



EXPERIENCE OF PREGNANCY AMONG PREGNANT TEENAGERS

EXPERIÊNCIA DA GRAVIDEZ ENTRE ADOLESCENTES GESTANTES

LA EXPERIENCIA DEL EMBARAZO ENTRE LAS ADOLESCENTES

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ABSTRACT

Objective: to identify the experience of pregnancy among teenagers. **Method:** this is a qualitative, exploratory, and descriptive survey. As participants in the research comprised five pregnant teenagers of the area assigned to a unit of health of the municipality. The data collection tool was a semi-structured questionnaire composed of objective questions about the sociodemographic and obstetric profile and subjective as the experience of pregnancy in adolescence. For analysis of the data there was applied the Thematic Analysis, which enabled the construction of three thematic categories. **Results:** it was verified the continuity of remote outfits of adolescents, changes in relationship with groups of friends and the incorporation of behaviors for health promotion. Pregnancy has intensified the relationship of adolescents with the family core. These attended the health unit for acquisition of information and participation in prenatal consultation and in the group of pregnant women. **Conclusion:** pregnancy in adolescence is as singular experience composed by episodes both positive and negative for the young. It is believed that the results of this research enabled the aggregation of new elements on the experience of pregnancy in adolescence to scientific production. **Descriptors:** Adolescent; Pregnancy; Family Relations; Life Change Events; Women's Health; Primary Health Care.

RESUMO

Objetivo: identificar a experiência da gravidez entre adolescentes gestantes. **Método:** trata-se de um estudo qualitativo, exploratório e descritivo. Compuseram como participantes da investigação cinco adolescentes gestantes da área adscrita a uma unidade de saúde do município. O instrumento de coleta de dados foi um questionário semiestruturado composto por questões objetivas sobre o perfil sociodemográfico e obstétrico e subjetivas quanto à experiência da gravidez na adolescência. Para a análise das informações, empregou-se a Análise Temática, que viabilizou a construção de três categorias temáticas. **Resultados:** verificou-se a continuidade de indumentárias remotas das adolescentes, alterações no relacionamento com grupos de amigos e a incorporação de comportamentos para a promoção da saúde. A gestação intensificou a relação das adolescentes com o núcleo familiar. Estas compareciam à unidade de saúde para aquisição de informações e participação na consulta de pré-natal e no grupo de gestantes. **Conclusão:** a gravidez na adolescência se constitui como experiência singular composta por episódios tanto positivos quanto negativos para as jovens. Acredita-se que os resultados desta investigação possibilitaram a agregação de novos elementos sobre a experiência da gravidez na adolescência à produção científica. **Descritores:** Adolescentes; Gravidez; Relações Familiares; Acontecimentos que Mudam a Vida; Saúde da Mulher; Atenção Primária à Saúde.

RESUMEN

Objetivo: identificar la experiencia del embarazo entre las adolescentes. **Método:** este es un estudio cualitativo, exploratorio y descriptivo. Como participantes en la investigación se compone de cinco adolescentes embarazadas del área asignada a una unidad de salud de la municipalidad. El instrumento de recolección de datos fue un cuestionario semi-estructurado compuesto de preguntas objetivas acerca del perfil sociodemográfico y obstétrico y subjetivo como la experiencia del embarazo en la adolescencia. Para el análisis de los datos se utilizó el Análisis Temático que permitió la construcción de tres categorías temáticas. **Resultados:** se comprobó que la continuidad de trajes apartadas de las adolescentes, los cambios en relación con grupos de amigos y la incorporación de comportamientos para la promoción de la salud. El embarazo ha intensificado la relación de los adolescentes con el núcleo familiar. Estas asistieron a la unidad de salud para la adquisición de información y la participación en las consultas prenatales y en el grupo de mujeres embarazadas. **Conclusión:** El embarazo en la adolescencia es una experiencia singular, compuesta por episodios tanto positivos como negativos para las jóvenes. Se cree que los resultados de esta encuesta permitieron la agregación de nuevos elementos en la experiencia del embarazo en la adolescencia a la producción científica. **Descriptores:** Adolescente; Embarazo; Relaciones Familiares; Acontecimientos que Cambian la Vida; Salud de la Mujer; Atención Primaria de Salud.

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INTRODUCTION

Adolescence characterizes the stage of human development of transition between childhood and adulthood, with maturation of biological, psychological, and social process, besides being considered as a moment of conflict or crisis. It is an important existential cycle of the individual with the position taken family, social and sexual before the members of the group to which he belongs.¹

The conflicts of this generation, social pressure and the search for identity originate ambiguity, in addition to common problems in adolescents, such as inner conflicts in the field of sexuality and resiliency with bodily changes. Physical changes that characterize this phase include hormonal changes that cause excitation states understood as uncontrollable, implying the intensification of activity of masturbation and the consolidation of sexual attraction experienced by the person² who may culminate in sexual relations among pairs and in an early gestation, which becomes even more aggravating when unplanned and unwanted.

