of changes and oscillation, since a good part of the adolescents does not have discernment about the consequences of becoming a mother so soon in life (Araújo et al., 2015).

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Early pregnancy causes socioeconomic disturbance, possible problems in maternal and child health, besides possible distance of school and social routine, which interferes in the development of the human being, thus becoming a public health problem (Silva et al., 2016). Another important factor is the family's reaction to the discovery of pregnancy. The first reaction is fright and emotional shock, some families do not accept because the adolescents still live with their parents or relatives and have not completed their studies yet. In some cases, fathers blame mothers, but they did not take radical measures such as denying their daughters or imposing marriages or abortions. In most cases, partners take paternity and join the teenagers (Souza et al., 2012). In 1996, in order to guarantee the reproductive right of the citizen, SUS established norms and activities for the control of fecundity, for example, the Family Planning, a public program to men, women and couple, whose basic activities are conception and contraception, prenatal care, assistance of child-birth and puerperium, control of sexually transmitted diseases and

control and prevention of cervical, breast and penile cancer. It also provides educational actions, methods and techniques available for the control of fertility, in a context of free choice and information about the subject (Silva, 2017). Family planning is extremely important in the reproductive life, especially among adolescents and young couple, since they are the ones most exposed to risky behavior and unwanted pregnancies. Thus, it is important that young people and adolescents join in family planning so that an unwanted pregnancy can be prevented, favoring a planned pregnancy with stable financial conditions for birth and growth of the child (Moura and Gomes, 2014).

Socioeconomic characteristics of the population that seeks Family Planning are an important fact, since it was observed that about 20% of users with more than 3 minimum salaries do not seek the service, compared to those who receive a minimum wage. The higher family income provides access to health insurance and, as a result, there is a difference in fertility among social classes (Moura and Gomes, 2014). With the implantation of the Family Health Strategy, these social and health inequalities tend to change, since people with lower income have more difficulties in controlling fertility (Silva *et al.*, 2017). Since nurses are the professionals with greater involvement with the patients, their intervention is very important for the preventive education, orientations to the public, clarification of doubts through appropriate strategies, explaining about contraceptive methods, but also about the context of pregnancy (Araújo *et al.*, 2015). This research is justified by the fact that, according to World Health Organization (OMS), approximately 16 million adolescents - aged 15 to 19 years old - and about 1 million adolescents under 15 years old have children every year. Besides that, teenage pregnancy remains one of the main factors responsible for maternal and child mortality, as well as developing many diseases and increasing the poverty rate (Organization, 2014). In modern times, with so much information about methods of contraception and their free offer by health services, there is still a high rate of pregnancy in adolescence. Is Family Planning Assistance adequate and efficient to accommodate this age group?

Thus, analyzing adolescents' knowledge about contraceptive methods and the causes that led to pregnancy, this study aimed to understand why adolescents do not participate in the Family Planning Assistance offered by the Family Health Unit, in order to avoid the consequences of an early pregnancy.

MATERIAL AND METHODS

This is a field research in which the researcher goes to the environment where the object/source of study is and then approaches it, collecting information in a way that does not interfere in the results (Severino, 2014). A qualitative approach was used to collect information that does not need to be transformed into statistical numbers (Prodanov and Freitas, 2013). There was also a quantitative approach in which the variables are linked, aiming to ensure the accuracy of the results so that there is no disagreement in the analysis and explanation process, and then transform information and opinions into numbers, through statistical means (Prodanov and Freitas, 2013). Based on the objectives, this research is classified as descriptive, aiming to identify the characteristics (in this case, of a population), discussing events and presenting the standardization in the use of techniques of data

collection as important characteristic (Prodanov and Freitas, 2013). This research is also classified as exploratory, with the purpose of providing information on the analyzed theme which allows the definition and facilitates the delimitation of the proposed theme (Prodanov and Freitas, 2013). The study followed the ethical precepts. It was submitted and approved by the Teaching and Research Committee of Vitória da Conquista and by the Ethics and Research Committee of the Faculdade Independente do Nordeste, with approval nº 2.108.569. The sample consisted of 10 women aged 15 to 24 years old, who had children in the adolescence, aged between 12 to 17 years old, and were assisted by the program of Prenatal, Monitoring of Growth and Development and Family Planning, performed at the Nossa Senhora Aparecida Family Health Unit, in the city of Vitória da Conquista, Bahia. The objectives of the research were presented and the women participated voluntarily, after being attended at the unit and being previously oriented. After signing a Free and Informed Consent Term (TCLE), the adolescents answered the questionnaire with the authorization of their mother. The data collection was done through a semi-structured questionnaire, with open and closed questions that aimed to collect information from the people researched about their knowledge in the particular subject of study (SEVERINO, 2014). The questionnaire was prepared by the authors of the research and divided into: identification, knowledge evaluation and adherence to contraceptive methods, knowledge evaluation and participation in the Family Planning program. In the qualitative approach, the content analysis technique was used, and the quantitative approach was related to the sociodemographic profile of the women. Data were tabulated using the SPSS program (Statistical Package for the Social Sciences), version 24.

