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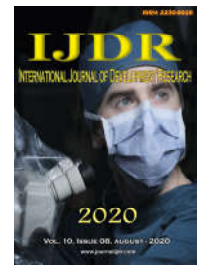
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RESEARCH ARTICLE

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## PERSPECTIVES OF UNIVERSITY YOUNG PEOPLE ON THE EXPERIENCE OF NORMAL CHILDREN

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### ABSTRACT

The Youth Statute considers young people aged between 15 and 29 years to be young, who have the right to health ensured by the Federal Constitution of 1988. Currently, women in this age group are still susceptible to unwanted pregnancies, and in these cases, they will need support to live it healthily, including the necessary knowledge to choose the mode of delivery that will best suit their physiological possibilities. In this sense, the nursing professional must play an important role in the process of carrying out reproductive planning. Within this context, this study seeks to verify the perceptions of university students, aged 18 to 20 years old, about the perspectives of experiencing normal childbirth. For this, a quantitative research was carried out, with the application of a structured questionnaire with closed questions, at a University in the metropolitan region of Recife. Young university students aged 18 to 22 years participated. It is worth noting that this study respects CNS Resolution 466-2012. The information obtained in this study found that, the interviewed subjects do not yet have a psycho-emotional maturity formed about a future parturitive experience, we recommend improving access to the information necessary for the autonomy of the young women in relation to their first pregnancy.

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### INTRODUCTION

According to the country's Child and Adolescent Statute (BRAZIL, 2013), individuals aged between 15 (fifteen) to 29 (twenty-nine) years of age are considered to be young, and they have the right to health, guaranteed by the Federal Constitution of 1988, as well as quality of life. In this sense, they must have special support in case of a planned (or unplanned) pregnancy under the aspects: "medical, psychological, social and economic", as determined by Article 20, paragraph V of the Statute. In this scenario, the importance of nursing with health education actions is evidenced, discussing important issues with young people, such as Sexually Transmitted Infections (STI), family planning, and a better understanding of these themes can collaborate, that the young woman when pregnant make the choice of the most appropriate way of delivery for each case, and not only lead to an unnecessary procedure (Pimenta, Ressel & Stumm, 2013).

Currently, the Ministry of Health has been encouraging normal deliveries, and the reduction in the number of cesarean deliveries that occur in Brazil, performing a rescue of childbirth as a physiological act (natural childbirth), which promotes a faster recovery of postpartum women, as well as less risk of infections for her and the baby. This is because the country has a high rate of cesarean sections, probably due to the convenience offered by the choice of date, or even, due to the fear of pain more associated with vaginal delivery (Vale et al, 2015). From a cultural point of view, there is a certain influence on the decision and choice by the type of delivery (normal or cesarean) that the woman wants to perform from people closest to her, such as family members, and also the regional medical culture. Thus, monitoring the nurse with educational action acting directly in the guidance and information on the benefits of normal childbirth can help to "break" some myths that are related to it (Campos, Almeida & Santos, 2014; Pimenta et al, 2013). Regarding the performance of normal birth, health professionals, and among them the nurse, have a duty to clarify the advantages of this choice, and

about the possible disadvantages in labor, childbirth and the puerperium. Thus, all of them can be approached even before conception (through educational lectures), or during the performance of prenatal care, since normal delivery, in most cases, is the best choice for women (Melo, Davim & Silva, 2015). If these issues are better understood, they increase the possibility of promoting the foundation of educational actions in the area of women's health, such as: preparation courses during prenatal care (and in other educational activities), in order to clarify and encourage future ones. Mothers adhering to normal delivery as the best choice for her and the baby, because the less unnecessary interventions they suffer, at the time of birth, the lower the risk of complications (Silva, Barbieri & Fustinoni, 2011). The purpose of this study validates the importance of checking the perceptions of young university students about the perspective of experiencing normal childbirth. Draw the university profile regarding socioeconomic variables, check the advantages and disadvantages of normal childbirth among the university students, and list the chosen way of delivery of the young university students.