It is estimated that every year, in the world, approximately 16 million adolescents aged 15 to 19 years old become mothers. One in every ten births is adolescent, which corresponds to 11% of all live births.³

Thus, pregnancy in adolescence is bringing concern in the world scenario⁴, being regarded as a public health problem for more than four decades, due to the psychological, biological, and family, economic and educational consequences.⁵

When experiencing pregnancy in adolescence, the young woman is vulnerable, because she is involved by an absence of actions of public power, by have not signed her ripening process and by having to pass through transformations of the social order. The adolescent faces bodily changes that move with her self-image and self-esteem and with difficulties to adapt to new roles and responsibilities that are imposed.⁶

The changes caused by pregnancy do not imply only for adolescents, but also to the whole family, inserted in this context, since it participates in the gestational process and is also affected directly or indirectly with this situation.⁷

However, pregnancy in adolescence does not always present itself as a problematic situation, when goes along with the family and social support and the presence of the companion during this time, in addition to the support to continue studies and compliance

with the guidelines provided by the health team.

Before the relevance of the proposed theme and the need of deepening, it directs the research question: What is the experience of pregnancy in adolescence?

It shows that studies are being developed, seeking to reveal the motivations, difficulties and experiences with pregnancy in adolescence; however, considering the territorial extension of the country and cultural, social and economic diversity, it is necessary to unveil, so more bounded, the experience of pregnancy in the northeastern semi-arid.

OBJECTIVE

- To identify the experience of pregnancy among pregnant teenagers.

METHOD

It is a qualitative, exploratory, and descriptive study, developed during the months of August and September 2017, a medium-sized municipality in the Northern Region of the State of Ceará, Brazil.

The municipality has the largest economy in the countryside of Ceará and the ninth largest economy of the northeastern countryside. With a population of 298,017 inhabitants, it is the fifth most populated city of the State and the second largest in the countryside.⁸

A population of eight pregnant teenagers from a peripheral district of the municipality, such as the study sample consisted of five teenagers in the area assigned to the Family Health Unit (FHU).

As inclusion criteria: age between 10 and 19, pregnancy confirmed by ultrasound, and registered at the health unit. As the exclusion criteria: pregnant women who were not concerned with time and space and with cognitive problems that cause their participation in the research.

For data collection, we applied an interview with the aid of instrument made by objective questions about sociodemographic profile and obstetrics and subjective issues regarding the experience of adolescents with pregnancy.

For both, they initially participated in the meetings of the group of pregnant women from the health unit for recognition of adolescents and health professionals, with a view to voluntary collaboration in research.

All the same, after the participation in several meetings and checking the absence of adolescents in this group, we opted for a

convenience sample, in which the interviewees were requested to participate in the interview in their home. This was recorded on audio through an electronic recorder, upon the consent of the participants, in order to ensure the reliability of the information obtained and facilitate the literal transcription of speeches in their entirety.

For the analysis of the data, we used the Thematic Analysis that consists in discovering the meaning cores that compose a communication, with frequency or presence of elements that means something to the analytic object endorsed. Operationally divided into three stages, namely: Pre-Analysis; Exploration of the Material; and Processing of Results and Interpretation.⁹

From this process, there was structured the results in the description of the sociodemographic and obstetric profile and in three thematic categories, namely: And after pregnancy, everything changes? Pregnant teenagers and the family dynamics; and Relation of pregnant teenagers with a Family Health Unit.

For the assurance of anonymity, the participants were identified with the term “teenager” followed by a numeric symbol as the sequence of interviews (Ex: Adolescent 01 ... Adolescent 05).

The study respected the ethical aspects of Resolution 466/12 of the National Health Council, which regulates research involving Human Beings. The research project was submitted to the Research Ethics Committee of the State University of Vale do Acaraú, obtaining a favorable Opinion N 1,434.749.

It is noteworthy that the parents/legal guardians signed an Informed Consent Form, and the adolescents younger than age, the Term of Free and Informed Consent.

RESULTS

Of the five pregnant adolescents participating in the study, the age range varied between 14 to 18 years old; two self-reported brown, one yellow, one black, and an indigenous; three attending and two had completed high school; four were unmarried and one was married.

In terms of religion, there was a predominance of three Catholic adolescents. Most of the pregnant women, corresponding to three, reported cohabit with the family (mother, father, and brother) and two with the partner.

Whereas the family income between one to two minimum wages, the participants

belonged to the low socioeconomic class. They were all from the municipality located in the countryside of the State of Ceará, Northeastern Region of Brazil.

The adolescents did not perform labor activity and the main source of income was from the family and/or partner. During the period of collection of information, the participants were with gestational age greater than or equal to 16 weeks.