RESULTS AND DISCUSSION

A survey was carried out with 10 adolescent mothers. At the time of the research, 5 (50%) were adolescent mothers and the other 5 (50%) were not adolescents anymore, but had children between 15 and 17 years old. Only 1 (10%) of the 10 women who participated in the research worked at the time of pregnancy, 7 (70%) were unemployed and only 2 (20%) were studying, taking into account that there was a representation of 2 (20%), 1 (10%), 2 (20%), 2 (20%), 1 (10%), 1 (10%) e 1 (10%) for the following ages: 15, 16, 17, 18, 20, 23 and 24 years, respectively. Faced with the fact that 90% of the mothers are unemployed, it is possible to say that "[...] most adolescents were not prepared for pregnancy, also financially, because they continued to live with their families" (Souza *et al.*, 2012). Most of the population of this study had started their sexual life at age 15 (60%), followed by the age of 14 years (20%), 13 and 16 years old with 10% each. The average age of the first sexual intercourse was 14.7 years, similar to Carmo *et al.* (2014) in which an average of 14.8 was found. Consequently, "[...] the first pregnancy occurred on average approximately one year after sexual initiation and resulted, most of the time, in the experience of motherhood [...]" (Chacham *et al.*, 2012), 40% became pregnant at the age of 16, 30% at the age of 17, 20% and 10% at the ages of 15 and 14, respectively. It is important to say that only a 14-year-old girl had her first sexual intercourse and pregnancy at the same age. In this research, 90% of the women who participated had only one pregnancy, only 1 (10%) had the pregnancy planned and only 1 (10%) had two pregnancies, which were also not planned and, in one of the pregnancies, she suffered a

miscarriage. "This seems to show that the experience with pregnancy or maturation due to older age has made many adolescents more attentive to pregnancy prevention." (Carmo *et al.*, 2014). In this study, 90% had their pregnancies unplanned, this number is higher than the number found in the study by Coelho *et al.* (2012, p. 420), where unplanned pregnancies accounted for 66.5%, revealing that "[...] adolescents are exposed to greater chances of unplanned pregnancy." About the number of children, 80% of the adolescents interviewed had only 1 child, similar to the study by Carmo *et al.* 2014 in which 84% had only one child. One of the 8 (12.5%) adolescents had previously suffered a miscarriage. Only 20% were pregnant at the time of the survey, both aged 15 years. "It was observed that the adolescent who became pregnant at an early stage prevented another pregnancy effectively, thus avoiding it... It was registered an increase in the knowledge about contraceptive methods of young mothers after the pregnancy situation (Carmo *et al.*, 2014).

Knowledge and use of contraceptive methods: About the use of contraceptive methods, it was observed that 4 (40%) of the interviewees were using the injectable quarterly contraceptive, another 4 (40%) were not using any method and 2 (20%) used the injectable contraceptive monthly. According to their answers, 60% used some contraceptive method and 40% did not use it, similar to the study by Silveira and Santos (2012), in which 55.6% of the adolescents used some method and 44.4% were not using it (Silveira and Santos, 2012). When questioned about condom use, 4 (40%) used it, 2 (20%) answered "sometimes" and the other 4 (40%) said their partner did not use it. Of those 4, 2 (50%) are those who informed both women and men did not use any type of contraceptive at the time of the research. In the study by Tronco and Dell'Aglio (2012), the frequency of condom use among adolescents is 53% for those who use it in every sexual relation, 26% for those who use most of the times, 13.5% few times and 7.4% never use condom. About "[...] the last sexual intercourse they had with a fixed partner, 69.8% of the adolescents used condom [...]" (Tronco and Dell'Aglio, 2012). It is significant that a large part of the population claims to have used condoms during their last sexual intercourse, but when questioned about the frequency of use, less than 50% report frequent use (Brum and Carrara, 2012). The most well-known set of methods among them was the preservative, pill and injectable, represented by 50% of the study population. Similar to other surveys, the most popular methods among adolescents are the condom and the pill (Barbosa and Silva, 2012; Manfredo *et al.*, 2012; Schor *et al.*, 2016).

