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REFLECTIVE ANALYSIS ARTICLE

REFLECTIVE STUDY ON BIOLOGICAL, PSYCHOSOCIAL ASPECTS AND PRENATAL CARE DURING PREGNANCY IN ADOLESCENCE

ESTUDO REFLEXIVO SOBRE ASPECTOS BIOLÓGICOS, PSICOSSOCIAIS E ATENDIMENTO PRÉ- NATAL DURANTE A GRAVIDEZ NA ADOLESCÊNCIA

ESTUDIO REFLEXIVO SOBRE ASPECTOS BIOLÓGICOS, PSICOSOCIALES Y ATENDIMIENTO PRENATAL DURANTE EL EMBARAZO EN LA ADOLESCENCIA

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ABSTRACT

Objective: to reflect on the biological, psychosocial and care aspects of adolescents' pregnancy by health policies in Brazil. **Method:** reflective analysis study from narrative literature with extended and contextualized approach. **Results:** study divided into four sub-items. The first sub-item was focused on the conceptual aspects of adolescence based on the definition of adolescence; the second sub-item was dealt with biological characteristics with a view of the growth and development of adolescents, hormonal changes, secondary sex characteristics of both genders; the third sub-item recorded all aggressive and systematic adolescents and the fourth sub-item discussed issues of pregnancy in adolescence, desired or not. **Conclusion:** there are several aspects that involve the increase of adolescents' pregnancy as media and communication influence, reduction of taboos and sexual inhibition, lack of dialogue, family breakdown, school distance, advance menarche, self-assertion and thinking of a passage from adolescence to adulthood. **Descriptors:** Adolescents; Sexual education; Adolescent's Health; Adolescents' Pregnancy; Prenatal Care.

RESUMO

Objetivo: refletir sobre os aspectos biológicos, psicossociais e atendimento da gravidez na adolescência mediante as políticas de saúde no Brasil. **Método:** estudo de análise reflexiva a partir de revisão narrativa da literatura com abordagem ampliada e contextualizada. **Resultados:** estudo estruturado em quatro subitens. O primeiro foca aspectos conceituais da adolescência tomando como base a definição de adolescência; o segundo aborda aspectos biológicos, tendo em vista características do crescimento e desenvolvimento do adolescente, modificações hormonais, caracteres sexuais secundários de ambos os sexos; no terceiro registra toda forma agressiva e sistemática do adolescente; e o quarto discorre questões da gravidez na adolescência, seja esta desejada ou não. **Conclusão:** são vários os aspectos que envolvem o aumento da gravidez na adolescência, tais como influência da mídia e meios de comunicação, diminuição dos tabus e inibição sexual, falta de diálogo, desestruturação familiar, distância da escola, adiantamento da menarca, autoafirmação e pensamento da passagem da adolescência para a idade adulta. **Descritores:** Adolescente; Educação Sexual; Saúde do Adolescente; Gravidez na Adolescência; Cuidado Pré-Natal.

RESUMEN

Objetivo: reflexionar sobre los aspectos biológicos, psicosociales y atendimento del embarazo en la adolescencia mediante las políticas de salud en Brasil. **Método:** estudio de análisis reflexiva a partir de revisión narrativa da literatura con enfoque ampliada y contextualizada. **Resultados:** estudio estructurado en cuatro subitens. El primero enfoca aspectos conceptuales de la adolescencia tomando como base definición de adolescencia; el segundo enfoca aspectos biológicos teniendo en cuenta características del crecimiento y desarrollo del adolescente, modificaciones hormonales, caracteres sexuales secundarios de ambos sexos; en el tercer registra toda forma agresiva y sistemática del adolescente y en el cuarto discorre problemas del embarazo en la adolescencia sea esta deseada o no. **Conclusión:** son varios los aspectos que envuelven el aumento del embarazo en la adolescencia como: influencia de la mídia y los medios de comunicación, disminución de los tabúes e inibición sexual, falta de diálogo, desestructuración familiar, distancia de la escuela, adelanto de la menarca, auto-afirmación y pensamiento del pasaje de la adolescencia para la edad adulta. **Descriptores:** Adolescente; Educación Sexual; Salud del Adolescente; Embarazo en la Adolescencia; Atención Prenatal.

