FAMILY AND SOCIAL ATTITUDES AND REACTIONS BEFORE PREGNANCY IN ADOLESCENCE

ATITUDES E REAÇÕES FAMILIARES E SOCIAIS DIANTE DA GRAVIDEZ NA ADOLESCÊNCIA ACTITUDES Y REACCIONES FAMILIARES Y SOCIALES FRENTE AL EMBARAZO EN LA ADOLESCENCIA

Thatiana Araújo Maranhão¹, Suzanny dos Santos Sales², Maria Lúcia Duarte Pereira³, Luana Ibiapina Cordeiro⁴, Carla Suellen Pires de Sousa⁵

ABSTRACT

Objective: to analyze family and social reactions to pregnancy in adolescence. **Method:** this is a qualitative, descriptive, and exploratory study with 21 mothers from 14 to 19 years old. The interviews were carried out in five Basic Health Units, recorded and later transcribed to enable content analysis in the Thematic Analysis modality. **Results:** four categories emerged: << Family reactions to adolescent pregnancy >>; << Reactions of the child's father in the pregnancy of the adolescent >>; << Reactions of friends and society in the adolescent pregnancy >>; << Social discrimination experienced by adolescents >>. **Conclusion:** the revelation of pregnancy in adolescence can generate ambiguous feelings ranging from surprise, acceptance, and joy to negative reactions characterized by verbal aggression, abortion imposition, refusal of paternity and distance from friends. Some young women reported having suffered discrimination from health professionals and their mothers' friends, viewed as a bad influence. **Descriptors:** Pregnancy in Adolescence; Family Conflict; Social Support; Family Relations; Interpersonal Relations; Nursing.

RESUMO

Objetivo: analisar as reações familiares e sociais diante da gravidez na adolescência. **Método:** estudo qualitativo, descritivo, exploratório, com 21 mães, dos 14 aos 19 anos de idade. As entrevistas foram realizadas em cinco Unidades Básicas de Saúde, tendo sido gravadas e posteriormente transcritas para possibilitar a análise de conteúdo na modalidade Análise temática. **Resultados:** emergiram quatro categorias: << Reações familiares diante da gravidez na adolescência >>; << Reações do pai da criança diante da gravidez da adolescente >>; << Reações dos amigos e da sociedade diante da gravidez da adolescente >>; << Discriminação social vivenciada pelas adolescentes >>. **Conclusão:** a revelação da gravidez na adolescência pode gerar sentimentos ambíguos que variam desde a surpresa, aceitação e alegria até reações negativas caracterizadas por agressões verbais, imposição do aborto, recusa da paternidade e distanciamento dos amigos. Algumas jovens relataram ter sofrido discriminação de profissionais de saúde e de mães das amigas ao serem vistas como má influência. **Descritores:** Gravidez na Adolescência; Conflito Familiar; Apoio Social; Relações Familiares; Relações Interpessoais; Enfermagem.

RESUMEN

Objetivo: analizar las reacciones familiares y sociales frente al embarazo en la adolescencia. **Método:** estudio cualitativo, descriptivo y exploratorio con 21 madres, de los 14 a los 19 años de edad. Las entrevistas fueron realizadas en cinco Unidades Básicas de Salud, grabadas y posteriormente transcritas para posibilitar el análisis de contenido en la modalidad Análisis temático. **Resultados:** surgieron cuatro categorías: << Reacciones familiares frente al embarazo en la adolescencia >>; << Reacciones del padre del niño frente al embarazo del adolescente >>; << Reacciones de los amigos y de la sociedad frente al embarazo del adolescente >>; << Discriminación social vivida por las adolescentes >>. **Conclusión:** la revelación del embarazo en la adolescencia puede generar sentimientos ambiguos que varían desde la sorpresa, aceptación y alegría hasta reacciones negativas caracterizadas por agresiones verbales, imposición del aborto, recusar la paternidad y distanciamiento de los amigos. Algunas jóvenes relataron haber sufrido discriminación de profesionales de salud y de madres de las amigas al ser vistas como mala influencia. **Descriptor:** Embarazo en Adolescencia; Conflicto Familiar; Apoyo Social; Relaciones Familiares; Relaciones Interpersonales; Enfermería.

