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ADOLESCENTS: FOR WHAT REASONS DO THEY GET PREGNANT?

ADOLESCENTES: POR QUAIS MOTIVOS ELAS ENGRAVIDAM?

ADOLESCENTES: ¿POR QUÉ RAZONES SE QUEDAN EMBARAZADAS?

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ABSTRACT

Objective: to identify the reasons for pregnancy during adolescence and the sociodemographic characteristics of adolescents. **Method:** this is a qualitative study carried out with 22 pregnant adolescents from a town in northern Rio Grande do Sul, Brazil. For producing empirical data, a semi-structured interview was used. There was a thematic analysis of the following questions: "What reasons have led the adolescent to get pregnant?"; and "Was pregnancy intended?". This study was approved by the Research Ethics Committee of the Federal University of Santa Maria (UFSM), under the Protocol 23081.006860/2008-65. **Results:** the adolescents were between 16 and 18 years old and they had incomplete Primary Education, menarche at 12 years, and sexual initiation at 14 or 15 years. The reasons for pregnancy in adolescence were defined as "it has happened", "to fill a void", and "wish to have a child". **Conclusion:** we found out the multidimensionality of factors involved in pregnancy in adolescence. **Descriptors:** Pregnancy in Adolescence; Adolescent Health; Sexuality; Nursing.

RESUMO

Objetivo: identificar os motivos da gravidez na adolescência e as características sociodemográficas das adolescentes. **Método:** trata-se de estudo qualitativo realizado com 22 adolescentes grávidas de um município do norte do Rio Grande do Sul. Para a produção de dados empíricos, utilizou-se a entrevista semiestruturada. Houve análise temática das seguintes questões: "Quais motivos levaram a adolescente a engravidar?"; e "A gravidez foi desejada?". Este estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal de Santa Maria (UFSM), sob o Protocolo n. 23081.006860/2008-65. **Resultados:** as adolescentes tinham entre 16 e 18 anos, Ensino Fundamental incompleto, menarca aos 12 anos e iniciação sexual aos 14 ou 15 anos. Os motivos da gravidez na adolescência foram definidos como: "aconteceu", "para suprir um vazio" e "desejo de ter um filho". **Conclusão:** constatou-se a multidimensionalidade dos fatores envolvidos na gravidez na adolescência. **Descritores:** Gravidez na Adolescência; Saúde do Adolescente; Sexualidade; Enfermagem.

RESUMEN

Objetivo: identificar las razones del embarazo en adolescencia y las características sociodemográficas de las adolescentes. **Método:** esto es un estudio cualitativo realizado con 22 adolescentes embarazadas en un municipio del norte de Rio Grande do Sul, Brasil. Para la producción de datos empíricos, se utilizó la entrevista semi-estructurada. Hubo análisis temático de las siguientes cuestiones: "¿Qué razones llevaron a la adolescente a quedarse embarazada?"; y "¿El embarazo fue voluntario?". Este estudio fue aprobado por el Comité de Ética en Investigación de la Universidad Federal de Santa Maria (UFSM), bajo el Protocolo 23081.006860/2008-65. **Resultados:** las adolescentes tenían entre 16 y 18 años, Educación Primaria incompleta, menarquia a los 12 años y iniciación sexual a los 14 o 15 años. Las razones de embarazo en adolescencia se definieron como "se sucedió", "para llenar un vacío" y "deseo de tener un hijo". **Conclusión:** se constató la multidimensionalidad de los factores involucrados en el embarazo en adolescencia. **Descriptores:** Embarazo en Adolescencia; Salud del Adolescente; Sexualidad; Enfermería.