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INTRODUCTION

This reflection aims to develop the topic of adolescents’ pregnancy focusing on the biological, psychosocial and prenatal care aspects, with scholars in the field as a reference and discussing all problems experienced by this population. The study is divided into four sub-items dealing with themes related to the adolescent. The first sub-item focuses on conceptual aspects taking as adolescence definition based on various criteria such as chronological, physical, sociological, psychological and/or combination of multiple aspects. It also refers to the Statute of Children and Adolescents (ECA) in Article 20, chronological age on the statement of the Ministry of Health (MOH) in 2004 which was based on the first World Conference of Ministers and Responsible for Youth held in Lisbon in 1998. The second sub-item, there are biological characteristics with a view of the growth and development of adolescents, hormonal changes and secondary sex characteristics of both genders.

The anatomical, physiological, psychological and social changes are also discussed in this part. The third sub-item records all aggressive and systematic adolescents, various mechanisms that they use to overcome or else ease the anxiety of dealing with conflict as progressive separation of parents who have a family reference. Sexuality is punctuates as transition period to maturity of these young people, behavioral evolution and sexual decisions, pressures related to the opposite sex and, finally, the school and the importance of environment in the adolescent’s life to be place of greater permanence, training of peer groups, involvement with drugs, physical violence, domestic and family conflicts. The fourth sub-item discusses issues of pregnancy in adolescence, desired or not. The pleasant discovery of this phenomenon can also be a time of uncertainty, anguish, and suffering.

It is discussed what is recommended by the MOH in prenatal care, ambivalent fantasies of these young people and, in a way, trying to relate the fetus as an instrument of affirmation and independence from parents. Also, it focuses the evolution of pregnant adolescent with consequences of early motherhood, stopping studies, the uncertainty of opportunities in the quality of life shortly. It can be registered the contribution and importance of this matter with respect to biological, social and psychological aspects reflected throughout the development of these sub-items, operationalizing importance

in health care and education to ensure the rights of adolescents in various government programs institutionalized by MOH aimed at a promising future for these young people as Brazilian citizens. Thus, the objective of this study reflects on the biological, psychosocial and care aspects of adolescents’ pregnancy by health policies in Brazil.

METHOD

Reflective analysis study is addressing biological, psychosocial and care aspects of adolescents’ pregnancy. A narrative literature was developed enabling reflective, expanded and contextualized approach.¹ Scientific articles, books, theses and dissertations, MS manuals and World Health Organization (WHO), legislation, surveyed in the Latin American Literature and the Caribbean (LILACS) and Scientific Electronic Library online (SciELO) databases were used. The construct consolidated what it was available in Brazil today.

RESULTS AND DISCUSSION

◆ Conceptual aspects of adolescence

The adolescent is a human being that is in the development phase studied in his circumstantial expression of geographical character, socio-cultural, economic and historical characteristics with biopsychic specific intellectual and emotional experiencing all the misfortunes of a society in the rapid transformation process. It is considered a stage between childhood and adulthood, marked by biological, psychological and social changes. It is the crucial time of growth and development that culminates whole biopsychosocial maturation process of this population. Period of contradictions, ambivalence, turbulence full of passions, characterized by conflicts in the family and social environment, occurring transition of the total socio-economic state of dependence to relative independence. Period characterized from 10 to 19 years old, subdivided into two stages: pre-adolescence, 10 to 14 years old and adolescence, from 15 to 19 years old.²