¹Ph.D. student, Post-Graduation Program in Nursing and Health Clinical Care of the State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: thatymaranhao@hotmail.com ORCID iD: <https://orcid.org/0000-0003-4003-1365>; ²Nurse (egress), State University of Piauí/UESPI. Parnaíba (PI), Brazil. E-mail: suzzy.sales@hotmail.com ORCID iD: <https://orcid.org/0000-0003-1136-1680>; ³Ph.D., Post-Graduation Program in Nursing and Health Clinical Care of the State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: lucia029@gmail.com ORCID iD: <https://orcid.org/0000-0002-7685-6169>; ⁴Master's student, Post-Graduation Program in Nursing and Health Clinical Care of the State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: luanaibiapina1@hotmail.com ORCID iD: <https://orcid.org/0000-0002-3128-6000>; ⁵Ph.D. student, Post-Graduation Program in Nursing and Health Clinical Care of the State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: carla_suellenps@hotmail.com ORCID iD: <https://orcid.org/0000-0003-2223-4740>

INTRODUCTION

Teenage pregnancy can lead to significant family and social conflicts, as the young woman is often not physically, emotionally and economically prepared to cope with gestation and newborn care. As a result, when the adolescent discovers the pregnancy, her immediate reaction is to seek comfort and support from the people around her, as family members, partners, and friends.^{1,2} However, reactions to early pregnancy may be contradictory to overlap feelings of surprise, sadness, anger and even acceptance and joy.³

Pregnant adolescents do not always receive the expected support since when they discover their daughters' pregnancies some parents are mainly responsible for aggressions both by physical means and by ridicule and humiliation⁴. The negative family feelings are related to the fact that the birth of a child interferes significantly in the well-being and the future perspective of these young people since it is closely linked to other problems, such as the high rates of school abandonment, leading to entry into the labor market and worsening socio-economic conditions.⁵

When there is no bonding between the young woman and the child's father, revealing the gestation can be a time of fear for the possibility of rigid punishments, which may lead the young women to flee their homes or even to perform abortions.⁶ In this sense, the establishment of social support networks is of fundamental importance since the support given to the young mother by the family facilitates the full exercise of the maternal role and attenuates anxiety⁷. Also, positive relationships between the young mother and her family favor both the provision of emotional support and the financial support necessary to support the young woman and her child.^{8,2}

The conflicting relationship between the adolescent and the child's father also reflects directly on her psychological comfort. The refusal of paternity can have negative repercussions, becoming an important source of anxiety for the adolescent. In contrast, all forms of support from the father of the child reduce the chances of the mother developing depressive symptomatology, since there is an intimate relationship between marital satisfaction and positive psychological effects.⁹

Besides the family and the spouse, the pregnant teenager may also seek support with her friendship contacts. However, many of them suffer from discrimination from friends and society. Perceptions of prejudice are

translated through feelings of fear, anger, depression, and shame that directly affect their health. When the adolescent realizes that she is being discriminated against due to pregnancy, the immediate reaction will be self-exclusion from the social area in which she lives and consequent isolation and separation from coexistence with her colleagues.¹⁰

In view of the above, it is important to establish a satisfactory family, conjugal and social relationships that, in turn, favor social support and emotional support for young women who become pregnant early. In this way, the question is: how do the family and society react to the revelation of the teenager's pregnancy? Thus, to respond to this questioning, this study aimed to analyze family and social reactions to pregnancy during adolescence.

METHOD

This is a qualitative, descriptive and exploratory study with 21 adolescent mothers aged 14 to 19 years old in the city of Parnaíba, Piauí, Brazil. Data collection was performed in five Basic Health Units (BHU) of the city in January and February 2016. For that, inclusion criteria were used for adolescent women between 10 and 19 years old whose birth occurred between three months and one year before the interview. Also, pregnancy must have resulted in a live fetus and adolescents under 18 years old would only be included in the study with the authorization of their legal guardians.

After the authorization of the Secretary of Health of the Municipality, the researchers went to the BHU and were presented to the nurse manager of each Unit; the responsible nurse was informed about the objectives of the research and information was obtained on the days of puerperal and childcare consultations and on the number of puerperal adolescent who fit the inclusion criteria in each micro-area under the responsibility of the BHU to invite them to participate in the survey. The adolescents' approach to participation in the study occurred on days when there were puerperal consultations with a physician or nurse or when the mothers attended the BHU with the child for child-care consultations or to vaccinate them. When the absence of the adolescent mothers in the BHU was verified in the days of consultation, the Community Health Agents were requested to recruit the young women to attend the health clinic.

Data collection took place through a semi-structured interview, containing open

questions. For that, a digital voice recorder was used that recorded all the statements of the deponents. The interview questions script consisted of sociodemographic data of the adolescent as well as questions that dealt with her relations with the family, spouse, and society after the discovery of the pregnancy. The interview also included questions related to possible experiences of discrimination, abortion, and aggression.

