FROM PLANNING TO MOTHERHOOD: MOTIVATIONS TO BECOME PREGNANT DURING ADOLESCENCE

DO PLANEJAMENTO À MATERNIDADE: MOTIVAÇÕES PARA GESTAR NA ADOLESCÊNCIA

LA PLANIFICACIÓN LA MATERNIDAD: MOTIVACIONES PARA EL EMBARAZO EN LA ADOLESCENCIA

ABSTRACT

Objective: to identify the socioeconomic characteristics of adolescents who planned pregnancy; to analyze the motivations that permeate the planning and the repercussions of motherhood on the lives of adolescents. Method: qualitative research, developed through semi-structured interviews with 14 adolescents who planned their pregnancy. The interviews were recorded, transcribed, and analyzed using thematic content analysis. Data were collected between December 2019 and February 2020. Results: the main socioeconomic characteristics of the adolescents were tabulated as predominantly white, married, low-income, incomplete regular education, and school dropouts. Two categories of analysis emerged from the results: motivations for planning a pregnancy during adolescence; repercussions of the choice of pregnancy and of the experience of maternity during adolescence. Final Considerations: the projection of the future is centered on the constitution of their family, motivated by the sociocultural environment to which they belong. The other plans were postponed, but as the adolescents experienced motherhood they felt fulfilled. It is evident that pregnancy is not only a social loss, but also new aspirations and motivations for the future.

Descriptors: Pregnancy Adolescence; Family Planning; Sexual and Reproductive Health; Women's Health.

RESUMO

Objetivo: identificar as características socioeconômicas das adolescentes que planejaram a gestação; analisar as motivações que permeiam o planejamento e as repercussões da maternidade na vida das adolescentes. Método: pesquisa qualitativa, desenvolvida por meio de entrevista semi-estruturada com 14 adolescentes que planejaram a gestação. As entrevistas foram gravadas, transcritas e analisadas por meio da análise de conteúdo temática. Os dados foram coletados entre dezembro de 2019 e fevereiro de 2020. Resultados: as principais características socioeconômicas das adolescentes foram apresentadas em tabela, predominantemente, brancas, casadas, de baixa renda, com escolaridade regular incompleta e em abandono escolar. Diante dos resultados emergiram duas categorias de análise: motivações para o planejamento da gestação na adolescência; repercussões da escolha da gestação e da vivência da maternidade na adolescência. Considerações Finais: a projeção do futuro está centrada na constituição da sua família, motivadas pelo ambiente sociocultural
Adolescence is the transitional period between childhood and adulthood, chronologically corresponding to the age range between 10 and 19 years, as defined by the World Health Organization (WHO) and the Ministry of Health\(^1\).

In this phase, complex transformations of biological, psychological, and social aspects occur, in which sexuality manifests itself, while there is the awakening of interest in affective and sexual
relationships, self-affirmation, and the formation of one’s own identity, and the search for gradual independence from one’s parents\(^{(1\text{-}2\text{-}3)}\).

In this sense, adolescence is not limited to an age and biological definition, the characteristics and behaviors are determined by social, cultural, economic, and subjective contexts, being a historical construction with countless possibilities, not being a concept with universal representation, but of adolescences, in plural\(^{4}\).

In view of the universe of discoveries that adolescents are susceptible to, pregnancy arises in this context, being a theme with worldwide relevance, due to the numerous repercussions that may have on the individual life of an adolescent or for society. There are two aspects that address it in the literature, one conceives it as a public health problem, the other, approaches that pregnancy can be one of the possibilities in the trajectory of adolescents\(^{(5\text{-}4)}\).

The first focuses on the psychosocial and economic vulnerabilities and biological risks that can affect pregnant adolescents. From the biomedical point of view, there are complications that can increase neonatal and maternal mortalities, the main ones being anemia and urinary tract infection, pregnancy-specific hypertensive disease, prematurity, and low birth weight\(^{(5\text{-}6)}\). Regarding the psychosocial aspects, pregnancy during adolescence is correlated by research with school dropout, poverty situation, disadvantages to rise in the labor market, situations of violence and neglect, social immobility, generating a perpetuation of the vulnerability cycle\(^{(4\text{-}7)}\).

