



PREGNANCY IN ADOLESCENCE AND ITS RELATION TO THE PRACTICE OF SAFE SEX

GRAVIDEZ NA ADOLESCÊNCIA E SUA RELAÇÃO COM A PRÁTICA DO SEXO SEGURO EMBARAZO EN LA ADOLESCENCIA Y SU RELACIÓN CON LA PRÁCTICA DEL SEXO SEGURO

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ABSTRACT

Objectives: to know how the first sexual intercourse occurred to the pregnant adolescents and describe the social and cultural factors involved in pregnancy in adolescence and its relation to the sexual practice. **Method:** this is a descriptive and exploratory study with 34 pregnant adolescents in the age group from 15 to 18 years and users of a low risk prenatal service of a university hospital. Data collection occurred between May and July 2010 and one used the non-structured interview. The ethical aspects were observed, respecting the Resolution 196/96, from the National Commission on Research Ethics (CONEP), and the study was approved by the Commission of Ethics in Research Involving Human Beings (COEP), under the CAAE 0004.0.325.2599-10. **Results:** concerning the marital status, 50% were married or living with the child's father and 73.5% had incomplete primary education. The first sexual intercourse occurred between 12 and 17 years and 52.9% didn't practice safe sex. **Conclusion:** one highlights the need for a family planning service aimed at the adolescents, so that they can make conscious choices. **Descriptors:** Nursing; Pregnancy in Adolescence; Safe Sex.

RESUMO

Objetivos: saber como ocorreu a sexarca das adolescentes gestantes e descrever os fatores sociais e culturais que envolvem a gravidez na adolescência e sua relação com a prática sexual. **Método:** trata-se de estudo descritivo e exploratório com 34 adolescentes gestantes na faixa etária de 15 a 18 anos e usuárias de um serviço de pré-natal de baixo risco de um hospital universitário. A coleta de dados ocorreu entre maio e julho de 2010 e foi utilizada a entrevista não estruturada. Os aspectos éticos foram observados, respeitando a Resolução n. 196/96, da Comissão Nacional de Ética em Pesquisa (Conep), e o estudo foi aprovado pela Comissão de Ética em Pesquisa Envolvendo Seres Humanos (Coep), sob o CAAE n. 0004.0.325.2599-10. **Resultados:** quanto ao estado civil, 50% eram casadas ou moravam junto com o pai da criança e 73,5% possuíam o ensino fundamental incompleto. A sexarca ocorreu entre 12 e 17 anos e 52,9% não praticavam sexo seguro. **Conclusão:** evidencia-se a necessidade de um serviço de planejamento familiar voltado para as adolescentes, para que possam fazer escolhas conscientes. **Descritores:** Enfermagem; Gravidez na Adolescência; Sexo Seguro.

RESUMEN

Objetivos: saber cómo ocurrió la primera relación sexual de las adolescentes embarazadas y describir los factores sociales y culturales que involucran el embarazo en la adolescencia y su relación con la práctica sexual. **Método:** esto es un estudio descriptivo y exploratorio con 34 adolescentes embarazadas en la franja etaria de 15 a 18 años y usuarias de un servicio de prenatal de bajo riesgo de un hospital universitario. La recogida de datos tuvo lugar entre mayo y julio de 2010 y fue utilizada la entrevista no estructurada. Los aspectos éticos fueron observados, respetando la Resolución 196/96, de la Comisión Nacional de Ética en Investigación (Conep), y el estudio fue aprobado por el Comité de Ética en Investigación con Seres Humanos (Coep), bajo el CAAE 0004.0.325.2599-10. **Resultados:** con relación al estado civil, 50% eran casadas o vivían con el padre del niño y 73,5% tenían estudios primarios incompletos. La primera relación sexual ocurrió entre 12 y 17 años y 52,9% no practicaban sexo seguro. **Conclusión:** se evidencia la necesidad de un servicio de planeamiento familiar dirigido a las adolescentes, para que puedan tomar decisiones conscientes. **Descriptores:** Enfermería; Embarazo en la Adolescencia; Sexo Seguro.