The majority showed the achievement of five consultations with health professionals, such as doctor and/or nurse from the FHU, and not all until the moment of the interview, were confirming diagnosis of pathologies.

The group was evenly composed of primiparous women, and among the five teenagers, three confirmed the planning and the desire of pregnancy with the partner. Regardless of planning, all reported happiness with the news of her pregnancy, followed by negative reactions, as nervousness and fear with childbirth and the baby during intrauterine life and after birth, with aspects relating to healthcare and the social and economic factors.

◆ Moreover, after pregnancy, everything changes?

Pregnancy is characterized as a single moment in the life of women and circumspect by changes of biological, psychological, physical, and social order, implying the incorporation of new behaviors.

However, in this research, learned that the period of pregnancy did not compromise the repertoire of life of certain adolescents:

Nothing. There was no change there. It is quite normal. It is as if I was not pregnant, in the same way. I go out every day in the night; I go to the house of my grandma. (Teen 01)

I go to school. Then I have snack, go to school, when I arrive I do things and in the afternoon sleep. At night, I go to church. (Teen 05)

However, in other testimonies, there were changes in the social life of some pregnant teenagers, such as the expulsion of the group of friends and the community:

I do not know anyone from my street. No, because I am not leaving home, I am straight at home, I am homebody. (Teen 03)
Went home every day, now do not leave home for nothing. Changed that first, I come out and now I do not go out much. Almost I do not see the people [friends]; people think that I moved, they think that I am no longer speaking. It is because I do not go even. (Teen 04)

The gestational period is presented by a teenager as blocking element for the development of daily activities and for the attainment of self-care:

(...) in the morning, I wake up. My routine waking up nine and little, eating and sitting. Lunch and sleep again and so on until the evening. The afternoon nothing, only sleeping and eating right, and at night the same way. (Teen 02)

After pregnancy I was dead, did nothing more. Until here my appearance oh. Even stranger, I do not know, everyone is dead. (Teen 04)

It was the continuity of activities, as well as responsibility for other numerous demands:

(...) I was doing everything you did before and much more. (Teen 05)

We observed behavior change deleterious effects on health, such as the intake of foods rich in fat and industrial, to the adoption of dietary practices fruitful, as the insertion of fruits in the meals with views to the healthy growth and development of the fetus:

I ate lots of bullshit, was noodles, it was salty, these things, stupid. Now I do not have to eat more fruit, more foods that provide nourishment to him [the fetus], for his growth [the fetus]. (Teen 03)

In addition, the rupture in carrying out activities and physical exercises during the gestational period:

I practiced, did bodybuilding, but catch weight I did no more. (Teen 3)

(...) practiced exercise and now cannot (...) these things. (Teen 4)

◆ Pregnant teens and family dynamics

Since birth, the individuals weave links, being one of the first established with the family core. However, in some moments, there are distinct situations that imply the emergence of conflicting relations between the members of the family.

As the testimony below, it should be noted that one of the pregnant teenagers, a participant in this study, expresses the existence of conflict between some members of the family, as the mother and sister. Although the present discussions within the family are not related to the pregnancy of the teenager, highlights the complexity of the situation, considering the period of pregnancy and the implications for both the adolescent and for those involved in the situation:

(...) I have a lot of stress even, I am angry at everything. With my mother, my sister. I fight too much with them. (...) because sometimes I see things, so I do not like, then I am going to talk. (Teen1)

The presence of conflicts between the teenage-mother with the family core reflects

directly on the well-being of the mother-child binomial, constituting itself as an important source of stress. The interpersonal relationship implies a negative pregnancy stormy and unstable, which can exacerbate in maternal depressive episodes, as well as interfere in physical and mental development of children who live in troubled areas.

However, in other testimonies, it seized the existence of affectionate relationships of family members. In some cases, the family presented attention to participants, both in the care with pregnancy, as in the establishment of relationship with adolescents:

Very well. It is because all [family] worry? In addition, virtually everyone wants as well my son, for it. (Teen 02)

It was normal. Even better if in doubt. (...) agreed with the family. The whole world has accepted, there was not one against. (Teen 03)

Great, because nobody has anything against it. (Teen 05)

It was observed in other reports, that adolescent pregnancy is an opportune moment for rapprochement between the pregnant women with family, especially as regards the mother:

Ah, changed because my family now know if I see that there has been some change, changed over the concern and the contact also, my family more so, together with me, my mother. (Teen 02)

Closer. Because it was more separated and now we are together. I am closer. Because I was separated, so I had almost no affection. We are together. Has no more confusion. I had. Always when we get pregnant the mother of everyone talking, fight and had not. My mother was more of my hand, after I got pregnant. Because we had not subject to chat. After that, I got pregnant, we have subject to speak. She asks how I am. More concerned. (Teen 04)

As the male participation during the gestational period, it is observed that pregnancy configured as a unique moment between partners, implying a positive impact on the relationship, and expanding the companionship and affection between the pairs:

Changed. More for the better, but has some fights once and a while. (G3)

Best. He [partner] does what I want. Does everything that I want. There is a draw in nothing. It was good, there was great. (G4)

Great. Because he [partner] is on my side in good times and bad. (G5)

◆ **The relation of pregnant teenagers with the Family Health Unit**

The FHU is a space directed to a set of interventions in the monitoring of the gestational period, aiming at the development of pregnancy, labor, and birth of healthy way. The actions have scope to reduce the negative impacts on the health of the mother-child binomial, contemplating the biological, psychological, and social factors.

