

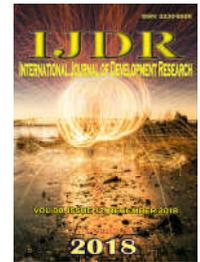


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CHARACTERIZATION OF TEENAGE PREGNANCY IN A RIVERSIDE COMMUNITY OF BRAZILIAN AMAZON

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ABSTRACT

Teenage pregnancy represents a serious public health issue, both nationally and internationally, being a much debated subject in literature. The objective of this study is to present the characteristics of teenage pregnancy in the community of Curuçambaba, Bujaru-PA. It is a descriptive quantitative study, in which we applied the exploratory data analysis technique, used in statistics as an approach analyzing data sets. Among the main results, we observed that most of the women had cohabiting partners (46.87%), that most of them had not finish elementary school (44.13%) and that their family income was less than a minimum wage (86.67 %). Regarding the characteristics of teenage pregnancy, 52.78% did not have parents' orientation on sexuality, 93.33% used a condom and, among these, 68.75% used it eventually. During pregnancy, 88.89% had prenatal care, 75.00% had normal delivery, 69.44% of them in a public hospital. Most had an unintended pregnancy, 61.11% became pregnant through carelessness, 58.33% stopped studying and 68.57% did not change their outlook on life. We concluded that it is necessary for health teams to carry out health education and contraceptive counseling for adolescents in general, in order to explain the correct and incorrect aspects of contraceptive methods, to avoid unintended pregnancies.

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INTRODUCTION

Adolescence is a common evolutionary period of development of the human being, where various physical, psychological, emotional and social transformations take place. During this new period, desires, doubts, curiosities and discoveries emerge, such as the discovery of the body itself and of sexual pleasure, which, shared with a male partner, often results in an unintended pregnancy. Therefore, teen age pregnancy presents itself as a serious social problem and has been much studied in national and international literature (Birth *et al.*, 2010).

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Gestation among teenagers is a public health problem both in Brazil and abroad, since several factors are linked in the occurrence of teenage pregnancy and it is necessary to understand them, their complexity and the intercasuality between the factors that influence in gestation and that make this age group much more vulnerable to this situation. The precocity of maternity anticipates the responsibilities of adult life and, in view of this fact, it is necessary to guide teenagers on the meaning and care of pregnancy, so they can plan it at the right time (BELO, SILVA, 2004). In this context, the purpose of this study is to present the characteristics of teenage pregnancy in the community of Curuçambaba, in the municipality of Bujaru-Pará.

MATERIALS AND METHODS

The research has a quantitative, descriptive and exploratory nature. Fonseca (2002, p.20) clarifies that in quantitative research the results are quantified and often obtained from samples, and since the samples are generally large and considered representative of the population, the results are taken as if they constituted a real portrait of the entire population targeted by the research. Gil (2007) comments that the exploratory research aims to provide greater familiarity with the problem, with a view to make it more explicit or to construct hypotheses, and that the vast majority of these research involves interviews with people who have had practical experiences with the problem researched. The present quantitative descriptive study was developed in the Curuçambaba community, located in the rural area of the municipality of Bujaru, Pará. Access to this community can be by means of roads, through Km 24 of the AlçaViária state highway, and also by boats through the Guamá river, being a 2 hour trip from the city of Belém (the capital of the state) and a 3 hour trip from the municipality of Bujaru. The population of this study consisted of 46 women aged 13 to 63, who were and/or had been pregnant during their teenage years, according to the World Health Organization (WHO, 1990) age classification for teenagers that goes from 10 to 19 years of age. The data collection was done through home visit, and the women were invited to participate in the research from October to November 2017. Firstly we explained what the benefits, objectives and purposes of the research were. The participation of the women from the Curuçambaba community obeyed the following criteria: (a) all had to be 13 years of age or older; (b) the participant or the responsible person had to sign the Free and Informed Consent Term, authorizing participation. Subsequently, the participant was sent to answer a questionnaire containing closed questions. In order to analyze the data, they were organized and stored in a database, and later the Statistical Descriptive technique was used. For Bussab and Morettin (2013), descriptive statistics is an important statistical technique because it consists of a set of tools for the purpose of organizing, summarizing and describing important characteristics of a set of data, through graphs and tables.