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INTRODUCTION

Adolescence comprises one of the stages in human life and it's characterized by many changes. It's regarded as a transition phase in which the subject, surrounded by the most varied kinds of doubts, seeks to abort the child within her/himself so that a socially recognized and accepted adult can emerge.¹

It's essential that adolescence is seen as a crucial and well-defined time in the process of growth and development, when the main points are the changes which occur within this period of life. This is a period when the adolescent seeks a more autonomous interaction with the world without taking the responsibility of an adult individual, which sets an ambivalent situation, since, on the one hand, it isn't required to assume the commitments of adulthood, but, on the other hand, it isn't allowed to behave like a child.²

Sexuality is something inherent to human existence, regardless of the phase in which the subject is, at each stage of the evolutionary cycle of man the experience of sexuality will be differently lived. Thus, the adolescent also has in her/his behavior the influence of sexuality, suffering interference on several factors coming from the groups of equals in which they are included and, also, from the family, religion, and media.² Sex constitutes a natural function which exists since birth and it varies in intensity according to the life cycle. Sexuality represents a human characteristic, being complex and different from the other forms of individual and social manifestation.³

The society resists recognizing the adolescent as a sexually active being. A classic example is observed when health professionals conduct health education activities in private and public schools at the high school level in order to discuss sexuality and distribute condoms. This time, by requesting authorization from the school, there's often a great controversy, since for some parents and educators this health activity may encourage adolescents to become sexually active. However, it's important that there's awareness that many of these adolescents are already sexually active and they don't have proper guidance.

Access to correct and accurate information is crucial for the sexual education of adolescents and it's a priority in the public health policies guaranteed by the Statute of Children and Adolescents.⁴

Teenagers have the right to be well informed about caring for their body and the

changes which are happening, with no taboos, prejudices, or fears, as well as on drugs and diseases, something which will result in more sensible choices, knowing what they want for themselves, something which increases the chances of having a healthier life with quality.

It's usual at this age group that the adolescent goes away from her/his relatives at the same proportion as she/he gets closer to her/his fellows. This attitude is due to the fact that they feel misunderstood in the nuclear family and because of the many internal and external conflicts they experience. For them, their equal fellows are the only people able to understand them, those with whom they can talk with no taboos on their sexuality and on sex. The problem is that, generally, the exchange of information within these groups involves many mistakes, something which ultimately put adolescents at risk situations.

This tendency to live experiences of the group of fellows leads many young people to assume behaviors for which they are unprepared, like drug use, and to have an early sexual initiation. Expecting to experience everything in a fast and intense manner, the adolescent doesn't think through their actions, getting exposed to unplanned pregnancy, abortion, sexually transmitted infections, and the acquired immunodeficiency syndrome (AIDS).⁵

Pregnancy in adolescence is one more factor associated to the life of this girl/woman with a body that is still forming and adapting itself, surrounded by countless doubts and who, with the blink of an eye, from night to day, sees herself pregnant.

The occurrence of pregnancy in adolescence is a controversial issue in the debates on sexual and reproductive health. It has been regarded as a risk situation, since the female adolescents don't attend or start prenatal care late, and it also constitutes a decisive factor for the reproduction of the poverty cycle, since it puts impediments for them to keep studying and entering the job market.

Currently, pregnancy in adolescence is seen as a public health issue, although the Ministry of Health shows that, in the period from 1998 to 2008, there was a national decline in the number of deliveries by adolescents, from 699,718 to 485,639. By focusing on the Southeast region, specifically Rio de Janeiro, location where this study was carried out, one found out a reduction of 48.72%, however, the situation is still worrisome, especially because of the high rate of unplanned pregnancy.⁶

From the reflections of this study and data from the Ministry of Health, one questions: is the first sexual intercourse of adolescents linked to the practice of safe sex? What are the sociocultural factors surrounding pregnancy in adolescence and their relation to the sexual practice?

The following objectives were set:

- Know how the first sexual intercourse occurred to the pregnant teenagers
- Describe the social and cultural factors involved with pregnancy in adolescence and their relation to the sexual practice.

METHOD

This is an exploratory and descriptive study with a qualitative approach, with 34 pregnant adolescents, from the age group from 15 to 18 years, assisted at a low risk prenatal service of a state university hospital located at the city of Rio de Janeiro. Data collection occurred from May to July 2010 and the non-structured interview was used as an instrument. The adolescents were identified from I01 to I34.

First, the adolescents who agreed to participate in the study were informed on the purpose, aims, and methodology of the study. They were guaranteed the secrecy with regard to their identity, informing them that, before or during the research, they were free to refuse participating or to withdraw their consent at any stage of the research without any problem.

Two copies of the free and informed consent term were handed in, one of them was kept by the adolescent and the other with

the researcher. Those accompanied were asked to provide the signature of their companions; in turn, those unaccompanied were asked to provide, besides their own signatures, the signatures of professionals from the health unit, as witnesses.