Thus, learned that the adolescents were present at the health service for the clarification of information and guidelines for health professionals, implementation of pre-natal consultations, and participation in the group of pregnant women, appointing laboratory examinations and for the receipt of medicines, as it is observed in the fragments below:

Well, very well. Every time I need right? I am going to go. When it comes to let me know something, my prenatal, the group of pregnant women. What I am feeling. (Teen 02)

Normal. Every time I go there. Prenatal and direct us to take the meds and look if there's marked examination, prenatal care, these things. (Teen 04)

It is good. Every prenatal I will (...) for the group of pregnant women and antenatal. Moreover, there is one I lost [prenatal]; I am going to do now. (Teen 05)

Divergent from the results mentioned previously, verified by means of the testimonies of a minority of pregnant adolescents, that the relationship with the health unit is fragile:

I do not go (laughs) because I am lazy. I was just when I got pregnant right? After a month, I completed one month was that I went to, because I would give laziness. (Teen 01)

Only go when it is something more serious. I only go there when you need it. I do not like health center so much. It is not that I do not like the center; it is because I do not go so much. (Teen 03)

It was noticed the attention and the production of care of health professionals, such as doctors, nurses and community health agent (CHA) to adolescents, by means of household views, pre-natal consultations and providing guidance and information:

My health care agent also comes here. Moreover, that's it. Care too, come, and see how I am. The nurse also guy I have more contact and my doctor So-and-so prenatal right? (Teen 02)

[Contact health professionals] is the guy who is my nurse, just the Guy, and Dona that is my health care agent. Moreover,

Jane Doe [Community Health Agent] from time to time (...). (Teen 03)

(...) When anything to Dona [Community Health Agent] has comes to warn, with Guy, the male nurse who makes the medical and prenatal care. When he's not [nurse], [doctor], two [nurse and doctor]. (Teen 04)

Have contacted the guy [nurse]. (Teen 05)

DISCUSSION

The age range of participants resembles with research conducted with pregnant adolescents in Pato Branco, the southwestern region of the State of Paraná, which showed the age range between 14 to 18 years old.¹⁰

As the race/ethnicity of pregnant teenagers, the results are going to meet the research conducted in the city of Ribeirão Preto, located in the countryside of São Paulo State, in which the majority of adolescents participating in the study reported being of brown color.¹¹

It concludes that the adolescents in the study, even during the gestational period, continued to attend the school space. Finding opposite to the study carried out in the capital of the State of Piauí, Teresina, who pointed out the majority of participants with schooling up to the fundamental education and with inadequate age/grade, either by repetition, either by abandonment of studies.¹²

In relation to marital status, a study developed in the peripheral region of the city of Salvador, in a Sanitary District, presented proportional differences were statistically significant between the groups regarding the marital situation on the occurrence of pregnancy. We observed a predominance of pregnancy category married/stable union (48.8%), followed by the mothers with a fixed partner (45.7%)¹³, different reality expressed in this study with the pregnant teenagers.

The teenagers in their majority self-reported belonging to the Catholic religion. It is true that the Brazilian religious space is dominated by the array of Christianity, because it should be noted that Catholicism and Protestantism cover 90% of Brazilians affiliated to any religion in Brazil.¹⁴

As the house of pregnant women, a study carried out in a FHU in the southwestern region of Paraná state, presented results similar to this study, identifying which of the seven pregnant adolescents, the majority continued to live during pregnancy with relatives (parents, siblings, and aunts) and two with the companion.¹⁰

The pregnant teenagers in the study unanimously belonged to low social class.

Thus, it appears that the pregnancy during adolescence is more common among low-income groups and with low level of schooling. This group become sexually active, becomes pregnant and marries at the beginning of adolescence in comparison with other groups of women.¹⁵

In regard to the scenario in which developed the study, believes that this region is one of the poorer areas of the country and its inhabitants declare more difficulties to access health services, which may explain the pregnancy in adolescence and the precarious socioeconomic conditions.¹⁶

It was evident that no adolescent pregnant woman wielded remunerated activity; all that occupied the attention of the house and financially dependent on the partner or the family. Similar findings with research carried out with 12 adolescents who lived in Cuiabá, Mato Grosso, and Southern Region of Brazil.¹⁷

The pregnant teenagers had performed the pre-natal consultations with health professionals as recommended by the Ministry of Health, which establishes that minimum number of pre-natal consultations should be six consultations, preferably, one in the first quarter, two in the second quarter and three in the last quarter.¹⁸

Despite the absence of diseases in the studied sample, one must take into consideration that adolescent pregnancy is a risk factor for maternal age, by presenting possibilities of illness in the course of pregnancy, childbirth and the puerperium of physical and/or mental and by increasing the risk of maternal mortality during pregnancy.