It is noteworthy that the interviews were conducted in a reserved room of the BHU due to the privacy that this place offered to the adolescent since she could express more freely, since it was outside the home environment and, therefore, exempt from any type of influence from the spouse or relatives. The data collection was closed when the saturation of the statements of the deponents was observed.

The interviews were analyzed according to the technique of Content Analysis in the Thematic Analysis modality, organized in three phases: pre-analysis, material exploration, and treatment of results. The phrase for a unit of record has been selected and the paragraph was chosen for paragraph unit¹¹.

All the ethical and legal precepts contained in Resolution 466/12 of the National Health Council were respected. It was requested to sign the Informed Consent Form (TCLE) to study participants over 18 or emancipated. In cases where the adolescent was less than 18

years old and not emancipated, she was asked to sign the Term of Free and Informed Assent and it was up to her legal guardian to allow the young woman's participation through the signing of the TCLE. They Terms were read and explained to the subjects participating in the research, emphasizing the objectives, benefits and possible risks. Also, the adolescents were identified by names of flowers plus their age to ensure anonymity.

This study was approved by the Ethics Committee in Research of the State University of Piauí (UESPI) under the opinion 1.341.982 and CAAE nº 43127215.8.0000.5209.

RESULTS

Twenty-one adolescent mothers with an average age of 17.4 years old participated in the study. The education level was generally low since about three out of five participants did not complete the Elementary School. Regarding the marital state, nine were single, nine maintained stable union and only three were married. The monthly family income was low, ranging from less than one minimum wage to three minimum wages (Table 1).

The thematic analysis of the data resulted in the apprehension of four categories: Family reactions to teenage pregnancy; Reactions of the child's father in front of the pregnancy of the adolescent; Reactions of friends and society in the face of adolescent pregnancy; Social discrimination experienced by adolescents.

Table 1. Socio-demographic profile of adolescent mothers, Parnaíba (PI), Brazil (2016)

Fictitious name	Age	Education level	Marital status	Family income (MW)*
Amarílis	19	Incomplete Elementary school	Stable union	1 MW
Alteia	18	Complete Elementary school	Stable union	1 MW
Begônia	19	Complete High school	Married	1 MW
Bromélia	17	Incomplete Elementary school	Stable union	1 MW
Ciclame	18	Incomplete High school	Single	1 MW
Cravo	18	Incomplete Elementary school	Stable union	Less than 1 MW
Dália	16	Incomplete Elementary school	Stable union	1 MW
Frésia	18	Incomplete Elementary school	Single	Less than 1 MW
Gérbera	19	Incomplete Elementary school	Stable union	1 MW
Girassol	15	Incomplete Elementary school	Stable union	1 MW
Hortência	19	Complete Elementary school	Stable union	1 MW
Íris	19	Incomplete Elementary school	Single	1 MW
Jasmim	19	Incomplete Elementary school	Married	Less than 1 MW
Lavanda	17	Incomplete Elementary school	Married	Less than 1 MW
Lírio	16	Complete Elementary school	Single	Less than 1 MW
Margarida	16	Complete Elementary school	Stable union	1 MW
Orquídea	16	Incomplete Elementary school	Single	Less than 1 MW
Petúnia	17	Complete Elementary school	Single	3 MW
Rosa	14	Incomplete Elementary school	Single	1 MW
Tulipa	16	Incomplete Elementary school	Single	1 MW
Violeta	19	Incomplete Elementary school	Single	2 MW

Source: Interviews were given by the deponents (2016).
* MW = Minimum wage

◆ Family reactions to teenage pregnancy

In this category, the reactions and attitudes of the relatives in front of the news of the pregnancy of the adolescent were identified. The reactions of the family observed by the young women were diverse. However, in the perception of most of them, the parents initially had the tendency to express surprise and some concern, followed by feelings of acceptance and even of joy, as can be observed in the next stories:

My mother would not accept at first. She argued, she said that it was not for me to have this child now, that it 'would' disturb me to study, but then she saw that there was no way and accepted it. (FRÉSIA, 18)

They got kind of scared because I'm too young, huh? But then they agreed, they thought it was good. (CICLAME, 18)

They (parents) came to me and said: look, it was for you to be studying [...]. On the one hand, it was a scare for them, but on the other hand, it was a joy to get such a child, unexpectedly, out of nowhere ... Every child at times in the family is a scare, but then they get accustomed and adapting. (PETÚNIA, 17)

However, there were those who reported arguments, quarrels and troubled relations with the parents after the pregnancy announcement. In the following testimonies, it is observed that verbal assaults and the imposition of abortion have become frequent, and may even lead the young woman out of the house due to fear of physical aggression.