For approaching data one used Bardin's thematic analysis⁷, recoding two thematic units: 1) Information on the practice of safe sex by pregnant adolescents; and 2) Influence suffered by pregnant women on the part of friends, family, or boyfriends. Afterwards, one conducted a large grouping called: Respect to the impact on the lives of pregnant adolescents with regard to the planning aspects of pregnancy; then, the following category was defined: Pregnancy in adolescence and the relation with the practice of safe sex, which discusses the contraceptive methods, the practice of safe sex, feelings of fear, and the influence of relatives and friends.

One observed the ethical issues, in accordance with the Resolution 196/96, from the National Health Council, and the study was approved under COEP 015/2010 and CAAE 0004.0.325.2599-10.

RESULTS AND DISCUSSION

The results of this study will be presented and discussed in two stages. In the first, one tried to outline the socioeconomic, obstetric, and gynecological profile of adolescents; in the second, one sought to know how the first sexual intercourse occurred to the pregnant teenagers.

- Socioeconomic profile

Table 1. Socioeconomic characteristics of the interviewed adolescents.

Socioeconomic characteristics	Specifications	%
Age (years)	15	11.8
	16	14.7
	17	44.1
	18	29.4
Marital status	Single	50.0
	Married	26.5
	Live together	23.5
Education level	Incomplete Primary School	73.5
	Complete High School	5.9
	Incomplete High School	20.6
Religion	Catholic	66.7
	Evangelical	33.3
Source of income	< 1 minimum wage	8.3
	1-3 minimum wages	75.0
	4-6 minimum wages	8.3
	Unemployed	8.3
Housing	Nuclear family (parents and children)	26.5
	Constructing a nuclear family	32.3
	Extended family (husband/her own)	41.2

One can see in Table 1 that 50% of adolescents were married or living with the child's father and 50% were single; concerning the family constitution, only 32.3% constructed their own nuclear family, 41.2% remained in their extended family, whether

that of the husband or the pregnant adolescent herself and 26.5% of adolescents remained living with their parents.

The low education level (Table 1) of adolescents reveals an alarming information: 73.5% have incomplete Primary School. This,

combined to an unplanned pregnancy is extremely devastating, since such a situation can make them even more distant from school life and this will have a direct reflection on their status in the labor market, as the low level of formal education will prevent them from getting a good job.

This reality leads pregnancy in adolescence to be seen as a factor which perpetuates the poverty cycle, since it can contribute to the abandonment of school life or difficulty to return to school, however, pregnancy may mean a fulfilled dream or social progress. For men, it also means an early abandonment of school life to seek sustenance in underemployment, so that, this way, they're able to honor the new responsibility, i.e. a family provider.⁸

Regarding family income (Table 1), there's a need for emphasizing that one took into account the current minimum wage. Thus, 75% live with 1 to 3 minimum wages and other, 8.3% receive less than 1 minimum wage, 8.3% live with their family with 4 to 6 minimum wages and there were also unemployed people.

One highlights that three adolescents were working and that, generally, the husbands/partners of adolescents contributed to the monthly income, however, there're situations in which the income was supplemented through assistance provided by the parents of adolescents and, sometimes, even brothers, brothers-in-law, and parents-in-law.

Low income refers to another study which deals with the epidemiological profile of adolescents assisted at the prenatal care of a university hospital, demonstrating that there's a difference in the fecundity pattern among women with better conditions of family income and those undergoing more precarious conditions, and the fecundity rate is inversely proportional to the income of adolescents, making it clear that low income represents a factor which may predispose to pregnancy.

Religion has a great influence on the life of human beings, since, generally, regulates the

way of acting and determines their moral conducts. One observes (Table 1) that all adolescents reported to follow some religion, being most of them Catholic (66.7%), followed by the Evangelic ones (33.3%). However, the connection to religion wasn't strong enough to cause them to remain virgin until marriage, something which, generally, is advocated by religious leaders and the Church, showing that, although included in a religious group, they freely live and practice their sexuality, despite it's invisible to adults, a condition which becomes evident only when society, including parents and religious leaders, discover they are pregnant. In modern societies, the religious phenomenon is structured on three dimensions: that of "religion" as identity or belonging; that of "religiosity" as membership, experience, or belief; and that of "religious ethos" as an ethical or behavioral disposition, associated to a religious universe. This means that belonging or adhering to a particular religion doesn't mean following the doctrinal or pastoral rules.⁹

Motherhood in adolescence may or may not be an element of changes in the daily habits of adolescents, since for some of them it entails taking responsibilities of an adult woman, such as performing household chores, working out of home, and taking care of the child, and some of them already do this, as they care for younger brothers, however, other adolescents remain living as teenagers, and perhaps this is a reflection of the support that motherhood in adolescence finds in the nuclear family, showing that there's a delicate relation between supporting and taking the responsibilities which should be in charge of this mother in construction.