Adolescence does not occur in a linear way; it is gradual because the adolescent is conquering his space and autonomy, experiencing possible independence requiring new skills and changes in behavioral patterns. This individual’s desire to be protected and at the same time stay in the childhood phase of advantages. There are fluctuations between keeping the child dependency and assume adult independence from the parental

separation that will occur gradually. This process results in instability, disharmony experienced in this life stage, given that the shutdown process is painful but necessary for human growth and development of this population. It is a phase that involves psycho-emotional development, changes in relationships with the own body and self-image, as well as interactions and social integration with peculiar manifestations of new ways of thinking, feeling and behaving.³ It may be considered as a process in which children's models are questioned, allowing the adolescent to enter the adult world, meaning the construction of their identity with the involvement of the affective-sexual and professional development.⁴

Given the new identity, relationships with real parenteral figures are essential. The father assumes that his word means law, teaching that individual to the domain the reality, not practicing incest, not killing, stealing and showing them that he cannot do everything that comes to mind without consequences. The mother has the mediating function of protection by guidance and advice. In the absence of a close family support, teachers, people from institutions for young people offenders among others, they may exercise educational role of adolescents.⁵ Adolescence is also the sociological point of view period in which the individual, according to the society that stops considering him as a child, but does not give him full rights, duties, and obligations of civil rights.⁶

When projecting to adulthood, the adolescents shortly will gradually find their place in society dreaming of tomorrow, having desires and ambitions, building life projects considering their probable occupations. This individual points to adolescence as a stage for the future seeking ways yearnings adjustments and physical realization, mental, emotional and professional fighting for the improvement of knowledge. For them, transformations are seen as a culminating course on the road to the adult world recognizing that, for himself, to reach maturity, reaching adulthood and settle in professional life is important to bear in mind one project of life.⁷

Given this, they need to face the vocational problem and keep in mind the decision of a likely profession. The future is important idealized by the dream of a new social status, but can not analyze that to achieve these dreams must go through various stages of life. Adolescence undergoes transformations and conflicts, experiencing changes in the body and social relations. Difficulties arise in the search for identity,

different manifestations of behavior imposed by the growth and development process interfering in the attitudes of sexual transformations influence of society.⁸

Given the sexuality identification phase, they suffer undesirable consequences in practice: early and unwanted pregnancies, lack of knowledge and/or use of contraceptive methods, sexually transmitted diseases (STDs), abortion, victimization and psychosocial trauma.⁹

These undesirable consequences can be arising from the number of services that is still scarce for this population, the mortality rate that has not improved; there is a high record of injuries caused by accidents, violence, and complications of sexual practices unprotected increasing the STI and not planned paternity infection rate.¹⁰

However, adolescence can be defined based on different criteria such as chronological, physical, sociological, psychological development and/or the combination of these aspects. Limiting the beginning and the end of adolescence in chronological terms is somehow acceptable by imposing practical, given that this limit is established by the culture and society in which it operates. For most authors, the adolescence term covers the period between puberty and complete development of the body generally between 13 and 25 years old. The facts show that, in girls, this period is from 12 to 21 years old and boys from 14 to 25 in general terms.¹¹

In an attempt to standardize concepts, the WHO proposed a chronology criterion that goes from 10 to 21 years old. This period shows most physical, psychological, emotional and social exchanges.¹² In Brazil, ECA in Article 2 states that an adolescent is a person between 12 and 18 years old.¹³ However, in 2004, the MOH based on the 1st World Conference of Ministers and Responsible for Youth held in Lisbon in 1998, reshaped this concept extending this age to 24 years old, being distributed as follows: pre-teens from 10 to 14 years old and adolescents aged 15 to 24 years old.¹⁴

Given these criteria, it was determined that the specific specialty for the adolescent study is Hebe atriá, as a subspecialty takes care of this lifetime specifically by the intense transformations that occur, especially if multidisciplinary and multicausal nature is understood of the risks and hazards elapsed in this age group. There is intense anatomical, physiological, psychological and social changes observed. It is vital a distinctive interdisciplinary, and intersectoral work of

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Reflective study on biological, psychosocial aspects...

the areas covered by family health teams focused on this life phase in a focused and relevant manner.¹⁵