However, the position of the sociological literature treats teenage pregnancy as a social phenomenon, which considers the context of the various adolescents and their families, focusing on the many factors that contribute to the event of pregnancy, while recognizing the possible problems that may occur in this trajectory\(^{4}\). Still, they indicate that the interaction of social, economic, and cultural factors with pregnancy can impact the maternal life, positively or negatively\(^{(5\text{-}4)}\).

The literature reports that it is necessary to include in this discussion the sexual and reproductive rights of adolescents, and the viewpoints of the adolescents themselves, since the right of adolescents and young people to full access to health, including the reproductive aspect is assured, given that pregnancy may express a desire of this public and may be included in their life projects, obviously distinguishing pregnancies in children under 14 years of age by the association with the occurrence of sexual violence\(^{(8\text{-}4)}\).

In the practical experience in health services of one of the authors of this study, planning a pregnancy in this age group raised concerns and uncertainties about how to proceed with the situation, due to the lack of understanding of the motivations of the choice and because most of them accessed the Basic Health Unit (UBS) with a pregnancy already in progress, making it impossible to help them with family planning. In this sense, this study arose from the interest in better understanding what leads to adolescent pregnancy planning and its repercussions, aiming to support a qualified assistance that considers the subjectivities of everyone.

Thus, the purpose of this study was to identify the socioeconomic characteristics of adolescent girls and analyze the motivations that permeate the planning of teenage pregnancy, as well as the repercussions of this choice in their lives.

**METHODS**

This is an exploratory and descriptive research with a qualitative approach, conducted in a Family Health Center (CSF) in the city of Chapecó-SC. The CSF consists of three Family Health Strategies (ESF), totaling 9,147 people registered during the study period. The study site was chosen based on
the recurrence of cases of adolescents who wished to become pregnant, where one of the authors worked.

To identify the study participants, we accessed the electronic and computerized medical records of the municipality of Chapecó-SC, through user reports and characteristics made available by the system.

Initially, the search filters used were "pregnant women" and "age group" between 14 and 19 years. Later, the filters used were "age range" between zero and one year of age, with the detailing "mother's name" included, aiming at expanding the studied public, respecting the criteria for the constitution of the corpus of analysis of a qualitative research, specifically that of exhaustiveness and representativeness of the data (minayo), and to answer the specific objective of analyzing the repercussions of the choice of maternity. In possession of the names of the mothers under one year of age, it was verified which ones were between 14 and 19 years old.

Faced with the names of possible participants, it was checked in each medical record whether the adolescent had declared in prenatal consultations that her pregnancy was planned; when there was no such information, the Community Health Agents (ACSs) contacted her and asked her the question. Those who affirmed the planning were invited to participate in the research by the researcher herself through a home visit accompanied by the ACS. When the legal guardians were not at home, or by decision of the adolescent, the interview was scheduled at an opportune moment.

The inclusion criteria were being a pregnant woman, a puerperal woman, or the mother of a child up to one year old, aged between 14 and 19 years, having planned pregnancy, and living in the area covered by the CSF. The exclusion criteria were pregnant adolescents with any clinical, cognitive, or psychological condition that hindered or made it impossible to participate in the study, adolescents who had an abortion as the pregnancy outcome, or who did not plan their pregnancy. The age cut-off was defined based on the legal precept that pregnancies in minors under 14 years old could be related to sexual violence, no matter how consensual, there would be no legal support to make this type of decision.

Twenty-two adolescents meeting the inclusion criteria were identified during the study period; however, one refused to participate, three changed addresses, and four were unable to participate due to the exclusion criteria identified in the first contact, leaving 14 interviewees.

Data collection was conducted between December 2019 and February 2020, and the first stage was performed through a questionnaire with closed questions to delimit the socioeconomic profile of the participants, obstetric data, as well as information about their partners and family of origin. For the second stage, semi-structured interviews were used, through a script consisting of open questions, convergent to the objectives of the study, recorded on a mobile device. Both stages were conducted at the adolescents' homes.

The information obtained from the interviews was submitted to thematic content analysis, since the notion of theme is linked to a statement about a certain subject, it has many relationships and can be represented by means of a word, a sentence, a summary.