They got scared, they got more nervous, they were fighting with me, so I left the house, I left because of the fights, discussion [...]. Every time my father said things, my mother also, 'there' I got nervous, I was afraid they wanted to hit me, so I was not in my house anymore, I went to live with my husband who took me and my daughter. (MARGARIDA, 16)

My mother wanted me to abort the child with some medicine. By the time I woke up to go to school I had a glass of medicine. I thought it was coffee, she told me to take it and I did not want to take it, 'there' I took off my clothes from school and went to my mother-in-law's house, 'there' I did not take it, I spilled it. (CRAVO, 18)

They said offensive words to me, but I had to swallow quietly, they wanted me to abort the child. She fought, she complained, but over time they understood that I could not do that [...]. I felt heartbroken because I really wanted this child. (ROSA, 14)

◆ Reactions of the child's father in front of the pregnancy of the adolescent

It was found that the partner's reactions to the adolescent's pregnancy ranged from

immediate acceptance to the imposition of abortion. However, most of the adolescents in this study received support from the child's parent, even in cases where the love relationship was over, as illustrated below:

He was scared, but he was happy because I was 'pregnant', and he really took over. Even today he assumes the child, although we are not 'together' anymore, he has taken on the child's expenses. (ORQUÍDEA, 16)

He was very scared because we are a very young couple, but he liked it because he was going to be a father for the first time, he accepted it. (GIRASSOL, 15)

However, some adolescents reported negative reactions of the partner to the unexpected pregnancy, ranging from doubts and questions about the real fatherhood of the child to the suggestion of abortion, as shown in the following statements:

He said that the child was not his, he doubted that he was the father, it was lousy, [...] later he was happy when she was born, when he saw her (the child) he said the baby had his face, he totally changed his opinion than when I was pregnant. (TULIPA, 16)

He did not want to [...] he wanted to get medicine for me to abort at all costs, he looked for medicine everywhere "there" he would tell me to take it, 'there' I would say: 'OK' I'll take it. I took the medicine home and throw it away ... he showed me various medicines, which several young girls would do and abort, and I said to him like that: if we do it and it's not aborting, it's born sick, and 'there' we will get more complicated ... because the two of us 'had' to be together at all costs because if you are good health is already very difficult, imagine sick. (IRIS, 19)

◆ Reactions of friends and society in the face of teenage pregnancy

It was observed that the reactions of the friends before the pregnancy of the young woman were mostly of happiness and joy, as it is observed in the statements of the following deponents:

My colleagues reacted well, they thought it was cool for me to have the child. (BEGÔNIA, 19)

My friends liked it, no one moved away from me no, they got closer. (HORTÊNCIA, 19)

Thank God my friends helped me a lot to accept what is happening to me, they stayed by my side and they felt happy too. (JASMIM, 19)

However, not all the reactions were accepted, because when they learned of the pregnancy of the young woman some friends immediately removed her from their circle of

friends and they abandon the school. This fact can be observed in the following reports:

They were frightened, they said that I was going to leave them, that I was not going to walk with them anymore, go to their house, 'there' I left, they did not want to walk with me [...]. Sometimes they talk to me, sometimes they do not talk. (VIOLETA, 19)

Some of them walked away from me, they did not come to talk to me anymore. But, it was good because I made new friends. (DÁLIA, 16)

They did not like it, they gave me a moral lesson and said that it was not for me to get a boy now, that I was very young, that it was not for me to get pregnant now, that I had to study first and then plan to have a boy. (GÉRBERA, 19)

♦ Social discrimination experienced by adolescents

In this category, discriminatory attitudes against adolescents perpetrated by society and health professionals during prenatal or during delivery in the maternity ward were identified. Thus, it can be observed that the main discriminatory attitude of the professionals is related to the constant judgments about the age of the adolescent who, in their conception, was inadequate for the generation of a child, as the statements of the following deponents show:

I went to see the doctor, 'there' he said like this: this girl is a child, not to have a baby now, not that she 'is' at the age of being my daughter, my daughter is fourteen, and this girl is already pregnant? (LAVANDA, 17)

In childbirth, I was discriminated because it was normal for me and the doctor did not want to deliver me [...]. They cursed, they screamed, they told us to shut up [...]. They said: whoever tells you to get pregnant, whoever tells you to have a child before the time, now take it. And always cursing offensive words. (BROMÉLIA, 17)

Social discrimination was also reported as isolating the adolescent from the environment in which she cohabited, since pregnancy became an impediment to the maintenance of friendly social relationships. The young woman, in some cases, was even considered a bad influence for other non-pregnant friends, as can be seen in the following testimony:

The mothers 'took away' the girls who were my age, kind of like not to have influence. They said that I would influence their daughter, that their daughter "would" do the same thing, 'there' they forbade the girls to walk with me, they would not go to my house anymore, I would not go any more, alone. (AMARILIS, 19)

DISCUSSION

The results of this study corroborate with research on the family's reactions to teenage pregnancy, showing that after a first moment of anguish and crisis, there was a reception with the pregnant adolescent, later enabling the establishment of family support that included financial and affective support after the birth of the child⁶. In this regard, a study shows that the social support and emotional support of the young woman's family are essential for her to feel well and secure, enabling pregnancy and the postpartum period to go smoothly.¹²

However, the reports of Frésia and Petúnia show that the parents of the young women know the negative repercussions that an early pregnancy triggers, being the main one of them the interruption of the studies and the consequent difficulty of their resumption after the birth of the child. For them, this was not the right time for the girl to become pregnant because of the expectations some parents have of teenage girls related to their study and career, who may be completely extinguished.^{2,8} The girl may stop attending school, initially, because of pregnancy-related symptoms, but also because of the embarrassment of pregnancy. This situation continues with the birth of the child for the need to dedicate themselves to caring for the child, often leading them to leave school behind.¹³

The rejection of the pregnancy by the family causes the young woman to be the object of criticism and constant pressures, an attitude that can lead them to develop psychological disorders because they feel alone to face the situation, making the pregnancy a traumatic experience for the young woman¹⁴. The lack of family support was also observed in a study conducted in Rio de Janeiro, which concluded that 14.2% of the adolescents who did not receive family support presented depressive symptoms during pregnancy. Also, 7.5% of adolescents in this same study reported having suffered physical violence from their parents and 8.3% were afraid of violence.¹⁵

Psychological violence is characterized by humiliation, threats and insults, and can be practiced by the adolescent family, especially the parents, as a way to reject the girl's pregnancy, blaming her for the unexpected event. Being a victim of constant oppression, the young woman may become isolated, which reduces her support network.^{4,16} Research conducted in São Paulo with pregnant adolescents concluded that 47.5% of the

participants suffered psychological violence perpetrated mainly by their parents. This factor enabled for adolescents to associate pregnancy with a bad event that would have harmful consequences for their future and their intra-family relationships, causing them psychological distress.¹⁷

In the statements of Cravo and Rosa, it is verified that the family suggests the abortion as a way to interrupt the unplanned pregnancy of the adolescent. Their induction is a common act among young people who do not desire pregnancy and/or do not receive the expected family support. This is particularly worrying, since abortion is often carried out clandestinely¹⁸ because its practice is illegal in Brazil, allowed only in specific cases, such as rape and risk of maternal life.¹⁹ According to data from the Ministry of Health, abortion in adolescence corresponds to values between 7.0% and 9.0% of the total of all abortions performed by women of reproductive age. Also, 73.0% of 18-24 years old tend to consider abortion before deciding to continue pregnancy.²⁰

Unexpected pregnancy results in emotional, financial and lifestyle changes that will be imposed not only on the young mother, but also on her partner who is also often a teenager²¹. The absence of the paternal figure is related to the low prenatal adherence among pregnant women²², as well as to preterm birth and birth of underweight and small children for gestational age²³. In contrast, the presence and effective support of the father guarantees not only financial but also psychological support and it is related to greater adherence to breastfeeding, reduction of maternal stress and better psychosocial development of the child.²⁴⁻⁵

A study about the trajectory of women who experienced teenage pregnancy showed that it was essential that the partner support the pregnancy, since the young women felt safer. This support was a factor that minimized social prejudice and relatives because they were pregnant early. Also, parental support still made adaptation to play the role of mother an easier task, since there was a greater commitment to care for the child when the partner was considerate and cooperative.²⁶

It can be observed in the speech of Tulipa that the partner recognized the child as legitimate daughter only after the birth and only after verifying that the physical characteristics of the newborn coincided with his. The reaction of the child's father is also related to the degree of commitment to the adolescent, because if the marriage is long

lasting and there are already plans for the marriage, the partner tends to accept the pregnancy better and give more financial and emotional support. However, more unstable and casual relationships may result in doubt about paternity, resulting in a lack of support for the young mother during gestation.⁶

Doubts about paternity can generate anxiety in the adolescent, since the feeling of helplessness to deal with the situation is predominant. Without partner support, coping with family conflicts due to gestation becomes even more difficult, distressing, and even interferes with the adolescent's acceptance of pregnancy.²⁷⁻⁸