Therefore, it is mister periodic monitoring of this population group by the health team of the FHU, as the nurse and/or physician, together with other health professionals, to guarantee the quality of life of the mother-fetus and the minimization of possible diseases preventable through early intervention and efficient during the course of pregnancy in adolescence.

Three teenagers mentioned the planning and the desire of pregnancy with the companion. It is therefore not possible to demonstrate that all adolescent pregnancy is unwanted and that happens by chance, since the pregnancies are, in fact, planned.¹⁹ The adolescents seek pregnancy to acquire social values and, through them, to affirm their identity in their context, as well as the dream of being a mother.

Pregnancy is perceived as a unique moment in the life of adolescents, which implies in feelings of joy at the fact that the experience

and the experience of pregnancy and, consequently, the arrival of the child and the opportunity of being a mother.

However, at some time germinates in primiparous adolescents, negative feelings about the experience of childbirth. The labor, labor and birth are remarkable experiences in the lives of women, who may be accompanied by the most distinct and contradictory feelings, depending on how you are experienced and perceived individually. Because they are unpredictable and unknown stations, resulting in a mixed expectations, concerns, hopes, anxieties, anguish and fears.²⁰

It was possible to verify concern of adolescents as aspects relating to social and economic factors. Denotes that this problem can be revealed by the arrival of the baby that awakens in young people, the feeling of apprehension regarding the creation, the future of the son and the resources needed for that, in fact, be guaranteed and occurs in the best way possible.²¹

In the light of the testimonies of participants, it has been found in some of the speeches the continuity of behavior as regards relations with the family spaces, such as the presence in the residence of the grandmother and with the social spaces, such as the school and the church.

However, cross-sectional study, conducted with adolescents residing in the urban area of the municipality of Teresina, Piauí, Brazil, showed statistical significance between the changes perceived by the adolescents during pregnancy and its relationship with friends, their schooling, the fact she studied and their religion²², different reality expressed in this study among some teenagers.

Considering the importance of physical activity during pregnancy for maternal and child health, it was found that risk behaviors in adolescents, such as sedentary lifestyle. The high proportions of pregnant women who do not perform physical activities of leisure and the sedentary lifestyle is more frequent in this phase of a woman's life than in the general population, suggesting that the lack of physical activity during pregnancy is a major public health problem.²³

Therefore, it reveals the need for health professionals, mainly, of teams that operate in the FHU, while responsible for prenatal care, conduct guidelines, provide information, raise awareness, and encourage the pregnant women performing physical exercise during the period of pregnancy. It has a decisive role in health promotion, prevention, and/or

control of various pathologies, as well as in quality of life.

It was found that in this new stage of life, the adolescent begins to take a more responsible attitude by the new powers are delegated, both in domestic tasks that are assigned as in care with pregnancy.⁴

Being pregnant requires of them some health care. Take care of you basically have the sense to stop making certain events, for example, eating foods considered unfit for pregnancy and performing physical activities that require effort, having in view, in particular, the protection of life and physical health of the son.¹⁷

Among the testimonies, we observed the existence of versions between pregnant teenagers with some members of the family. Study of quantitative approach, performed with 430 adolescents between 14 and 16 years, who had children in Porto Alegre in the year 2009, showed that the adolescents had a poor relationship with the mother, implying twice in a prevalence of psychological distress and self-esteem negative in comparison with those with a good relationship.²⁴

The findings of the present study, as well as the results of the survey mentioned above, indicate the need to look to the affective/emotional aspects of adolescents during pregnancy, since these can cause damage to both the adolescent, as also for the baby.

The family support is very important, both on the part of the family of adolescents, as the family of the father, since the interest and concern demonstrated by both collaborate with the esteem of pregnant teenagers, avoiding that this feel alone before the situation. The cooperation of the family to look upon this period of intense changes is essential to guide and strengthen the pregnant adolescents.⁷

The mother figure is revealed as part of a support network of adolescent pregnancy in living this experience. The mothers are to represent important reference to them in understanding the problems experienced.¹⁰

As to the relationship of the companions with the adolescents, it was found that the attention given to pregnant women and the expansion of affectivity. A study conducted with adolescents puerperal women in a FHU in the city of São Paulo, showed that the companions are also presented, for some adolescents, as sources of trust and intimacy, being identified significant ties between them.²⁵

Some of the deponents in their speeches also showed a positive relationship with the FHU ancillary activities of the community, considering it as a preferential entry door of the health care system. This is a strategic point of attention to better accommodate the needs of individuals, including providing a continued and longitudinal follow-up, especially during pregnancy.