Operationally, the thematic analysis was performed in three stages: pre-analysis, exploration of the material, and treatment of the results obtained and interpretation. In the first stage, there was contact with the material produced in the phase of transcription of the interviews, through exhaustive reading, aiming at an impregnation of the information contained therein; in the exploration, the categorization of the data was performed, when the text was cut and the registration units were grouped based on their thematic affinities; finally, in the interpretation phase, the understanding and interpretation of the data were sought, integrating them with the theoretical reference about the theme. By analyzing the content of the interviews in this study, two thematic categories emerged.
The research project was submitted to the Ethics and Research Committee of the Universidade Federal da Fronteira Sul (CEP UFFS) and was approved under opinion no. 3,520,072. It was also approved through consubstantiated opinion no. 038-001/2019 by the Committee for Analysis of Health Research Projects of the Municipal Health Secretariat of Chapecó. The local coordination of the CSF also approved the research through the Declaration of Science and Agreement of the Involved Institutions. All the adolescents signed the Informed Consent Form (ICF) or, when a minor, their parents or legal guardians signed the Informed Consent Form for adolescents under 18 years of age, according to Resolution 466/12 of the National Health Council. For the presentation of results, the abbreviation “A” for adolescent will be used, to preserve the identity of the participants, followed by a numeral, to represent the study subjects.

**RESULTS**

The study participants were 14 adolescents, of these, eight (57.1%) were pregnant, four (28.6%) were mothers of children under one year of age, and two (14.3%) were postpartum. Most of the adolescents 12 (85.7%) were primigravidae, and only two (14.3%) were secundigravidae, who reported previous experience of an unplanned pregnancy with a spontaneous abortion outcome.

The main data that characterize these adolescents will be presented in Table 1:

**Table 1**: Socioeconomic characterization of the adolescents who planned pregnancy.

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age in years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 – 17</td>
<td>3</td>
<td>21.4%</td>
</tr>
<tr>
<td>18 – 19</td>
<td>11</td>
<td>78.6%</td>
</tr>
<tr>
<td><strong>Race/color</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>9</td>
<td>64.3%</td>
</tr>
<tr>
<td>Brown</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/stable union</td>
<td>11</td>
<td>78.6%</td>
</tr>
<tr>
<td>Single</td>
<td>3</td>
<td>21.4%</td>
</tr>
<tr>
<td><strong>Resides at</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>9</td>
<td>64.3%</td>
</tr>
<tr>
<td>Family of origin</td>
<td>3</td>
<td>21.4%</td>
</tr>
<tr>
<td>Partner’s family</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Family of origin and partner</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Family income in minimum wages</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 2</td>
<td>11</td>
<td>78.6%</td>
</tr>
<tr>
<td>2 to 4</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Do not know</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary school incomplete</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Elementary school complete</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>High school incomplete</td>
<td>9</td>
<td>64.3%</td>
</tr>
<tr>
<td>High school complete</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>School status (those who have not concluded regular education)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>away</td>
<td>12</td>
<td>92.3%</td>
</tr>
<tr>
<td>In course of study</td>
<td>1</td>
<td>7.7%</td>
</tr>
<tr>
<td><strong>Job</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid and formal</td>
<td>1</td>
<td>7.1%</td>
</tr>
</tbody>
</table>
When asked about their partners, 11 participants mentioned them, since three were single. Of these, two (18.2%) had been in a relationship for up to one year, six (54.5%) for one to three years, and three (27.3%) for more than three years. The age of the partners was between 18 and 35 years old, with an average of 23 years old. As for schooling, it was found that two (18.2%) had completed high school, six (54.4%) had completed elementary school, and three (27.3%) had incomplete elementary school. Only one partner was still studying, the others had abandoned their studies before finishing. Regarding occupation, five (45.4%) worked in civil construction, two (18.2%) as load and unload assistants, one (9.1%) as a production assistant, one (9.1%) as a tire repairman, one (9.1%) as a mechanic, and one (9.1%) was retired due to disability.

Regarding the education of the parents of the adolescents, it was identified that nine (64.3%) mothers had incomplete elementary school, one (7.1%) complete elementary school, two (14.3%) incomplete high school, one (7.1%) technical education, and one (7.1%) did not know how to answer. As for the parents, two (14.3%) were illiterate, eight (57.1%) had incomplete elementary school education, two (14.3%) had complete elementary school education, and two (14.3%) did not know how to answer. Regarding profession, the mothers worked in domestic and housekeeping positions (unpaid) and the fathers were allocated to civil construction, garbage recycling (informality), and security/guard functions.