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INTRODUCTION

Adolescence is the transitional phase between childhood and adulthood. Within this period, important changes take place in the adolescents' context of life. The development of sexuality is a significant dimension of the adolescent process, and it is directly related to individual's growth towards the adult identity, determining her/his self-esteem, affective relationships, and insertion into the social structure. The exercise of adolescent sexuality requires careful attention by health professionals, due to its repercussions, among them early pregnancy.¹

Something that can result in neglect with regard to preventing pregnancy is, often, the novelty and unpredictability related to sex, associated with wishes to test virility or reproductive ability. Thus, pregnancy within this life period may entail, for an adolescent girl, greater personal autonomy and the possibility of staying with her boyfriend; in turn, for an adolescent boy, it may represent the confirmation of his virility.² However, it is estimated that, in Brazil, 1 million adolescent girls give birth each year, corresponding to 20% of live births. Statistics also show that there are, every decade, a growing number of births involving increasingly younger girls around the world. The age group between 15 and 17 years has the highest pregnancy rates, coupled with the highest occurrence among social classes having low income.³

Some factors contribute to early pregnancy, among them naivety, submission, violence, difficulties to obtain some contraceptive method, expectations for social status change, or other factors related to the adolescent girl's subjectivity. Moreover, pregnancy in adolescence can become a problem, due to consequences attributed to it, especially school dropout and stigmatization of being a mother without marriage.²⁻⁴

Pregnancy in adolescence can cause health problems both to the pregnant woman and the fetus. These problems include eclampsia, anemia, premature labor, obstetric complications, and low weight newborn infant. In addition to biological factors, it is also possible to notice repercussions in the psychological, socio-cultural, and economic domains affecting the young girl, her family, and society.⁵ Given these potential complications, this group needs a special attention at health care services. For this, the health team, especially nursing professionals, can act by developing actions aimed at

reproductive health in the context of comprehensive care for adolescents, in an embracing space for reflection and discussion about sexual education and family planning, contributing to fulfill their choices.⁶

This study aims to identify the reasons for pregnancy in adolescence and the socio-demographic characteristics of adolescent girls. Knowledge on this reality may allow outlining strategies and establishing conditions so that pregnancy at this stage does not result in problems such as complications related to pregnancy, school dropout, family conflicts, economic difficulties, and other social issues.

METHOD

This is a qualitative study carried out in a basic health unit (BHU) that constitutes a referral service with regard to prenatal care in a small town located in northern Rio Grande do Sul, Brazil. At this service nursing and medical care, nutritional monitoring, and educational group are provided. There are two nursing technicians, one nurse, and three obstetricians working in the sector. The prenatal service provides care for about 800 women per year.

The study participants were 22 adolescents aged between 10 and 19 years, according to age group definition by the Ministry of Health.³ The inclusion criteria were being at the age group mentioned above, undergoing prenatal care at the unit concerned during the data collection period, and agree to participate in the study.

The adolescent girls were invited to participate in the research and informed about the study objectives. They were also guaranteed with regard to anonymity and the right to leave it if regarded as necessary, confidentiality of the information provided, and use of the results only in scientific papers, published in journals and presented in events. The consent by adolescent girls and their parents took place by signing the free and informed consent term.

For data collection we used a semi-structured interview that lasted around 40 minutes and it was conducted in an office of BHU. The interview was submitted to pre-test, in order to identify clarity, logical ordering, and pertinence. The themes addressed in the interview were: socio-demographic data, knowledge about pregnancy and sexual life, relationships with family, baby's father, and meaning of pregnancy for the adolescent girl. The guiding questions of this research were: "What

reasons have led the adolescent to get pregnant?"; and "Was pregnancy intended?". Data were collected in July and August 2008. The interviews were recorded, after patients' consent in writing, and then fully transcribed.

Data were approached having thematic analysis as a basis.⁷ To illustrate the results, excerpts from speeches of some adolescent girls were used, because they represent the thematic axis, according to the data saturation criterion.

In order to preserve their identity, we attributed to every respondent the letter "A" and the sequential number, to identify their speeches. The amount of interviews was set in the fieldwork process, by means of exhaustion of answers obtained. This criterion is characterized by the repetition of answers to questions, showing the sufficiency of collected information to achieve the proposed objective.⁸

This study was approved by the Research Ethics Committee of the Federal University of Santa Maria (UFSM), under the Protocol 23081.006860/2008-65, complying with the regulatory standards for research involving human beings described in Resolution 196/96, from the National Health Council.

RESULTS

The adolescent girls in this study were characterized with regard to age, education level, marital status, and primiparity. Most were between 16 and 18 years of age and half of them had incomplete Primary Education. Regarding marital status, at the time of interview, a prevalence of marriage-like relationship, characterized as living together or living for a certain period with the partner. As for primiparity, we observed that 16 girls were experiencing their first pregnancy.