The study developed in a Family Health Program (FHP) in the city of Recife/PE with ten nurses working in clinics, aimed to validate a nursing consultation model for adolescents based on Systematization of Nursing Assistance (SAE). It was concluded that meeting the individual needs of each holistically teen emphasizing biological, psychological and social because it is understood that adolescence is the period of importance in the growth and evolution of the human being, it is crucial not only at this stage but to the future of the adult.¹⁶

◆ Biological aspects

Physical changes resulting from adolescence allow demarcating without many difficulties, its start having been based on the individual and the variable physiological phenomenon of puberty manifested around 8-14 years old (occurring earlier in women). Puberty has the growth characteristics and somatic changes that generate sexual maturation, acquisition of functions and modifications of the adult body.¹⁷

Given these characteristics, the growth in adolescence is a continuous, non-linear process, depending on the action of hormones and genetic patterns of each. Also, there are influences of food, sleep, exercise, medical conditions, birth, among others. The spurt comes at the beginning of puberty, and women in the middle of the man. This growth involves bone maturation and defines fusion of the epiphyseal and metaphyseal bone, independent of chronological age. This growth occurs first on the ends and then the trunk clinically can be joined using male and female and their graphic growth patterns of normality.¹⁸

The height changes are accompanied by weight gain, an increase in the size of bodies (mostly doubles in size), circulatory development, increased appetite and caloric intake, muscle mass and fat. With the increase of adipose tissue, there will be redistribution of body fat giving new forms to the female body.¹⁹

In adolescents, blood pressure characterized by its gradual increase, since his childhood to the adult levels is important since systematic evaluation hypertension in adolescents is a little incident.²⁰ Other changes relate to the development of reproductive organs and appearance of secondary sexual characters. In women, the first change is the appearance of the breast, menarche, and appearance of pubic hair.

In man, the early signs of puberty are increased testicles and scrotum, followed by the appearance of pubic and underarm hair, increased pigmentation of the penis and the scrotum. The development of these characters before eight years in women, and nine years the man is considered early. There may also be stopped or delayed pubertal development that should be investigated and treated.¹⁸

Under hormonal stimulation, the reproductive capacity of women and men is associated with complex neuroendocrine factors and changes in the hypothalamic-pituitary-gonadal axis. There is increased secretion of steroid hormones (testosterone and estrogen), decreased the sensitivity of the hypothalamus and pituitary, stimulating increased production of follicle-stimulating hormone (FSH) in women and luteinizing hormone (LH) in women and men. Estrogen levels in women causes increased secretion of gonadotropin-releasing hormone (GnRH), which stimulates follicular growth, ovulation, corpus luteum formation, menstruation and production of sex hormones (estrogen and progesterone). In man, the gonadotropin stimulation of LH and testosterone production generates FSH stimulates the formation of spermatozoa. Other important aspects in adolescence include changes in voice tone especially in boys, appearance of acne, especially on the face, representing a negative factor in the self-image of the adolescent.¹⁸

The anatomical, physiological, psychological and social changes make the pace in the adolescent stage considered more difficult than the others contributing to the strengthening of stereotyping, which are popularly translated into some expressions (tree structure for example). All this will influence even in the form of adolescent treatment by teachers, health professionals, parents and adults in general.²¹

◆ Psychosocial aspects

It is during adolescence that the individual aggressively and systematically asks himself his being and his existence. For these individuals, it is not easy to find their references to understand the inside. Questions arise: "Where am I from" "who I am" and "where do I go", becoming an emotional instrument that the adolescent faced with unanswered questions throughout their development. Thus, there are conflicts, emerging need to develop intrapersonal relationship (physical, emotional, spiritual) and extrapersonal relationship (family, group, social).²⁰

There are several mechanisms used by adolescents to overcome or alleviate the anxiety of dealing with conflicts. One of these mechanisms is manifested in the need to find a “model” with a little older stability and balance. This model would be the basis of the adjustment to a new reality, which later by maturity; the model figure disappears, and the adolescents find their own. In fact, this “model” can be a television idol, teacher or even a friend.²⁰