After the thematic analysis, the results were divided into two categories: Motivations for planning a pregnancy during adolescence, and Repercussions of the choice of pregnancy and the experience of motherhood during adolescence.

**Motivations for planning teenage pregnancy: we hoped [...] it was my dream!**

The occurrence of a pregnancy during adolescence can be seen as a carelessness, mistake, or ignorance of the teenage pregnant woman, leaving her and her family with the idea that they were irresponsible and negligent with their reproductive health. However, according to the testimonies below, it can be affirmed that most of the adolescents demonstrated that the pregnancy was planned in consensus with their family and partners:

*It was tranquil because it was what we expected and because my family also wanted it.*

(A3)

This result is corroborated in other statements, when the adolescents showed they perceive motherhood as a natural trajectory, and a strong cultural influence on this planning is evident, since many cited the examples of people close to them as inspiration:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid and informal</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Housewife</td>
<td>12</td>
<td>85.7%</td>
</tr>
</tbody>
</table>

**Professional Experience**

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child caregiver</td>
<td>6</td>
<td>42.9%</td>
</tr>
<tr>
<td>Domestic worker</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Refrigerator operator</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Garbage Recycler</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Saleswoman</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Never worked</td>
<td>4</td>
<td>28.6%</td>
</tr>
</tbody>
</table>

Source: elaborated by the authors (2021).
my aunts and friends also got pregnant, and I was always together with them, helping to take care (A8)

It is the dream of when I was younger, I wanted to get married, have all my little things, because we were raised in that time of old, so I couldn’t wait to get married and have my daughter. (A14)

When asked about the motivations to become pregnant, many adolescents attributed the same meanings, related to culture:

I wanted to experience this mother’s affection that people always say that a mother’s love moves mountains (A1)

I used to take care of my little brothers, then I started to take care of my little cousins, then I went to work in a daycare center and then I started to like children, then I started to think about having my own children, to take care of them in my own way. (A9)

Other less common accounts emerged, about their desires, feelings and life stories, loneliness, and conflicting family context:

 [...] but I always asked God, I wanted to have a child, I had only my little sister who lived far away, I felt more alone (A6)

 [...] it was a very strange thing, it seems that I felt alone, that emptiness that nothing fills, you know, that’s it (A11)

 [...] I did not adapt much with my stepmother, so we fought. And that was the reason why I left home very early to get married (A14)

The early onset of love life, stable relationships and/or with people out of their age group instigated this decision, because when asked at what point in life, they started planning to have a baby, most of them directly associated it with the beginning of the relationship:

 [...] after I married him, he is much older than me [...] Then his friends bothered him, because he is the only one who was not a father and he talked to me, I felt sorry for him (A1)

Since when I was with him (partner), I always wanted, since I was 13 years old (A3)

I was 15 years old; I had been married for about six months [...] We both decided together. [...] Before being with him I did not think (A7)

When asked about the moment they chose to be mothers, the adolescents expressed their worldview, which goes through the perception of ideal age and finding the right person to be the father:

 [...] when I will be older, he will be bigger to help me, to talk to me, for us to share. I prefer to get pregnant young, some people only get pregnant when they are 30, until something happens and they must leave the child, it is not much difference whether you take care now or take care later (A2)

You must be sure because you can’t just start having children with anyone, because some abandon them. He (partner) is a big deal, he has changed, he has matured a lot (A4)
It is unanimous the pregnant women’s understanding that their choices were not premature, they considered the timing to become pregnant, unlike the adolescents who are much younger than them, they considered themselves mature enough to raise a child and that this is independent of age:

There are people that you see that you don’t have the maturity, I am young, but I am having the maturity to take care of a child (A5)

I think the right age is with 18, 19 years old because with 13, 14 years old you are newly forming your idea, you are leaving adolescence to adulthood you do not really know what you want, you are newly deciding (A9)

Repercussions of the choice of pregnancy and the experience of maternity during adolescence: first we got married, then we gathered some money [...] but you are very young, you had to have a job and a house [...].