Among the actions developed in this space, we can infer that the participation of adolescents in the group of pregnant women. This is described in the literature as a relevant tool for the promotion of maternal health, in view of the contribution of information and exchanges of experiences shared therein, allowing for a more secure and focused experience of adolescents in their pregnancies, as also a humanized quality care to the mother-child binomial.²⁶

As regards medicinal products made available by the health unit of the pregnant women, it appears in the literature that some are recommended for the prevention of problems associated with pregnancy, including ferrous sulphate, folic acid, and vitamins.²⁷

With respect to the laboratory, as mentioned by adolescents, it emphasizes that the achievement during pregnancy is a period appropriate for preventing, identifying, and controlling the abnormalities that can affect the mother and fetus and establish treatment of pathologies which already exist or which may emerge during pregnancy.

The easy access directly influences the quality of care, collaborates in the solving of actions in the pre-natal, approaches, and binds the pregnant women with health services and health professionals. The carrying out of examinations in the FHU and the return of the results in the service itself prevents the peregrine pregnant women in different establishments of health.²⁸

It was possible to ascertain by means of speeches of adolescents, absenteeism in the health service, associated with the apathy and the understanding of the presence when the emergence of health aggravations. Thus, the pregnancy in adolescence presents itself as a factor that hinders the access to the FHU to the completion of the pre-natal.

There are several factors that alienate the pregnant women access to health unit, three of which are associated with the health care institutions and four relate themselves to their users. Among those factors, there is a delay in the scheduling of consultations, late uptake of pregnant women, inadequate infrastructure, and multiparity. The

understanding on the part of pregnant women that do not require the pre-natal care, the occurrence of pregnancy in adolescence, the low level of schooling, and the scarce financial resources.²⁹

In this context, stresses the need to adapt the health unit to facilitate the access of teenagers, once it becomes fundamental factor for health promotion. Yet, the preparation of the professional health care to strengthen the link with the health team, thus facilitating the insertion of adolescents in service in the perspective of a subject of law and protagonist of his attention to health.³⁰

For the participants, professionals of the health unit provided social support, affective support and, above all, informative. The willingness to inform and guide, the demonstration of affection, concern and attention are pointed out as important support offered by professionals, an aspect that can enhance the perception of other types and sources of social support.²⁵

The absence or scarcity of these professionals in the health service interferes in this process, to the extent that adds difficulty to schedule an appointment or for the implementation of health interventions directed to pregnant women. In relation to pregnant adolescents, whereas the simultaneous occurrence of adolescence and pregnancy, both permeated in social transformations, psychological, physical, and emotional, that makes them vulnerable to aggravation in health.

The limitations of the study are bound by the methodological choices that do not enable the generalization of the information, but the results reflect the characteristics of other investigations in different regions of the country. Regarding the small sample of participants, it was found that the most significant is not at the final amount, but in the way that conceives the representativeness of the elements and in the quality of the information obtained.

CONCLUSION

Pregnancy in adolescence has been characterized as a desire among pairs, both by the adolescents as their companions, permeated by feelings of joy and happiness for the opportunity to be mother and by the presence of a baby, as well as negative feelings related to childbirth and socioeconomic factors.

It was observed that the continuity of remote behavior of adolescents, changes in social interaction with groups of friends and

devices of the community, difficulties to perform daily activities, obtaining new responsibilities and modification of behaviors for health promotion and prevention of injuries to the mother-fetus.

It appeared that the gestational period resulted positively in relations of young people with the family core, increasing attention to pregnancy, and the establishment of care directed at adolescents. In other cases, it made the approximation of participants with the mother figure, but also with the companions, amplifying the affectivity and the friendship among pairs.

The ratio of pregnant women as health service, in certain episodes it showed to be solidified, in attendance for the acquisition of information and guidance about the gestational period, participation in pre-natal consultations and the group of pregnant women, obtaining medicines and scheduling of laboratory tests.

However, in other situations, it was found that the absence of adolescents in the health unit, associated to indolence and the understanding that the presence to the health unit is required only when the development of pathologies, disregarding the distinct health care strategies of FHU.

The professionals of the health service in the area assigned, as the doctor, nurse and community agents, presented themselves as basilar figure for health promotion and disease prevention, through the pre-natal consultations, visits and provision of information and guidance the pregnant teenagers.

Considering the pregnancy in adolescence as a singular experience, permeated by both positive and negative consequences, it is necessary to monitor the family and health professionals to guarantee the promotion of health and prevention of injuries to the mother-fetus.

It is hypothesized that the empirical information drawn from the testimonies of pregnant teenagers, presented in this research, allow the recognition of the public sector as the need for the elaboration of public policies that provide a suitable support to teenage pregnancy in its different aspects of social, historical, economic and cultural rights.