Another confrontational feature in adolescence it is the progressive separation of the parents, taking place the following premise: the parents do not treat more the adolescent children as children, and this is not considered an adult with adult rights. It is a psychological weaning.²² The family restriction is the result of adolescent conflicts. This is the first social group of deep relationship since, errors, frustrations, and failures are evident. For adolescents, parents do not explain their origin, who he is or where he is going. They do not even know about themselves, how do they know about adolescents, their child? Thus, in the search for himself, the adolescent does not admit that parents can be role models in representing their existence.²⁰

In adolescence, three behaviors are manifested hidden from the family: distorts facts, omit facts or lying. The biggest problem arises if this omit, distort or lie becomes constant fact. If the family will not accept the certain behavior, the output is to invent, omit, change what happened. In fact, such habits remain for life making the teen an adult, which, much to invent, lie or omit confuses reality with their fantasies and inventions. These terms can hardly a development agreed by reality and truth.²⁰

As the socio-cultural element influence with specific determinism in adolescence manifestations, the family is a socio-cultural element of great importance in the relationship with the teenager,²³ given that “parents and friends are more important sources of support for the adolescent”^{24: 245 -72}

Thus, the family is usually the reference group in the adolescent's life story. The way the family with the sphere of affectivity, gender, inter-relationships, hierarchies between male and female, among others, as well as their integration in the social hierarchy are extremely important in adolescence construction. The family environment can be characterized by protection respect, dialogue, affection and equal relationships. If, by contrast, families without structure, authoritarian or permissive,

hierarchical with moral and sexual rigidity standards make adolescents susceptible to the experience of suffering, conflicts, and problems. However, in both situations families find it difficult to understand and deal with their adolescents, requiring provision of professional actions aimed at taking care of families and adolescents in a comprehensive process of social support for families.¹⁷

In a study developed with 50 adolescents in Fortaleza/CE in 2006 on issues related to sexuality, the authors concluded that parents' guidelines for the emotional and sexual lives of children consisted of diffuse warnings about risks of sexual life. Regarding the girls, silence on the subject was observed clearly. It was evident that within the family, there was a lack of dialogue between the respondents and their parents, taking these adolescents ask their doubts and curiosities with friends.²⁵

The aggressive behavior of adolescents with the family, school and society as criticized and abhorred come in response to the inner conflicts of this age, given that aggression, is the way that the adolescent seeks help and report that it is not good.²⁰

In some way, the family relationships are important in the formation of self-esteem of adolescents and that these when conflictual, whose relations are based on criticism and punishment tend physical depreciate, intellectually and emotionally this population, contributing most of the time to build a committed self-esteem. Aggressiveness, communication problems, sadness and dissatisfaction, difficulties in creating, pessimism, passivity, antisocial attitudes, inability to overcome obstacles, are factors commonly related to low self-esteem of adolescents. It has in mind that educational practices of psycho-emotional support and professional interactions favor the promotion of self-esteem and overcoming low self-esteem. In this process is relevant respect for differences, listening and dialogue based on horizontal relationship, favoring both the adolescents' perceptions of their abilities and potential as acceptance of possible disability.¹⁷

It is seen that adolescent sexuality is presented in various forms such as physical, psychological and social, also given new body conformation, attitudes, and relationships that society will impose. In some ways, the changes in adolescence can be compounded and potentiated, in this new world with physical expression of the new body and attitudes are surprised by early pregnancy, changing the life of adolescents about oneself, family, school and all around him.⁷

This is a transition period to maturity with the physical development always precedes the psychological. At this stage of life, the trend is accelerating and slowing of physical growth, body changes, hormonal eruption accompanied by the development of male and female secondary sexual characteristics. With bodily changes, there are psycho-emotional changes in parallel. They search for identity, group trend, development of conceptual thinking, unique experience, as well as evolution of sexuality.²⁶