RESULTS

Table 1 shows the socioeconomic characteristics of the participants, where it was observed that the majority of participants were between 13 and 20 years old (47.23%) and cohabited with a partner (46.87%), followed by those who were single (40.63%). In addition, 38.25% had incomplete primary education, and the majority had a family income lower than a minimum wage (86.67%). Regarding the data that influenced teenage pregnancy, it was observed that the majority of the participants did not have any orientation from their parents about sex or sexuality (52.78%), most had their first sexual intercourse at 15 years of age (37.49 (55.56%)), and most did not or does not use any contraceptive method (55.56%). Among those who use a contraceptive method, most of them said they use a condom (93.33%) and many use it eventually (68.75%) (Table 2). According to Table 3, most of the participants had prenatal care (88.89%) during pregnancy, the majority had a natural delivery (75.00%) in a public hospital (69.44%), and the majority affirmed that pregnancy was unintended (86.11%), among which the majority became pregnant due to carelessness (61.11%). Due to pregnancy, the

majority stopped the studies (58.33%) and, in addition, they stated that their outlook on life did not change (68.57%).

Table 1. Percentage of the socioeconomic characteristics of women who became pregnant during adolescence, residents in the Curuçambaba community of Bujaru-Pará municipality, in 2017

Variable	Category	Percentage
Age Range (in years)	13 - 16	16.67
	17 - 20	30.56
	21 - 24	11.11
	25 - 28	8.33
	29 - 32	8.33
	> 32	25.00
Marital Status	Cohabitation	46.87
	Single	40.63
	Married	12.50
Level of Education	Illiterate	5.88
	I.P.E.	38.25
	C.P.E.	11.76
	I.S.E.	17.65
	C.S.E.	8.82
	I.H.E.	8.82
Family Income (in M.W.)	< 1	86.67
	1 + 3	13.33

Nota: M.W.: Minimum Wage (In 2017 the minimal wage = R\$ 937.00); I.P.E.: Incomplete Primary Education; C.P.E.: Complete Primary Education; I.S.E.: Incomplete Secondary Education; C.S.E.: Complete Secondary Education; I.H.E.: Incomplete Higher Education; C.H.E.: Complete Higher Education.

Table 2. Percentage of the characteristics of women who became pregnant during adolescence, residents in the Curuçambaba community of Bujaru-Pará municipality, in 2017

Variable	Category	Percentage
Have you had orientation from your parents about sex or sexuality?	No	52.78
	Yes	47.22
How old were you when you had your first sexual intercourse?	13	18.75
	14	25.00
	15	37.49
	16	15.63
	17	3.13
Did you use or do you still use any contraceptive method?	No	55.56
	Yes	44.44
Which type of contraceptive method?	Condom	93.33
	Contraceptive pills	6.67
How often do you use contraceptive methods?	Eventually	68.75
	Always	31.25

Table 3. Percentage of Pregnancy Characteristics of Pregnant Women in Adolescence, Residents in the Curuçambaba Community of the Municipality of Bujaru-Pará, in 2017

Variable	Category	Percentage
Had prenatal care	Yes	88.89
	No	11.11
Type of delivery	Natural delivery	75.00
	Caesarean section	22.22
	Natural childbirth	2.78
Place of delivery	Public hospital	69.44
	Private hospital	16.67
	At home	13.89
Intended pregnancy	No	86.11
	Yes	13.89
Reason for pregnancy	Carelessness	61.11
	Lack of information	27.78
	Desire	11.11
Stopped studying because of pregnancy	Yes	58.33
	No	41.67
Changed outlook on life after pregnancy	No	68.57
	Yes	31.43

DISCUSSION

There are several social problems related to teenage pregnancy, such as the issue of family disorganization, which was verified in the result of this study, where most women cohabited with a partner or were single. This consequence can be explained by the emotional disturbance generated in the family environment, causing the instability of the marital relationship (CASSIMIRO *et al.*, 2017). Regarding the level of education, most of the women in this study have incomplete primary education, and this fact can be explained due to the transformation that pregnancy causes in the life of teenagers. Many teenagers drop out of school to work and cover their expenses, or because they feel embarrassed about the pregnancy and decide to move away from society, and with low schooling it will become more difficult to enter the job market for well-paid work (SANTOS, JO *et al.*, 2009). In addition, most women have a family income below the minimum wage. Many studies point out that low socioeconomic status is a contributing factor to the occurrence of early gestation, and may lead to lack of access to health services for prevention and the inappropriate use of contraceptive methods (SILVA *et al.*, 2013). As for the performance of prenatal care and the place of childbirth, the results of this study were similar to those of pregnant teenagers in Minas Gerais, where all adolescents underwent prenatal care and the majority of deliveries were held by the Public Health System (“Sistema Único de Saúde” in Portuguese) (CARMO *et al.*, 2014). Prenatal care is the first step towards a healthy birth and delivery, in which the woman is assisted in her various stages of gestation, through the promotion and maintenance of physical and emotional well-being (BRASIL, 2000).