It was observed that Iris chose not to give in to the pressure of the partner in aborting and, even receiving the medications to consummate the act, she did not intend to run the risk of using them, because it was concerned with the possibility of the child presenting a health problem as a result of ingested abortive substances. Research has shown that spousal pressure significantly influences young women's decisions and should not be disregarded, since when pressure for abortion comes from the father of the child, young women are 4.5 times more likely to have an abortion compared to that pressure comes from family or friends.¹⁸

The social support of friends is extremely important for the acceptance of pregnancy because when feeling supported, the adolescent sees pregnancy as a positive event. Studies have shown that the social support of friends is an important source of support for young women who become pregnant early^{28,2} and in some cases, such as Jasmim, friends not only support the girl's gestation, but also help her to accept and adapt to the new condition of mother.

The separation of old friends may be related to the incompatibility of the participants' lifestyle of their single friends and/or without children. While the concerns of many of them are focused on gestation and the care of the home and the spouse, their friends direct their energy engaging in activities typical of youth. Thus, adolescents who marry or begin to live with their partner and take on adult responsibilities may suffer negative impacts on the relationship of friendship.⁸

In the testimony of Gérbera, it can be verified the concern of her friends about the abandonment of studies due to gestation. Such concern is pertinent since a study has shown that the fact that the adolescent mother attends the school environment translates into a factor that favors good

relationships with friends; conversely, dropping out of studies compromises friendship relationships and promoting the breakdown of their network of social contacts.²

From the reports, it was observed that health professionals presented unethical attitudes. It is evident in the testimony of Lavanda that the doctor's comment on the immaturity of the young woman comparing her to another that was not pregnant generated embarrassment, and it is not the duty of this professional to judge the pregnancy as being inappropriate since the consultation has the monitoring of pregnancy as the focus.

Health professionals have also been cited as emotional offenders by making the traumatic delivery experience through verbal aggression, the imposition of silence, and resignation in times of pain. Regardless of age, women deserve respect at the time of delivery. In a study carried out in Venezuela with puerperal women of different age groups, it was evidenced that reports of inhuman treatment were more frequent in the group of adolescents, in which 57.0% said they had been criticized for expressing pain at the time of delivery, besides being ironic comments from professionals.²⁹

The discrimination experienced by the young woman causes her to be excluded from living with her friends because she is considered a "bad company" for them, influencing them negatively. A similar result was found in research on the reasons attributed by the family to justify the adolescent pregnancy. In this study, one of the reasons reported by the mothers interviewed was inadequate friendships, which in turn were unavoidable due to the precarious socioeconomic characteristics of the place where they lived.³⁰

CONCLUSION

In this study, it was observed that the revelation of pregnancy in adolescence can generate ambiguous feelings in the family, the child's father, and friends. It was observed the predominance of surprise reactions of the people who lived with the young woman and that, later, they became positive feelings of joy and acceptance. Such attitudes enabled the establishment of satisfactory relationships and provision of social support and emotional support. However, some young women reported negative family, conjugal, and social reactions to the revelation of pregnancy, characterized by verbal aggression, abortion

imposition, refusal of paternity, and distance from friends.

Some adolescents reported discriminatory attitudes coming from the mothers of their friends, who perceived the pregnant girl as a "bad influence" for her daughters of the same age. Also, health professionals were also highlighted for unethical behavior during prenatal and childbirth visits.

Therefore, it is necessary that strategies to stimulate a greater bond between the young person and their relatives, partners and friends are implemented so the adolescents can feel supported, as well as activities of continuing education that enable health professionals to deal with the dimensions that involve pregnancy in adolescence to assist them in adapting to the new condition of mother without judging them. Also, it is essential that public policies to encourage the return of these young mothers to school are developed, since school abandonment is frequent, especially when there is no family support.

REFERENCES

1. Maranhão TA, Gomes KRO, Oliveira DC. Couple and family relationships of adolescents post-pregnancy. *Acta Paul Enferm.* 2012; 25(3):371-7. Doi: <http://dx.doi.org/10.1590/S0103-21002012000300009>
2. Maranhão TA, Gomes KRO, Silva JMN. Factors affecting young mothers' social and family relations after pregnancy. *Cad Saúde Pública.* 2014 May; 30(5):998-1008. Doi: <http://dx.doi.org/10.1590/0102-311X00024313>.
3. Souza TA, Brito MEM, Frota AC, Nunes JM. Adolescent pregnancy: perceptions, behaviors and family members' experiences. *Rev Rene.* 2012 Sept/Dec; 13(4):794-804. Doi: <http://dx.doi.org/10.15253/rev%20rene.v13i4.4036>
4. Maranhão TA, Vieira TS, Monteiro CFS. Violence against pregnant teenagers: a review. *Universitas: Ciências da Saúde.* 2012; 10(1): 41-9. Doi: 10.5102/UCS.V10I1.1623
5. Moura LNB, Gomes KRO, Sousa CRO, Maranhão TA. Multiparity among teenagers and youngsters and risk factors in Teresina/Piauí. *Adolesc Saúde [Internet].* 2014 July/Sept [cited 2017 Nov 15]; 11(3): 51-62. Available from: http://www.adolescenciaesaude.com/detalhe_artigo.asp?id=456&idioma=English
6. Hoga LAK, Borges ALV, Alvarez REC. Teen pregnancy: values and reactions of family