With these changes, the adolescents intensely live their sexuality often manifesting by sexual practices without protection, becoming a problem due to lack of information and communication between family members, taboos or even the fear of taking their sexuality. The behavioral evolution and sexual decisions of these young people will be influenced by the interactions that develop with other young people in family and social ties.²⁷

Sexuality in Adolescence is treated differently between girls and boys in sex education and socio-cultural norms. For boys, there is an incentive for virility, including initiation of sexual life early. They are under pressure to relate to the opposite sex to demonstrate that he is not homosexual. Unlike the girls, they are encouraged to delay first intercourse. These differences highlight the need for a gendered approach to be used in studies on sexuality in the schools.²⁸

As sexuality in adolescence has always been a controversial subject, it would be no different in the school context. This is presented as physical, psychological and social change, as with the new conformation of the body and their attitudes impose them a new relationship with society. This social change is heightened and enhanced, with the natural process of expanding the world with physical expression of a new body and attitudes happen to early unplanned pregnancy, changing the whole experience of this adolescent about himself, the family, school and all around him. The sexual and social identity of every being is built according to the family, the inherited values of the country.²⁹

However, it is at school that the young man comes into contact with other values and to confront the inherited, elaborating his behavior, having in mind that the school should offer teens a different reality than the family.²⁸ As school means a place important to work knowledge, skills, and behavioral changes, being the place of greater permanence of these young people, it

becomes a place suitable and appropriate to develop educational activities with operations in different areas of human knowledge.²¹

With the changes in the adolescent, personality is in a constant process of breakdown and restructuring. This phase involves losses and achievements of children's identity for adult influencing the consolidation of the basic structure of personality. There are limits, naysayers, critics too much, requiring that their ideas are prevalent, do not believe or accept limitations, eager for new challenges, impetuous, immature and insecure, trying to establish by reference groups, the so-called peer groups, identifying with other young people go together and in fact can even use the same clothes, forming groups with their own characteristics and easily noticed by the uses and customs.³⁰

These young people have a bio-psycho-social and cultural development that is influenced both sub-culture and family and companions. The strongest factor in determining the behavior of this population is the peer group pressure. In time, the lack of clarification in sex and/or embarrassment caused by the theme makes sex educators and parents do not take their role seeing it that way, these young people begin sexual activity at a very early time without preparation to support the consequences that may occur.³¹

They are conflicting with their friendships, rancorous, hurt, angry with parents and teachers observed by the provocative way act with disrespect, insubordination, and indignation.³¹ This process of double identification in mass occurs at the group level and is at this stage that spends exercise modeling function by the transformations of their adult identity, favoring the emergence of feelings of weakness, vulnerable period and susceptible to environmental influences, increased suggestibility, constructive and destructive influences. Thus, the group is determined by all accepted without reflection or thinking.³²

However, it is necessary to understand the thinking better and to what they think about their reality, myths, and taboos regarding sexuality to have a satisfactory approach to contribute to the healthy growth and development of these people.³³

When this individual has a focus, dream to be achieved directs their attention to achieving this purpose and thus their mind is at any given time protected by distortions that could affect their, such as involvement with drugs. According to WHO, the drug is considered any substance that, when introduced into the body, it produces changes

by modifying one or more of its functions. The drugs are natural or artificial origin entering the bloodstream acting in the brain produces changes in perception, feelings, and mood, so that the user experience feelings of euphoria, relief from fear, pain, frustration and anguish. Thus, the drug is a serious problem and feature of the adolescent.³⁴

Study developed at a private school with 265 students and a public school with 179 students aged between 14 and 18 years old, from high school in the city of Petrópolis/RJ, considering the use of legal drugs (alcohol and tobacco) and illicit drugs (the others), found that the public experience of illicit was higher (18.7%), whereas, in the private school, this ratio reached 12.8%. The study also revealed that alcohol consumption was 68% in the private and 79% in the public school. In the tobacco, the private school had a lower percentage (7%) than in the public school (26%). For the authors, consumption of alcohol and tobacco is in agreement most of the time monitoring and parental involvement in family environment.³⁵