From the desire to the moment of materializing the pregnancy, the adolescents described how they planned their pregnancy:

First, we got married, then we gathered a little money, thinking about how we were going to do it, then I stopped taking the contraceptive (A8)

He finished his studies, I started to take a course and finished it. Then at the beginning of the year we started to try, then I did exams, then I stopped taking the "anti" (A14)

Although almost all families encouraged and considered adolescence an opportune time for pregnancy, two had unfavorable positions demanding greater organization and preparation:

Her (mother) dream is that I also graduate. She graduated after having three children, she said: “I don’t want this for you, I want you to also be my pride, that you also have your life, also have a profession, the same way I had the opportunity you have” (A5)

They (parents) said: “you are too young, you should have a job and a house, how are you going to give a bigger room? Because our room was a small piece, we lived with his mother (partner), we didn’t have a good income, nor a house (A6)

The participants considered that to receive a child one must think about emotional, material, and financial issues:

You must be well; you can’t have a child and leave him or her alone, thrown away, you must have a good house, you must have a good income (A3)

You must have financial stability, a house, and to want it. If both want and the family also accepts (A8)

Other perspectives on life emerged, such as that life projects do not need to be lived in stages, the fulfillment of a dream can happen before the conclusion of others:

I don’t talk about being well financially because not always everyone is with good financial, like money you get with time, with work [...] now we are living in a borrowed house from “G”s aunt (partner) (A9)
However, some who were already mothers pointed out that the birth of a child can have repercussions on other life projects:

*I think you don’t have to be very young, because wanting it or not, you leave your life behind to take care of the child* (A3)

*It depends a lot on the maturity you have, the projects you have, because this interferes a little bit* (A5)

The participants reported their projects for the future, which include education, although most had abandoned their studies even before pregnancy, in some the maternity that triggered the interest for a greater school education:

*I had kind of put my studies aside, I hadn’t thought much about a profession, today I think more, because there is someone for me to fight for, to give a better life [...]* (A5)

*I was supposed to go back to school this year [...] but then I found out I was pregnant, and I didn’t want to study anymore. Then after I have the baby [...] I want to go back and go to college* (A9)

The expectations with the arrival of a child went through oscillations of feelings: fear, insecurity, anxiety about giving birth, breastfeeding, and concern about the financial issue. Moreover, already during pregnancy, the adolescents began to reflect on the preparations and provision of the needs that raising a child requires:

* [...] then I remember that you must buy this, buy that, only the husband works, and I now can’t get a job, then it hits this despair* (A9)

Another type of pressure felt by pregnant teenagers is the judgment for the choice and the changes they face:

*Everyone comes to tell me “It’s not easy, you’re too young”. It’s not because I’m young and after having a baby that I won’t go out, we’ll go out, we’ll talk to friends. And a lot of people come and say, “your parties, you will have to use it to buy diapers”. I say no, one month I buy a package of diapers, the next month I’ll eat a pizza* (A2)

*I know that there are many people who have prejudice, even when I went to my appointments, I felt the looks. People would even say that we are too young, it is not because we are young that we will not know how to take care, if we have love, we can do anything* (A12)

The adolescents who have already experienced motherhood reported that motherhood brings countless joys and most of them showed satisfaction in experiencing this choice. In some moments the participants’ speeches also refer to the difficulties and changes they faced in the care and responsibilities with the child:

* [...] before we had nothing to think about, even to go out to work, do something, we did not need to worry about a person* (A1)

* [...] now I see that it is not exactly like that to have a child. They say, "do this, do that". But you only know in practice, that you really see how it is* (A5)
[before I thought, if it doesn't work out with him, it will work out with another, go out and see the world, after she was born, we are more homely. Before the first thing was to think about us, now I think "we have to buy for her, leave it to me" (A6)

Some situations reported by the participants showed plans that went off the plan, such as the end of the relationship soon after the birth or even before the baby was born:

She was three months old when I separated from him [...] since I separated, she hasn't come here once, it's all me! And I thought that at that moment I was prepared, I didn't expect what was going to happen. [...] the ideal moment is after studying, after some 20, 25 years, enjoy, and not marry early like I did, first do it for you (A6)
It has been about four months that we separated. It is being normal, more difficult without the partner [...] he will take over. [...] I should have waited, got a steady job first, then I would be at home and earning, not like this, working every day (A13)