Regarding the reasons that led adolescent girls to get pregnant and whether this situation was intended, three thematic axis were constructed: "it has happened", "to fill a void", and "wish to have a child".

◆ It has happened

This thematic axis was defined by the adolescent girls as something unexpected, unplanned, or as neglect, since many have acted on impulse, without evaluating the consequences. In this theme, stand out expressions as "I have forgotten", "it has happened", and "I have not thought". Thus, we may exemplify this class with the following statements:

It was forgetfulness, I have not imagined it to me now, that was the last thing. (A4)

I did not want, it was neglect, foolishness that came into my head, I did not take the pill and got pregnant. (A8)

[...] and it has happened [...]. I was taking pill, but that week I forgot to take two days, then it has happened. (A12)

There was no reason, actually, it was because, I do not know, there was kind of a thrill to be losing my virginity with the person I loved, and he loved me, too [...]. That was not something we planned, that was an incident. (A19)

◆ To fill a void

In this thematic axis, the adolescent girl tries, through pregnancy, to meet an emotional need that she could not fulfill during childhood and, also, obtain some company, because she feels alone.

We live together for over year [...]. Thus, to avoid being so alone, I decided to have a child. (A13)

Besides, the adolescent girl tries, by means of her pregnancy and her baby, to fill the void caused by the experience of an abortion and/or the early loss of a child. Many adolescent girls are tied to the domestic environment, with restricted possibilities of joining the formal labor market in the public space. This way, the relationship of motherhood along with procreation and the maternal instinct to take care, raise, and feed drives the wish to be a mother.

[...] I miss a lot the daughter I have lost, because there is that empty feeling [...]. I want to fill that void with another child, I need it, because, to be honest, I have not overcome the sorrow, yet. (A16)

◆ Wish to have a child

Despite the impact caused by pregnancy on the lives of these adolescent girls, we can notice that the decision to have a child, in some cases, was planned and wished by her and her partner, in order to be able to constitute a family with the baby's arrival. For an adolescent girl, constituting a family and the experience of being a mother is a synonym of searching for maturity, a fact that makes her feel complete as a person and a woman.

After some time of relationship with their partners, many adolescent girls feel obligated to have a child, because she wishes, both of them wish, or even due to her partner's wish. This information may be exemplified by the speeches below:

[...] actually, I wanted [...] he also, both of us planned it. (A2)

I wanted, I said I wished to be a mother at 15 years, then, I went to the hospital, my

birthday is January 14, then, at night, the doctor told me I was pregnant, that was the gift I wished. (A7)

[...] We are together for a year, so, he thought it would be better if a child came to the family. (A9)

He wanted [...], then, he asked me, let us live together, let us try, then, I got pregnant by him, now. (A15)

He is 33 years old and he has always dreamed of having a family. (A16)

DISCUSSION

Regarding the analysis of reasons for pregnancy in adolescence, the thematic axis “It has happened” reveals pregnancy as an unexpected incident, and it became clear in the adolescent girls’ testimonies that they did not wish to get pregnant at that time. A research carried out in order to investigate pregnancy in adolescence in Fortaleza, Ceará, Brazil, showed that, when a young woman says she got pregnant “by accident”, she is telling the truth. At that time, she did not intend to get pregnant, but, driven by this incident, there is a wish, which may be walking through another pathway, such as the search for some knowledge, trying to prove something, the need to put to proof, the difficulty of experiencing “to be a woman”, thus, she ceases to be a girl and becomes a mother.⁹ It was possible to observe in this study that the awakening of sex is attached to desire, drive, and will to have sexual experiences. Thus, many adolescent girls do not think about the repercussions of unsafe sex, but rather of the act and sensation; sometimes, the anxiety to live such an experience is uncontrollable.