Maranhão TA, Sales SS, Pereira MLD et al.

Family and social attitudes and reactions...

members. *Acta Paul Enferm.* 2009 Nov/Dec; 22(6):779-85. Doi:

<http://dx.doi.org/10.1590/S0103-21002009000600009>

7. Siegel RS, Brandon AR. Adolescents, pregnancy, and mental health. *J Pediatr Adolesc Gynecol.* 2014 June; 27(3):138-50. Doi: [10.1016/j.jpag.2013.09.008](https://doi.org/10.1016/j.jpag.2013.09.008)

8. Maranhão TA, Gomes KRO. Changes in the family and social relationships of adolescents and young people after pregnancy. *Adolesc Saúde [Internet]*. 2016 July/Sept [cited 2017 Nov 18]; 13(3):31-40. Available from: http://www.adolescenciaesaude.com/detalhe_artigo.asp?id=604&idioma=English

9. Séjourné N, Beaumé M, Vaslot V, Chabrol H. Effect of paternity leave on maternal postpartum depression. *Gynecol Obstet Fertil.* 2012 June; 40(6):360-4. Doi: [10.1016/j.gyobfe.2011.08.033](https://doi.org/10.1016/j.gyobfe.2011.08.033)

10. Schwartz T, Vieira R, Geib LTC. Social support to pregnant adolescents: clarifying perceptions. *Ciênc Saúde Coletiva.* 2011 May;16(5):2575-85. Doi: <http://dx.doi.org/10.1590/S1413-81232011000500028>

11. Bardin L. *Análise de Conteúdo*. Lisboa: Edições 70; 2009.

12. Pinto KRTF, Marcon SS. A família e o apoio social recebido pelas mães adolescentes e seus filhos. *Ciênc Cuid Saúde.* 2012; 11(Suppl): 153-9. Doi: [10.4025/ciencucuidsaude.v11i5.17070](https://doi.org/10.4025/ciencucuidsaude.v11i5.17070)

13. Valila MG, Moraes NA, Dalbello NN, Vieira SS, Beretta MIR, Dupas G. Teenage pregnancy: knowing the family's experience. *REME rev min enferm.* 2011; 15(4):556-66. Doi: <http://www.dx.doi.org/S1415-27622011000400012>

14. Kingsbury M, Weeks M, MacKinnon N, Evans J, Mahedy L, Dykxhoorn L, et al. Stressful life events during pregnancy and offspring depression: evidence from a prospective cohort study. *J Am Acad Child Adolesc Psychiatry.* 2016 Aug; 55(8):709-16. Doi: [10.1016/j.jaac.2016.05.014](https://doi.org/10.1016/j.jaac.2016.05.014)

15. Pereira PK, Lovisi GM, Lima LA, Legay LF. Obstetric complications, stressful life events, violence and depression during pregnancy in adolescents at primary care setting. *Rev Psiquiatr Clín.* 2010;37(5):216-22. Doi: <http://dx.doi.org/10.1590/S0101-60832010000500006>

16. Rossetto MS, Schermann LB, Béria JU. Maternity during adolescence: negative emotional indicators and associated factors in 14 to 16-year-old mothers from Porto Alegre in the State of Rio Grande do Sul, Brazil. *Ciênc Saúde Coletiva.* 2014 Oct; 19(10):4235-

46. Doi: <http://dx.doi.org/10.1590/1413-812320141910.12082013>.

17. Salcedo-Barrientos DM, Siqueira E, Miura PO, Marçal F, Gonzaga F, Silva ICR, et al. Compreendendo e analisando as Adolescentes Grávidas Vítimas de Violência Intrafamiliar da Zona Oeste de São Paulo. *Indagatio Didactica [Internet]*. 2013 Oct [cited 2017 Nov 12]; 5(2):435-48. Available from: <http://revistas.ua.pt/index.php/ID/article/view/2463/2334>