• Gynecological and obstetric profile

Table 2. Gynecologic and obstetric characteristics of the interviewed adolescents.

Gynecologic and obstetric characteristics	Specifications	%
First sexual intercourse	12 years	11.8
	13 years	26.5
	14 years	14.8
	15 years	26.5
	16 years	17.7
	17 years	2.9
Obstetric background	Primiparous	67.6
	Secundiparous	32.4
	Never had an abortion	97.1
	Had an abortion	2.9
Planning of pregnancy	Planned	23.5
	Unplanned	76.5
Age of sexual partners	Adolescents	20.5
	Non-adolescents	79.4

The first sexual intercourse (Table 2) occurred among pregnant adolescents between 12 and 17 years; it's noteworthy that there was a greater prevalence between 13 and 15 years. The female sexual activity is increasingly unrelated to the reproductive life and, consequently, motherhood. This way, it's important that sexual guidance precedes the phenomenon of menarche and first sexual intercourse so that there's a conscious and responsible exercise of sexuality.

One can observe in this research that pregnancy in adolescence has major repercussions on the life of teenagers, since they're mostly getting pregnant from men who don't belong to this age group instead of adolescents.

Out of the 34 pregnant adolescents participating in the study (Table 2), 67.6% were primiparous and 32.4% were secundiparous. Regarding the practice of abortion, 97.1% reported not having performed, something which shows that such a practice among the study population doesn't constitute a possible solution for pregnancy in adolescence. However, one relativizes this statement through the bias of the responses which this issue can cause: one not always talks openly, mainly because it's set as a crime in our society, having only two legal consents, pregnancy due to rape or mother's death risk and, also, being permeated with moral and religious values contrary to their practice. A multicenter study carried out with young females from three Brazilian states, using a typology for the answers on abortion, showed that 73% of respondents "intended, attempted, or performed abortion".^{10:1415}

There was recurrence of pregnancy in adolescence (Table 2) and, generally, this wasn't planned (76.5%), thus making clear the importance of a reproductive planning service which meets the needs for primary health care. One also notices that after the first sexual intercourse there was little time of active sexual life before the onset of

pregnancy, something which doesn't allow a minimum interval between deliveries or even a proper exercise of full sexual life. Nevertheless, one realizes that for 23.5% of adolescents pregnancy was part of their life plans.

Such findings reinforce a study carried out in the state of Sao Paulo, which claims that pregnancy in adolescence isn't always something unexpected or unpleasant, it may, indeed, be related to the adolescent's life plan and regarded as a passport to enter the world of adults, i.e. the fulfillment of a social mobilization project.¹¹

When asked about the practice of safe sex, one observes that only 32.4% practice safe sex. Having as a reference the Ministry of Health², which recommends as a safe sex practice the use of condom in all sexual intercourses, in this study one found out that the sexual activity of 52.9% of adolescents wasn't related to condom use.

This unsafe sexual behavior of teenagers makes them susceptible to an unwanted pregnancy, besides exposing them to sexually transmitted infections, thus contributing to increase and confirm the statistics of the profile change, with increased heterosexual individuals affected by HIV, as well as greater involvement of low-income women from the age group from 13 to 19 years, with the aggravating factor that it affects more women than men, at a ratio of 10:6.

• **Pregnancy in adolescence and its relation to the practice of safe sex**

Contraception in adolescence is of utmost importance, especially due to the social issues which are involved in this problem, such as the difficulty of staying in school life, the reflection in professional life, the psychological impact of an unwanted pregnancy, and the possibility of contagion of sexually transmitted infections.¹²

Knowledge on contraceptives and the risks coming from unprotected sexual intercourses

is essential so that adolescents can experience sex in a more adequate and healthy way, ensuring the prevention of unwanted pregnancy and sexually transmitted infections/AIDS, besides, it's a right which increasingly allows the human being to exercise sexuality detached from procreation.¹³

Contraceptive care presupposes offering all alternative means of contraception, as well as monitoring the adolescent with regard to the chosen method.¹⁴ There's a distance from this recommendation; in this study, one found out that the contraceptive methods used by some adolescents aren't adequate to their sexual and reproductive needs, as some got pregnant even adopting contraceptive practices. This reality can be confirmed through the words of respondents, who expose the lack of planning of pregnancy related to the absence of method or to errors when using it:

[...] Ah! I don't know why I didn't use a condom [...]. (I01)

[...] My carelessness ... I could have avoided [...]. (I30)