## MATERIALS AND METHODS

This is a quantitative study, carried out at Universidade Salgado de Oliveira- UNIVERSO Campus Recife-PE, interviewed in the period of November / 2017. 50 women students took part in the research, the inclusion criterion was the age between 18 to 22 years of university courses, not having previous training in health courses, not having experienced the experience of childbirth, and students with age under 18 and over 22, studying or acting professionally in the health field, having previously experienced the experience of childbirth. The instrument for data collection was a structured ticket type questionnaire prepared by the author, containing closed questions that address the proposed problem, questions about the students' understanding. A database of this study was made, storing the data and guaranteeing confidentiality and anonymity of the participants. Full confidentiality will be maintained in view of the participants' anonymity and the information provided by them for a period of up to 05 (five) years. After the questionnaires were answered, they were sealed in individual envelopes and statistical analysis was performed, using tabs, using Excel to form tables to present the variables. It is worth mentioning that this study was approved by the ethics and research committee of UNIVERSO, respecting the guidelines and criteria established in Resolution 466/12 of the National Health Council (CNS), according to the ethical precepts CAAE: 72938217.20000.5289 established, in which refers to ensuring the legitimacy of information, privacy and confidentiality of information approved by CEP.

## RESULTS AND DISCUSSION

Data were collected on the university campus of a college in Recife, with subjects between 18 and 22 years old, 50 young people were interviewed, 10 of whom did not want to answer. In this study it was found that, even though they are young people with a higher educational level, they have many doubts about normal birth and its benefits. The absence of media campaigns and school instruction on the subject makes it difficult for these young women to choose the mode of delivery.

Three variants were elaborated: "socio-academic profile, choice of delivery mode, young people's concepts of advantages and disadvantages". After transcribing the interviews, it was found that the majority who answered were single, had completed high school and were studying for a degree (Table 1). Table 1 distributes the sociodemographic characteristics of university students in a private Faculty in Recife in the period of 2017, where among the interviewees on average 28% are 20 years old, and 50% of them intend to have children, and 80% were born in hospital, according to them family members report that it hurts a lot, but when it is born it passes (52%), but that it is better than having a child by caesarean section (32%).

According to Pinheiro;Bittar (2012), the opinion of women is that pain and suffering appear as inevitable and inherent aspects of normal childbirth, it is configured as an inexplicable experience. As highlighted by Pinheiro; Bittar (2013), the contents of this experiment are inserted on the power in the female body, determining the way they should act, position themselves, express themselves in the experience of childbirth. Thus, the choice of the mode of delivery is more than an individual discourse, it is inserted in the social space, conditioned to the way these women conceive the experience of delivery and the methods of delivery directly influencing their choice. Following the line of reasoning by Nascimento et al, (2015), expectation with births is interfered by family members, health professionals, education and the media influence the choice of delivery mode. As Old adds; Santos; Collaço (2014), the importance of seeking information is intended to prepare young women and to know the types of delivery, and the formation of this opinion is supported by conversations with family members, information obtained from the media, use of books and contacts with health professionals .

According to table 2, which refers to the university profile on the chosen mode of delivery, 50% chose the vaginal mode of delivery, it is noteworthy that although 20% did not respond, cesarean delivery stood out in the choice of young women in 20%, it was explained to these young women that the recovery from vaginal delivery is fast, has less risk of complications and short recovery and hospitalization time. Whereas Weidle; Medeiros; Serious; Bosco (2014), people who live with women during pregnancy influence the choice of type of delivery, the information received is often contradictory and makes it difficult for women to identify the best delivery option. It was found that most women prefer vaginal delivery; however, the lack of humanized attention and induction often lead to these when pregnant women opt for abdominal delivery. Analyzing Almeida's considerations; Medeiros; Souza (2012), the power relationship of the country's obstetric care system over the female body, and the way it has been influencing nulliparous women in choosing the mode of delivery perpetuate the idea of performing cesarean delivery to avoid the pain of normal birth .According to Vendruscolo;Kruel (2016), the advances in the humanization of childbirth are clear in Brazil, especially in the last five years, a period that corresponds to the proposition of the Rede Cegonha Program. However, there are still many challenges that must be faced by health institutions and professionals in the area so that respect for the dignity, autonomy and well-being of women and their families are respected at the time of birth.