A study carried out with adolescent mothers in São Paulo, Brazil, showed that when asked about the reasons for pregnancy, some adolescent girls had no plausible justifications for getting pregnant. They reported pregnancy as resulting from a force majeure over which they had no control. Young women’s discourse characterized the event as uncontrollable and connected to the belief that it has happened because it had to happen.¹⁰ Adolescent girls think the possibility of getting pregnant is not among their concerns and it happens, in this case, as an unexpected consequence. The experience of the first sexual intercourse seems to be detached from other life situations of the adolescent girl who aims her actions to pleasure and fulfillment of her wishes.

Another interesting finding is highlighted in the testimony by A19, where the adolescent girl mentions the emotion to be living her first

sexual experience without worrying about the possibility of a pregnancy. In this sense, the unpredictability of sexual intercourse is associated with uncontrollable will, wishes to test virility, or reproductive ability.⁴

In the thematic axis “It has happened”, the lack of pregnancy planning by the adolescent girl is clear. Some studies reinforce this finding.¹¹⁻¹² It is noteworthy that an unplanned pregnancy does not necessarily imply an unwanted pregnancy or unwanted children.¹³ Many of them are quickly accepted or become, over the gestational process, clearly wanted, resulting in happy and balanced situations.¹⁰ However, despite the lack of pregnancy planning, the adolescent girls who underwent prenatal care at a family health unit (FHU) in a town in the countryside of Bahia, reported that the conception of a child is experienced as a time of expectations and positive feelings, because they believed that this child could provide them with an affective company.¹²

Some adolescent girls justify pregnancy as a way to “fill a void” in their lives. A research mentioned as some positive aspects of pregnancy in adolescence taking the maternal role, obtaining a reason to live, feeling of self-confidence to keep living, and feeling of belonging to a family.¹⁰ It is noticed that the adolescents participating in this study expressed the wish to constitute a family that provide them with a sense of belonging, attachment, commitment and that assert her characteristics as a woman. The partner, often still very young, leave for work and loneliness and family absence, lack of support, affection, brings a void that young women imagine to be supplied by the conception of a child who provides her with company.

The decision to have a child derives from many conscious and unconscious reasons, such as making a man/woman relationship deeper, fulfilling the wish for continuity and hope of immortality, keeping a broken bond, competing with relatives, and filling an inner void.¹⁴

In this investigation, the adolescent girl or couple’s “wish to have a child” became clear. This finding was also reported by another study, where 80% of adolescent girls said they wanted to get pregnant for reasons such as: wish to be a mother, liking children, and will have some company.¹⁴ It is noteworthy that planning pregnancy in adolescence differs from doing that in adulthood, there are different meanings at the various life stages.

Literature data describe that many

adolescent girls get pregnant because they want to have a child, they believe that this is what their partner wants, they wish to break free from parents home, and want to be seen as adults.^{12,15-6} Thus, pregnancy in adolescence may be part of a life project for an adolescent girl who seeks recognition and economic and emotional autonomy from her family. In contrast, for relatives, the pregnancy of an adolescent girl represents a feeling of frustration, a family life project that has been broken down.¹⁷

A study points out that the wish to get pregnant and have a child was also among the main reasons that led most adolescent girls under study to discontinue some contraceptive method. These data contradict the paradigm that pregnancy during adolescence is synonymous with unplanned or unwanted pregnancy, and it may be part of an adolescent girl's life project.^{5,18}

Pregnancy planning by the adolescent girl due to her partner's will became clear in the speeches by A9, A15, and A16. In this case, pregnancy may be experienced by the adolescent girl as a proof of love, strengthening the bond and trust in her partner, often associated with fear of losing him. Thus, pregnancy may derive from an individual and personal decision, demonstrating the preponderance of male will.

A study carried out in São Paulo with adolescent mothers revealed that the reasons for pregnancy at this stage were related to craving to match the wish of partners to become parents. Many mentioned that the condition of inferiority with regard to gender was among the causes of getting pregnant.¹⁰ Regarding partner's wish, we can notice that man still holds the power in relation to family decisions, as it was identified that many adolescent girls undergo a pregnancy due to their husband's will. This submission may be understood if we think through the position of these young women in the organization of society. Generally, they are outside the processes that define identities in human relationships, they are not included in the formal workforce, i.e. they are not connected to economic power.