The preference for the public health system is justified by the fact that pregnant women who receive prenatal care at health centers are attended by nurses who follow the Ministry of Health programs directed to normal birth (RISCADO *et al.*, 2016). With regard to the type of childbirth, normal delivery was the most incident, due to the fact that labour dystocia (abnormal birth, for whatever cause) occur in pregnant women in advanced age (SANTOS, G. H. N. *et al.*, 2009). Dadoorian (2003) argues that the conception that unintended pregnancy results from the precocity of teenage sexual activity coupled with lack of information about contraceptive methods seems to be true. Therefore, Trajano *et al.* (2012), in the research on the secondary care service to treat maternal and child health in the municipality of Barbalha-CE, shows that 70% of adolescent mothers did not plan for pregnancy, which shows that the reason most teenagers get pregnant is due to lack of information on contraceptive methods or carelessness related to the non-use of contraceptive methods, despite knowing the risks. According to Arcanjo *et al.* (2007), teenage pregnancy is more constant in adolescents with low schooling, because many of them drop out of school due to pregnancy, which ends up contributing to low opportunities for professional growth, as well as a decrease in the self-esteem of pregnant adolescents. As in the study with the adolescents of a Minas Gerais municipality, where the majority claimed there is no change in their outlook on life after pregnancy (CARMO *et al.*, 2014), the adolescents also reported in this study that there was no change in their outlook on life. Thus, it seems that teenagers do not usually worry about socioeconomic and cultural growth, which turns the issue into an even greater critical point due to the difficulty experienced by the teenagers in reaching other social goods such as education, work, remuneration and

prestige (ARCANJO *et al.*, 2007). It is very important that the couple plan the pregnancy according to their wishes and socioeconomic possibilities, always being aware that family relationships, schooling, family income and orientations about sexuality are determinant factors when it comes to teenage pregnancy (VIEIRA *et al.*, 2017). Regarding the aspects that influenced pregnancy, the results observed in relation to the orientation on sexuality are similar to those of the teenagers from Porteirinha de Minas Gerais, where only 4.7% receive orientation from their parents (DIAS *et al.*, 2017). Considering this fact, the issues related to sex are a subject that need constant clarification to adolescents, either by the family or by education professionals (PAULA; SANTOS, 2011). The occurrence of early sexual intercourse is justified by the association between precocity of menarche (first menstrual cycle) and the high opportunity to have sexual intercourse, together with changes in lifestyle and influences of the environment in which they live (MENDONÇA; ARAÚJO, 2009). At the present moment, where the dissemination of information occurs more quickly, it is almost impossible to believe that there are adolescents who do not use contraceptive methods. In this study, most adolescents had not used any contraceptive method, or used only condoms, eventually. A study of adolescents from a municipal health unit in Fortaleza reported that condoms and contraceptive pills are used in only a few sexual intercourses. Despite the orientation, lectures and free distributions of condoms at health centers, many adolescents still do not use any contraceptive methods (ARCANJO *et al.*, 2007).

Conclusion

Through the results, it was possible to present the characteristics of teenage pregnancy in the community of Curuçambaba, Bujaru-PA, where the socioeconomic profile was identified and it was possible to know the factors that influenced pregnancy, which are subjects much debated in national literature. The results showed that women from the Curuçambaba community who became pregnant during adolescence need strategies that aim both to reduce teenage pregnancy and to support adolescents within the period of pregnancy. It is necessary for health teams to undertake health education and contraceptive counseling for adolescents in general, in order to explain the correct and incorrect aspects of contraceptive methods, as well as to ensure that adolescents understand the risks of not using condoms and contraceptive methods. Therefore, such practice will reflect on the reduction of teenage pregnancy rates as well as the sexual re-education of adolescents in general.

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