Faced with this problem, it is important for early detection of drug use by adolescents in need of immediate support of parents, teachers and health professionals. It has been observed that the consumption of alcohol and smoking is closely related to large advertising campaigns such as film and television showing that alcohol and tobacco offer a symbol of economic, social, masculinity and femininity. Many generations have been dominated by these advertisements and false image becoming dependent and today; there is a vast list of deaths from cardiovascular disease and cancer, especially the lung.³⁵

Another study on smoking in adolescence developed in Pelota/RS revealed high prevalence in adolescents 10-19 years old. The authors concluded that smoking is a major cause of disease, and premature disability may be the first cause of death inevitable in the century XXI.³⁶

On studies and from meetings with health and education teachers as well as contacts with adolescents users and their families, risk factors for drug use by this population were listed: personal factors, encompassing the genetic part, biological psychological and these young people; family factors, in view of depressive parents, aggressive, relationship difficulties, parents also drug users, physical, sexual, domestic, family conflicts, among others; factors related to school and groups as frustrating school performance, use of tobacco with permission in the school environment, smokers teachers, friends users,

lack of leisure, exercise and, in a way, the drug can mean for this status teenager within the groups; economic factors, such as extreme poverty, unemployment, sexual exploitation (prostitution) and lack of hope for the future. As a result of the interaction between these factors, there will be a more global view of the result of the drug, that is, dependence.³⁷

In this devastator context, school for adolescents becomes the space capable of hosting their suffering difficulties of human development, enhancing what is good and productive, stimulating him to healthy interests and, in a way, recovering his friends who for some reasons, they have been involved in conflict situations culminating in catastrophic consequences.⁷

Prenatal care

Prenatal care aims at welcoming women from the beginning of pregnancy. During this period, there are physical and emotional changes experienced differently by each woman. The changes arising from the pregnancy can cause fears, doubts and anxieties or simple curiosity of fantasies about what is happening inside their body. In the construction of good prenatal quality, it is implied valuation of all these aspects, allowing integration in all of the actions offered by the health services. It has been shown that adherence of pregnant women in prenatal clinics is related to quality of care that is offered by the health professional services, essential to reduce the high rates of maternal and perinatal mortality in the Brazilian population.³⁶

Being pregnant can be a source of pleasure and personal fulfillment satisfaction, but also the subject of uncertainty, anguish and suffering. In both cases, this woman needs care and counseling by experienced professionals who are able to guide this expectant mother understand the physical and chemical changes resulting from the gestational process.³⁶

It is recommended by the MOH that the health professionals involved in prenatal care should ensure necessary conditions and quality of judicious care to pregnant women offering a minimum of six visits during pregnancy, among them two by the doctor. In the first consultation, they have to provide a perinatal form that will be filed in the Basic Health Unit (BHU) and the pregnant woman's record which will be checked by them at all times of their pregnancy.

When this occurs, adolescent pregnancy facts can be observed in a specific way: establishing the identity and femininity. This girl can provide emotional instability since the

pregnancy can be within a short period or dangerous threat possibility of maturity and different opportunities. For this pregnant teen, the fetus is seen as an instrument of affirmation and independence from parents. The same features as ambivalent behavior guilt and pride, ambivalent fantasies as idealizing the future to be a perfect mother and love their son. Sometimes, they despair with future responsibilities and the father of the child takes place in their life, which is considered important as hope for a future life together reaching family independence.³⁸

When the pregnancy occurs in very young adolescents and unexpectedly, they try to deny the fact consciously or unconsciously hiding from parents belatedly seeking health services for prenatal care. In a way, in this prenatal, the disengagement of professional involvement with these adolescents worrying mechanically with the physical pathology of pregnancy, ignoring key issues such as emotional, social and cultural repercussions of form negative physical and mental health, affecting the potential growth and development of real citizens.³⁹