[...] Ah, why did it happen? I forgot, sometimes I took two, three, and there was no use [...]. (I20)

The data found in this study corroborate other findings showing that the greater vulnerability of young people to sexually transmitted infections and HIV occurs due to failure or interruption in the use of condom. In fact, condom use, whether male or female, constitutes the only effective prevention measure and its correct and continued use can significantly decrease the risk of contagion of infections.¹³

In turn, with regard to the practice of safe sex one can detect in the speeches that, for the adolescents, safety during a sex intercourse is something which goes beyond the use of condom, making clear, albeit implicitly and/or unconsciously, the concern with contraception. As observed in the following speeches:

[...] Medicine, condom [...]. (I07)

[...] It's using condoms, contraceptives, know the person you're with [...]. (I13)

[...] Safe is to have sex using condom, taking medicine [...]. (I14)

The adolescent is a person extremely vulnerable to external influences and this makes her/him exposed to act reckless, usually led by a "magical thinking", in which she/he believes that she/he won't be affected by the consequences of her/his actions.

Despite away from family influences and closest to the group of fellows, the

adolescents aren't totally free to consider the learning and/or guidance from their relatives. These situations of conflict and influence become clear when the adolescents show fear of the unknown, fear of disappointing their mother, the influence of friends and/or relatives on actions related to the exercise of their sexuality, and this is clearly demonstrated in the following speeches:

[...] I was afraid if I could do that or not, if that was right. To this day I regret [...]. (I05)

[...] I was afraid, afraid that he would leave me [...]. (I31)

[...] Fear of disappointing my mother [...]. (I03)

[...] Because my mother told me that I couldn't do anything wrong because of the school, that I was very young, indeed [...]. (I06)

The issue of fear of the unknown is something routinely experienced in adolescence, whether with regard to sexual initiation or even the other situations which increasingly get them closer to adulthood and future responsibilities, and these findings related to fear reaffirm that such a feeling refers to possibilities which range from early pregnancy and its consequences, as the violent reaction of parents, to the disapproval on the part of the relatives and the boyfriend.^{15,16}

A study carried out in Fortaleza, Ceara, Brazil¹⁷ confirms the findings of this research, stating that sex is something unknown from the adolescent's universe, thus it leads to an early exercise of sexual activity and, often, it's even due to pressure from the social group in which the individual is included, and the influence of fellows could be identified through the report of adolescents who felt pressured by their boyfriend and friends to start their sexual life:

[...] Influence from the boyfriend and friends. He was my first boyfriend at home, I think that's why it was so [...]. (I02)

[...] I met him at this party, then, my friends started putting thing into my head, saying "ah, date him, he's cute", then, I ended up dating him [...]. (I19)

[...] I felt pressured by colleagues and by my boyfriend, too [...]. (I23)

The findings of this study corroborate those of another one carried out in Sao Paulo, which examines the influence of cultural factors found in the family context on sexuality in adolescence¹⁸, demonstrating that the initiation of sexual activity during adolescence is influenced by many social, cultural, economic, and gender variables, justified by the emotional immaturity of adolescents,

who, often, surrender themselves to the desire and need for acceptance by the group of fellows, and, also, by the unequal relations between the sexes, becoming exposed to the risks of an unsafe sex exercise, which compromises sexual and reproductive health.

And the reality of unsafe sexual practice isn't unique to the young Brazilians: in a study carried out in Colombia one found out that 1 out of 3 adolescent students exhibit a behavior pattern of risk for sexual and reproductive health, i.e. they're at high risk of being infected with HIV or affected by unplanned pregnancy.¹⁹

CONCLUSION

Carrying out this study allowed one to know the reality experienced by the pregnant adolescents and their sexual practice; it was also useful to break down prejudices that every female adolescent is irresponsible, since they took the consequences of sexuality in adolescence, thus demonstrating that they have power of choice.

However, there's a need to encourage adolescents to make conscious choices with regard to the exercise of their sexuality. One should emphasize that this study makes evident the need for a reproductive planning service focused on the needs of this population segment, because although the adolescents know the methods for preventing pregnancy, it wasn't enough to prevent them to get pregnant without planning it. Therefore, it's necessary that education practices in health services discuss aspects related to sexuality and reproduction, taking into account the various factors related to these issues, such as, for instance, gender issues. These practices should be participatory and problem-solving, and not only normative, with a biological focus ruled by preventing pregnancy and/or infections, without discussing pleasure and the sexual and reproductive freedom. In short, the health services have the mission of promoting and ensuring the sexual and reproductive rights.

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