A research conducted with pregnant adolescents enrolled in the FHU in the town of Juazeiro, Bahia, Brazil, pointed out that motherhood provided the adolescent girls with social status, raising them to the position of adults and, above all, women, given the positive appreciation of motherhood in a society strongly marked by asymmetrical

gender relationships.¹⁹ Thus, the possibility of having a child means taking an identity of mother and caregiver and establishing relationships through the constitution of a family, because undergoing a pregnancy may involve an identity, a value, and, above all, being included into a system of relationships that excludes those who, somehow, are not useful to society.

According to this study, there is an adolescent girls' wish to become mothers, however, reports of pregnant adolescents Jucás, Ceará, Brazil, categorize pregnancy as an unwanted problem. That is so because the adolescent girl's emotional dimension is shaken and pregnancy is experienced as a time of resignation. It is a cut in her development, the loss of identity, the interruption of studies, the loss of family's reliability, often the loss of her boyfriend and lack of expectation for the future, and, finally, the loss of family protection.¹⁶

This study reveals that, for most adolescent girls, the reasons for getting pregnant were related to wish to have a child. However, will a strong wish to have a child come from the need for self-fulfillment as a woman or an escape from the reality experienced, as a result of family breakdown, hostile environments, and domestic violence situations, either in the psychological, physical, or even sexual realm?²⁰ An adolescent girl's pregnancy was regarded as a way of "solving" problems faced by the family of origin. In this sense, the decision to escape from family problems was understood as a refuge from constant fights between parents and domestic violence.¹⁰ Some authors indicate that, in addition to these factors, pregnancy may derive from ignorance or inadequate use of contraceptive methods, ignorance of reproductive physiology and consequences of sexual intercourses, use of ineffective contraceptive methods, impaired judgment due to the effect of alcoholic beverages and drugs, among others.¹¹ Other researchers point out as predisposing factors for adolescent pregnancy low education level, poor socio-economic conditions, peer pressure from friends, ignorance of the true meaning of sexuality and love, and, also, family history of early sexual activity or pregnancy in adolescence.²¹ Another reason that may contribute to pregnancy in adolescence is the context of social marginalization faced by these adolescent girls.

It is noteworthy that this study has limitations, since the research focus was the perspective of pregnant adolescents whose care was provided by the health service, not

considering the view of professionals who work there. This aspect is important and it contributes to seek consonance and dissonance between what adolescents girls think and experience and the perception of professionals who provide them with care, something which may be covered in further studies. By knowing these aspects, we can provide a care in line with the pregnant adolescents' expectations and needs. Besides, the possibilities to expand ways of thinking and working with adolescent health stand out as a contribution of this study, because the reasons given by adolescent girls for pregnancy at this life stage are focused on issues that go beyond the dimension of a technical failure with regard to contraceptive use. The reasons pointed out by the adolescent girls are detached from biological conception that, sometimes, dominates the relationship established in prenatal care.

It is understood that scientific investigations are hardly devoid of bias. The biases of this research may be related to the interpretation of results, as well as to the way how we look at them.

CONCLUSION

This study enabled the identification of socio-demographic characteristics of pregnant adolescents and the identification of reasons which led them to get pregnant. The results show the diversity and complexity of intrinsic and extrinsic factors influencing the situation of pregnancy. In this sense, there is a multidimensionality of aspects involved in the reasons for the pregnancy of these adolescent girls, ranging from lack of choice, wish to have a child, and even the wish to fill a void.

The data suggest the important role played by family and health professionals in maternity care during adolescence. In this situation, the health professional needs to provide listening, dialogue, embracement, and care for pregnant adolescents, taking into account their family, emotional, and social contexts. Another key point is knowing the aspects related to the adolescent girls' wishes, so that it is possible to conduct a health education work addressing their needs and expectations. Otherwise, health professionals will be reproducing a prescriptive care model unable to reach this audience.

Welcoming and supporting the adolescent girl who gets pregnant and her partner does not mean encouraging pregnancy among adolescents, but creating conditions so that they experience this situation in a

participatory and responsible way, helping to construct their life projects. The results of this research may provide a field for analysis and reflection that boosts public service policies aimed at the adolescent, especially pregnant adolescents, anchored, above all, in the perspective of embracement.

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