It is believed that the results of this study contributed to the advance in understanding the extent to which feature and add new elements about the experience of pregnancy in adolescence the scientific production,

mainly in what concerns the young people of the semi-arid region of Northeastern Brazil.

REFERENCES

1. Lima MNF de A, Coviello DM, Lima TNF de A, Alves ESRC, Davim RMB, Bousquat A. Adolescents, pregnancy and care in primary health care services. *J Nurs UFPE on line* [Internet]. 2017 May [cited 2017 July 27];11(Supl.5):2075-82. Available from: [file:///C:/Users/user/Downloads/23361-45250-1-PB%20\(4\).pdf](file:///C:/Users/user/Downloads/23361-45250-1-PB%20(4).pdf)
2. Lima TNF de A, Coviello DM, Lima MNF de A, Alves ESRC, Davim RMB, Bousquat AEM. Social support networks for adolescent mothers. *J Nurs UFPE on line* [Internet]. 2016 Dec [cited 2017 Nov 04];10(Supl.6):4741-50. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11252/12868>
3. United Nations Population Fund. Motherhood in Childhood: Facing the challenge of adolescent pregnancy. 2013 [cited 2017 Nov 09] p.132. Available from: <http://www.unfpa.org/>
4. Nass EMA, Lopes MCL, Alves BD, Marcolino E, Serafim D, Higarashi IH, et al. Experiences of maternity and paternity in the adolescence. *Rev baiana enferm* [Internet]. 2017 [cited 2017 Nov 13];31(2):e16629. Available from: <https://portalseer.ufba.br/index.php/enfermagem/article/viewFile/16629/14513>
5. United Nations Population Fund. Motherhood in childhood: facing the challenge of adolescent pregnancy. New York: UNFPA, 2013 [cited 2017 Nov 18]. Available from: <http://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013-final.pdf>
6. Acosta DF, Gomes VL de O, Kerber NP da C, Costa CFS da. The effects, beliefs and practices of puerperal women's self-care. *Rev Esc Enferm USP* [Internet]. 2012 Dec [cited 2017 Nov 22];46(6):1327-1333. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342012000600007&lng=en
7. Cabral AC de F, Araújo VS, Braga LS, Cordeiro CA, Moraes MN de, Dias MD. Perceptions of pregnancy in pregnant adolescents. *J res fundam care online* [Internet]. 2015 Apr/June [cited 2017 Nov 25];7(2):2526-2536. Available from: <http://pesquisa.bvs.br/brasil/resource/pt/lil-755390>
8. Instituto Brasileiro Geografia e Estatística (IBGE). Produto Interno Bruto dos Municípios. 2013.
9. Minayo MC de S. O desafio do conhecimento pesquisa qualitativa em saúde. 14 ed. São Paulo: Hucitec; 2014.
10. Munslinger IM, Silva SM, Bortoli C de FC de, Guimarães KB. Motherhood from the perspective of teenage mothers. *Rev bras promoç saúde* [Internet]. 2016 July/Sept [cited 2017 Nov 27];29(3):357-363. Available from: <http://periodicos.unifor.br/RBPS/article/view/4541/pdf>
11. Vieira EM, Bousquat A, Barros CR dos S, Alves MCGP. Adolescent pregnancy and transition to adulthood in young users of the SUS. *Rev Saúde Pública* [Internet]. 2017 [citado 2017 Nov 29];51:25. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102017000100217&lng=pt
12. Teixeira AMFB, Knauth DR, Fachel JMG, Leal AF. Adolescentes e uso de preservativos: as escolhas dos jovens de três capitais brasileiras na iniciação e na última relação sexual. *Cad Saúde Pública* [Internet]. 2006 July [cited 2017 Dec 01];22(7):1385-1396. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2006000700004&lng=en
13. Parcero SM de J, Coelho E de AC, Almeida MS de, Almeida MS, Nascimento ER do. Characteristics of the relationship between the woman and her partner in the event of an unplanned pregnancy. *Rev baiana enferm* [Internet]. 2017 [citado 2017 Dec 03];31(2):e17332. Available from: <https://portalseer.ufba.br/index.php/enfermagem/article/view/17332/14621>
14. Sousa RF de. Religiosidade no Brasil. *Estud av* [Internet]. 2013 [citado 2017 Dec 05];27(79):285-288. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-40142013000300022&lng=en&nrm=iso
15. Kassar SB, Lima M de C, Albuquerque M de FM de, Barbieri MA, Gurgel RQ. Comparações das condições socioeconômicas e reprodutivas entre mães adolescentes e adultas jovens em três maternidades públicas de Maceió, Brasil. *Rev Bras Saude Mater Infant* [Internet]. 2006 [cited 2017 Dec 07];6(4):397-403. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292006000400006&lng=en
16. Furtado ÉZL, Gomes KRO, Gama SGN da. Access to childbirth care by adolescents and young people in the Northeastern region of Brazil. *Rev Saúde Pública* [Internet]. 2016 [cited 2017 Dec 10];50:23. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102016000100216&lng=en