18. Maranhão TA, Gomes KRO, Barros IC. Predictive factors of abortion among teenagers with obstetric experience. *Rev Bras Epidemiol.* 2016 July/Sept; 19(3):494-508. Doi: <http://dx.doi.org/10.1590/1980-5497201600030003>

19. Santos VC, dos Anjos KF, Souzas R, Eugênio BG Criminalization of abortion in Brazil and the implications for public health *Rev Bioét.* 2013 Sept/Dec; 21(3):494-508. Doi: <http://dx.doi.org/10.1590/S1983-80422013000300014>

20. Ministério da Saúde (BR), Secretaria de Ciência, Tecnologia e Insumos Estratégicos Departamento de Ciência e Tecnologia. *Aborto e saúde pública no Brasil: 20 anos [Internet]*. Brasília: Ministério da Saúde; 2009 [cited 2017 Dec 29]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/livro_aborto.pdf

21. Bordignon SS, Cruz VD, Horter J, Meincke SMK, Carraro TE, Collet N. Paternal participation e family reaction towards the teenage pregnancy. *J Nurs online.* 2013; 7(6):4459-65. Doi: <https://doi.org/10.5205/1981-8963-v7i6a11687p4459-4465-2013>

22. Bassani DG, Surkan PJ, Olinto MT. Inadequate use of prenatal services among Brazilian women: the role of maternal characteristics. *Int Perspect Sex Reprod Health.* 2009 Mar;35(1):15-20. Doi: [10.1363/ifpp.35.015.09](https://doi.org/10.1363/ifpp.35.015.09)

23. Alio AP, Mbah AK, Grunsten RA, Salihu HM. Teenage pregnancy and the influence of paternal involvement on fetal outcomes. *J Pediatr Adolesc Gynecol.* 2011 Dec; 24(6):404-9. Doi: [10.1016/j.jpag.2011.07.002](https://doi.org/10.1016/j.jpag.2011.07.002)

24. Arnold A, Lewis J, Maximovich A, Ickovics J, Kershaw T. Antecedents and consequences of caregiving structure on young mothers and their infants. *Matern Child Health J.* 2011 Oct; 15(7): 1037-45. Doi: [10.1007/s10995-010-0650-3](https://doi.org/10.1007/s10995-010-0650-3)

25. Roll CL, Cheater F. Expectant parents' views of factors influencing infant feeding decisions in the antenatal period: a systematic review. *Int J Nurs Stud.* 2016

Aug;60(1):145-55. Doi:
[10.1016/j.ijnurstu.2016.04.011](https://doi.org/10.1016/j.ijnurstu.2016.04.011)

26. Mesquita ALP, Fontes BFS, Oliveira Filho HB, Lopes LGF, Gonçalves MT, Moreira SRG, et al. Trajectory of women who experienced pregnancy/motherhood in adolescence. *Mental*. 2011; 9(16):303-26. Available from: <http://pepsic.bvsalud.org/pdf/mental/v9n16/a08v9n16.pdf>

27. Santos CC, Wilhelm LA, Alves CN, Cremonese L, Castiglioni CM, Venturini L, et al. The experience of pregnancy in adolescence on family and social scope. *Rev Enferm UFSM*. 2014 Jan/Mar; 4(1):105-12. Doi: <http://dx.doi.org/10.5902/217976929860>

28. Braga IF, Oliveira WA, Spanó AMN, Nunes MR, Silva MAI. Perceptions of adolescents concerning social support provided during maternity in the context of primary care. *Esc Anna Nery Rev Enferm*. 2014;18(3):448-55. Doi: <http://dx.doi.org/10.5935/1414-8145.20140064>.

29. Terán P, Castellanos C, Blanco MG, Ramos D. Violencia obstétrica: percepción de las usuárias. *Rev Obstet Ginecol Venez*. 2013; 73(3): 171-80.

30. Hoga LAK, Borges ALV, Reberte LM. Reasons and consequences of adolescent pregnancy: testimonies of family members. *Esc Anna Nery Rev Enferm*. 2010 Jan/Mar;14(1):151-7. Doi: <http://dx.doi.org/10.1590/S1414-81452010000100022>

Submission: 2017/01/19

Accepted: 2017/09/16

Publishing: 2018/04/01

Corresponding Address

Thatiana Araujo Maranhão
Universidade Estadual do Piauí (UESPI)
Campus Prof. Alexandre Alves de Oliveira -
Curso de Enfermagem
Av. Nossa Senhora de Fátima, S/N
Bairro Fátima
CEP: 64202-220 – Parnaíba (PI), Brazil