**Table 1. Distribution of the sociodemographic characteristics of university students at a private Faculty in Recife, 2017**

Sociodemographic Characteristics	CallUs	Frequency	Percent
Age	18 years	06	14,0
	19 years	10	20,0
	20 years	14	28,0
	21 e 22 years	10	20,0
	They did not answer	10	20,0
Intend to have Children	Yes	25	50,0
	No	08	16,0
	Don't know how to answer	07	14,0
	They did not answer	10	20,0
Born at home or hospital	Hospital	40	80,0
	Home	-	-
	They did not answer	10	20,0
	Only Cesarean Deliveries	05	10,0
Family Vaginal Delivery Experiency	It hurts a lot, when the pain passes	26	52,0
	It's bad, the pain is too great	09	18,0
	They did not answer	10	20,0
Family on Vaginal Childbirth	No one talks about it	11	22,0
	Speaks, but does not advise on the choice of delivery mode	05	10,0
	It's a Woman's best experience	08	16,0
	Pain full experience, but better than having a child by caesarean section	16	32,0
	They did not answer	10	20,0

**Tabela 2. Opinion on the way of delivery chosen by university students at a private Faculty in Recife in 2017**

Characteristics	Frequency	Percent
Cesarean Delivery	10	20,0
Vaginal delivery at the Hospital	25	50,0
Vaginal childbirth at home with Doula	05	10,0
They did not answer	10	20,0

**Table 3. The view on the advantages and disadvantages of vaginal birth for university students at a private Faculty in Recife, 2017**

Characteristics	Frequency	Percent
Does not bring benefits	05	10,0
Increases the mother's bond with her baby	17	34,0
Don't know how to answer	18	36,0
They did not answer	10	20,0

Table 3 depicts the Young Women's view on the view of the advantages and disadvantages of vaginal delivery, in this age group, they have many doubts about what the benefit that normal childbirth offers to the baby, 10% think it does not bring any benefits, 34% report that they increase the bond and 36% of them still do not know how to give an opinion on the benefit of the mother / baby dyad after birth. The Ministry of Health (2014), created the stork network that advocates promoting early hand / baby contact and breastfeeding in the first hour of life, enabling the strengthening of the bond and early encouragement to breastfeeding. In quote to the Swiss philosopher Rousseau, Santo; Araújo (2016); Rousseau (1995), describes the recommendations that babies when born are not to be separated from mothers, thus increasing the bond until adulthood. Emphasizing what Marciano; Amaral (2015) report that The humanization process of birth and childbirth assistance aims to humanize the birth process and expresses a change in the understanding of childbirth as a human experience, and should occur early during the postpartum period as it helps immensely, in the development of a bond between the parents and the baby, that's why vaginal delivery stands out in this process.

### Conclusion

The development of this study made it possible to verify the profile of university students in a private Faculty in Recife, outlining the sociodemographic characteristics of young people between 18 and 22 years old about the understanding of

childbirth and experiences described by their families. When analyzing the field research, we obtained more consistent data on the choice of delivery method in a future pregnancy. In view of the aspects observed, we found that for these young women the advantages (increased mother / baby bond, better postpartum recovery) and disadvantages (does not bring benefits, very severe pain) of vaginal delivery are still doubtful, even though some understand that they increase the mother / baby bond, most did not know how to choose. The information obtained in this study also found that the subjects interviewed do not yet have a psycho-emotional maturity formed about a future parturitive experience. Where only the family adds knowledge and participation in the gestational process to be chosen, the guidance obtained in any other medium is still very lenient, thus opening a range of doubts, fears and taboos about vaginal delivery. It should also be noted that the improvement of the educational process aimed at the high school stage would help to develop better knowledge and self-sufficiency in preparing for a future pregnancy and choosing the mode of delivery. It is recommended that, in the actions for the choice of vaginal delivery, it is extremely important to increase campaigns in the media (television, internet, newspapers and magazines), further development of guidelines in the school context and participation in the Family Health Program (the nurse and multidisciplinary team) to expand access to the information necessary for the autonomy of young women in relation to their first pregnancy.

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