All of them demonstrated that they knew at least one method, which represents 10% of the research; those who knew more than 6 types of contraceptives represent 10%. Regarding the use of some of these methods, 60% of the women had used some type of injectable, followed by the condom and the pill with representation of 50% and 30%, respectively. Only 1 (10%) reported the use of DIU and 1 (10%) reported never having used any kind of method. The most used contraceptives by adolescents are the condom and the pill, followed by the injectable and the morning-after pill (Barbosa and Silva, 2012). Knowing contraceptive methods and the consequences of an unprotected sexual intercourse are essential for adolescents to enjoy their sex life in an appropriate, healthful and protected way and thus disassociate them from conception (Cano, 2015).

Family Planning and Adolescent Pregnancy: Family planning care is important for healthy reproductive and sexual practice, especially in the teenage and youth stages when people are more biologically, psychologically and socially susceptible to negative effects of unsafe sex acts (Moura and Gomes, 2014). In the study presented here 7 (70%) of the interviewed women did not know what the Family Planning Program was, and 3 (30%) knew the program. This indicates that not knowing the program is a major cause of unplanned pregnancies, requiring the early inclusion of this class in family planning assistance as a way to minimize unwanted and early pregnancies. That must happen through education in order to make these adolescents able to prevent, plan and control the issues involved in this kind of situation (Moura and Gomes, 2014). Regarding the participation of the adolescents in the lectures of Family Planning and the use of the service, of 2 (20%) women who have used the Family Planning service, only 1 (50%) attended a lecture. Of the others, at the time of pregnancy, 6 (60%) never used the service, claiming they had no interest in participating, and only 2 (20%) answered they did not know the service. The lack of interest in family planning, both for conception and contraception, is a relevant factor in the occurrence of unplanned pregnancies among adolescents. It was observed that those girls who participated in the lectures were already pregnant, which proves that most adolescents only seek help when they are affected with some pathology or when they are already pregnant (Schor *et al.*, 2016).

The adolescents said they were not concerned about seeking help from the health unit for the prevention of pregnancy. Contraceptive methods are offered and there is access to family planning in USFs, but adolescents do not seek family planning very often (Silva *et al.*, 2016). Asked about the importance of the Family Planning program, most did not know what to answer and those who responded said only "it is important." About the program, 6 (60%) responded it is important, of which only one answered why it was important, and the other 4 (40%) could not say whether it was important or not. This result is explained by the large number (70%) who said they did not know what the Family Planning program is, what explains the low demand for the program. For that reason, it is necessary to promote Family Planning program in the teenage environment. About feeling shame, fear or embarrassment when seeking the service, of the 3 (30%) who reported being well attended by those who worked at the Health Unit, 2 (67%) said they never had any obstacle in deciding to ask for help and 1 (33%) reported being embarrassed because of her age. Of the remaining 7 (70%) who had never used the assistance program, 5 (72%) said they did not have any emotional problems in seeking the program. Still about those 7 (70%), only 1 (14%) reported being afraid to look for the Family Planning program and her parents found out, and 1 (14%) said she felt embarrassed because of her age. It is of great importance to create strategies that aim to demonstrate Family Planning program as a welcoming place for the adolescent public.

Society and health professionals need to advise adolescents about the importance of contraception methods in order help them in understanding the risks that unprotected sexual activities bring. It is necessary to make them aware of the types of contraception, action, correct use, effect, indication, contraindication. Besides that, it is extremely important to explain how condom is useful not only as a kind of

contraception, but also as a way to prevent sexually transmitted diseases. Through dialogues, it is possible to clarify adolescents' doubts in order to make them feel comfortable to come back whenever they need. That is a way to guarantee the efficiency in the prevention of the early pregnancy and its consequences (Carmo et al., 2014).

Final Considerations

It was possible to conclude that, although contraceptive methods and Family Planning program is accessible to adolescents, most of them showed that they did not have interest in participating or even stated that they did not know about the program. The study also revealed that most adolescents have some e about contraceptive methods, although they do not make proper use of it. This proves that the major problem is not the lack of knowledge, but the lack of importance that is given to the care with the body and even human life, due to low level of schooling, financial condition and maybe no perspective of a better living condition. It is advisable to create actions that promote the adhesion of adolescents to Family Planning program and contraceptive methods in order to avoid unwanted pregnancies.

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