In Brazil, the incidence of teenage pregnancies has increased gradually in recent years, but health services are not suited to the quality of care to these young people. It is considered as the same as the government health programs, in addition to having gaps in regard to the health of the pregnant adolescents are not developed as should call for basic service.³⁹ Thus, it can be seen that the major challenges to win by these programs would reduce inequalities in living conditions of adolescents in each country, increasing levels of prevention with primary emphasis in primary, strengthening mechanisms for satisfactory progressive acquisition of the biological needs of this population.⁴⁰

In line with these considerations, there are the consequences still at an early maternity important factor regarding remoteness and difficulties of these pregnant girls to school activities. Studies have found that most teens who become pregnant have low education. A study carried out in Ribeirão Preto/SP comparing two cohorts of adolescent mothers, one in the period of 1978/1979 and another in 1994, found a reduction in the proportion of adolescent mothers with low education, which was not observed in the group of girls between 18 and 19 years old, while the younger girls had low education.⁴¹ In Rio de Janeiro/RJ between 1999 and 2001, comparing groups of pregnant adolescents observed that most mothers were out of

school to become pregnant, and this proportion was higher for the older girls (60%); it was also identified in the same study of all teenagers who left school, 27% did so because of previous pregnancies.⁴²

Before these questions, it can be inferred that there are several aspects that involve the increase in pregnancies in adolescence: influence of the media and communication, reduction of taboos and sexual inhibition, lack of dialogue and family breakdown, distance of school, advancement of menarche, self-affirmation and thought of the passage from adolescence to adulthood. Another factor is the social character of underserved communities as the only means for the future of women with the passage to adulthood is pregnancy, becoming imposed by the social environment and cultural pattern in which they live.²³

Thus, the educational process of the pregnant woman is harmed before the interruption of education or school permanent abandonment, resulting in lost opportunities and poor quality of life shortly. These girls may suffer depression, anxiety, rejection complex according to the environment they inhabit. Also, they suffer from the economic situation, relationship with family, acceptance or not of the partners (where they exist) all this associated with the level of maturity. They note that at the moment is a pregnant teenager, and later will be a mother, abruptly changing their life and plans for baby function. This is different when the teenager holds social and cultural life seeking their opportunities since the role of the woman is different in pregnancy situations in adolescence.²³

Pregnant women who have high purchasing power and more dialogue with parents and family members, facing two situations: the teenager's parents take her grandson further burdening the economic pattern, changing family dynamics, or the teenager is forced to undergo abortion generating immediate complications, including death, birth of children handicapped by the failure of the procedure, as well as psychological and physiological complications of chronic character.²⁴

In summary, the psychosocial effects found in pregnant adolescent can be punctuated:

- School abandonment in the absence of structure of this young woman with a child to raise with temporary or permanent interruption in the educational process;
- Cut off the integral development and loss of reliability in the family;

- Increased impoverishment within the family with low income to take the pregnant daughter;
- Difficulty of certain families as a result of social pressure to adapt to teen pregnancy not providing support that she needs;²³
- With the coexistence of social and cultural family grouping, these young people move away from the school because of the unwanted pregnancy of shame or fear of the reaction of their peer group;⁴³
- Need support to adjust to the pressures of reality and immediate son needs that change the girl into a woman mother who had in mind other dreams and suddenly during pregnancy is being surrounded by fears, anxieties, and doubts;
- Weddings or early co-habitations having to cause pregnancy in adolescence culminate in high rates of separation, given that these unions before 20 years old have an unhappy ending three to four times more than after 20 years old.

CONCLUSION

It is relevant and important with the teenage pregnancy that the whole society is involved in the search for measures that can avoid or minimize their effects on those who are directly involved as teenagers, fetus, and family. It should be taken into consideration a proposal for a social coping pregnant teenager, which the exercise of sexuality in this period of life is natural and sexual intercourse as a practice of sexuality is also influenced by factors arising from society.

Nowadays, as the economic globalization threatens the identity of the peoples and national borders, it is paramount that teenagers in general, are met in their needs and accompanied by studies considering the immediate and future impact caused in the life of young people of both sexes involved in teenage pregnancy, whether planned or not unwanted.

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