17. Araujo NB de, Mandú ENT. Produção de sentidos entre adolescentes sobre o cuidado de si na gravidez. Interface (Botucatu) [Internet]. 2016 June [cited 2017 Dec 13];20(57):363-375. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S1414-32832016000200363&lng=en
18. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Pré-natal e puerpério: atenção qualificada e humanizada. Brasília; 2005. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/p re-natal_puerperio_atencao_humanizada.pdf
19. Santos CC, Castiglioni CM, Cremonese L, Wilhelm LA, Alves CN, Ressel LB. Expectations of pregnant teens for the future. J res fundam care online [Internet]. 2014 Apr/June [cited 2017 Dec 15];6(2):759-66. Available from: http://www.seer.unirio.br/index.php/cuidad ofundamental/article/view/3110/pdf_1278
20. Caus ECM, Santos EKA dos, Nassif AA, Monticelli M. O processo de parir assistido pela enfermeira obstétrica no contexto hospitalar: significados para as parturientes. Esc Anna Nery Rev Enferm [Internet]. 2012 May [cited 2017 Dec 18];16(1):34-40. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S1414-81452012000100005&lng=en
21. Costa MM de A, Frare JC, Nobre JR da S, Tavares KO. Maternity and paternity: the view of the teenage couple. Rev bras promoç saúde [Internet]. 2014 [cited 2017 Dec 21];27(1):101-8. Available from: <http://periodicos.unifor.br/RBPS/article/view /2465>
22. Maranhão TA, Gomes KRO, Silva JMN da. Fatores que influenciam as relações familiares e sociais de jovens após a gestação. Cad Saúde Pública [Internet]. 2014 May [citado 2017 Dec 24];30(5):998-1008. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S0102-311X2014000500998&lng=pt
23. Carvalhaes MA de BL, Martiniano AC de A, Malta MB, Takito MY, Benício MH D'Aquino. Physical activity in pregnant women receiving care in primary health care units. Rev Saúde Pública [Internet]. 2013 Oct [cited 2017 Dec 27];47(5):958-967. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S0034-89102013000500958&lng=en
24. Rossetto MS, Schermann LB, Béria JU. Maternidade na adolescência: indicadores emocionais negativos e fatores associados em mães de 14 a 16 anos em Porto Alegre, RS, Brasil. Ciênc Saúde Colet [Internet]. 2014 Oct [cited 2017 Dec 29];19(10):4235-4246.

- Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S1413-81232014001004235&lng=en
25. Braga IF, Oliveira WA de, 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 [Internet]. 2014 Sept [cited 2018 Jan 02];18(3):448-455. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S1414-81452014000300448&lng=en
26. Henriques AHB, Lima GMB de, Trigueiro JVS, Saraiva AM, Pontes MG de A, Cavalcanti J da RD, Batista RS. Group of pregnant women: contributions and potential complementarity of prenatal care. Rev bras promoç saúde [Internet]. 2015 Jan/May [cited 2018 Jan 06];28(1):23-31. Available from: <http://periodicos.unifor.br/RBPS/article/view /3009/pdf>
27. Lupattelli A, Spigset O, Twigg MJ, Zagorodnikova K, Mårdbý A-C, Moretti ME, et al. Medication use in pregnancy: a cross-sectional, multinational web-based study. BMJ Open [Internet]. 2014 [cited 2018 Jan 11];4:e004365. Available from: <http://bmjopen.bmj.com/content/4/2/e0043 65>
28. Barreto CN, Wilhelm LA, Silva SC da, Alves CN, Cremonese L, Ressel LB. "The Unified Health System that works": actions of humanization of prenatal care. Rev gaúch enferm [Internet]. 2015 [cited 2018 Jan 15];36(spe):168-176. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S1983-14472015000500168&lng=en
29. Oliveira G, Bortoli C de FC de, Prates LA, Astarita K de B, Silva TC da, Ressel LB. Access to prenatal care within the primary care: an integrative review. J Nurs UFPE on line [Internet]. 2016 Sept [cited 2018 Jan 20];10(9):3446-54. Available from: <https://periodicos.ufpe.br/revistas/revistaenf ermagem/article/view/11427/13223>
30. Rocha FAA, Silva MAM da, Moreira ACA, Ferreira AGN, Martins KMC. Programa de Saúde da Família: percepção de adolescentes de um município do Estado do Ceará. Adolesc Saúde [Internet]. 2012 Apr/June [cited 2018 Jan 21];9(2):7-13. Available from: http://www.adolescenciaesaude.com/detalhe _artigo.asp?id=310

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