Adolescents in longer relationships reported the need to affirm themselves as a couple before deciding to have a child, and that this occurs after a long period of living together and building trust, concomitantly with the development of maturity of both:

Of all the people I dated, I didn't have the confidence I have in him, I was sure seeing his way with my sister, he can be a good father. (A4)
I think that the right moment is when the couple lives together for a while to see if it really works out, because sometimes they are one in each house and get along well, but when they live together it is not the same, each one has their own habits [...] that there is not too much fighting, because this is not good for the child (A14)

**DISCUSSION**

Planned pregnancy in adolescence is little explored in studies and the profile of adolescents is hardly stratified by this characteristic; however, it is considered an important indicator in investigations carried out with this public\(^{(11)}\). Despite being a minority, the number of adolescents who planned pregnancy is not insignificant, reaching a prevalence of 12.8\%\(^{(12)}\), 25\%\(^{(11)}\) and up to 28.7\%\(^{(13)}\) of teenage pregnancies.

When verifying the profile of the adolescents who planned the pregnancy and the studies that do not make this distinction, it was found that it is similar, despite some divergences. The data showed that teenage pregnancies occurred in the final phase of adolescence, between 16 and 19 years, in this study, with an average of 18 years. In one publication 93.3\% were in this same age group\(^{(13)}\) and others showed an average age of 17 years\(^{(12-14)}\).

Adolescents consider that early pregnancy is the one that occurs mainly between the ages of 10 and 14, the literature brings that in this group is that pregnancy may be more associated with health, emotional and social problems, and it is stated that the maturity for motherhood is not yet formed, besides the possibility of being the result of sexual violence\(^{(12-14)}\).

In this research and in agreement with the literature, the early and stable relationship is a predisposing factor for the occurrence of planned or unplanned pregnancies, because it brings out a pre-existing desire that was glimpsed only for the future\(^{(11-15)}\). The index of stable or marital relationships
found in this study and in another that stratified the data by planning\textsuperscript{(14)} is higher in those who planned the pregnancy, the former with 11 (78.6\%) adolescents married or in stable relationships, the latter with 69 (93.3\%).

Pregnancy appeared to be highly valued by the adolescents, pointed out by the literature as a rite of passage to being a woman, by marrying the partner she fell in love with and being a mother, she reafirms her female identity\textsuperscript{(4-16-17)}.

When asked about the reasons that led them to choose pregnancy, as well as in other studies, the appeal of motherhood outside the period considered ideal by society, they stated the need to experience the mother's love that is so remarkable, in the desire to care for a child in their own way and the feeling of emptiness, which in their view, would only be filled by a child\textsuperscript{(6)}, in addition to conflicting relationships with the family of origin, feeling of loneliness\textsuperscript{(12-18)}, liking children\textsuperscript{(12)} and previous miscarriages\textsuperscript{(16)}.

Authors call these aspects psychological determinants for pregnancy in adolescence, which are revealed by the lack of giving and receiving affection, i.e., adolescents transfer to their children their own needs, transforming them into an extension of themselves, and project on them expectations that they will have everything they did not have, from love to schooling. Still, the new role (of mother) may represent an attempt of autonomy and escape from dysfunctional families\textsuperscript{(16)}.

When deciding for pregnancy, the adolescents highlighted the mirroring in relatives and close friends who had become pregnant, besides the experience as caregivers of children, either of younger siblings or in paid jobs, evidencing what other authors state, that the cultural context performs a strong influence on the reproductive health of the adolescent\textsuperscript{(4-16)}. Pregnancy in this period is a common experience in these families and even when it is not expected, it is well accepted and desired, and even brings feelings of joy and other positive reactions\textsuperscript{(11-19)}.

Still delimiting the profile of the adolescents in the study, the self-declared race/color, we identified a predominance of white adolescents with nine (64.3\%) people, possibly due to the study region, Western Santa Catarina, which has a population with significant European ancestry, diverging from results found in quantitative studies from other regions of the country, which pointed out that 74 (86\%)\textsuperscript{(12)} and 61 (82.4\%)\textsuperscript{(13)} self-declared black/brown.

Most of the adolescents went from dependence on the family of origin to financial dependence on their husbands, who in turn are allocated to low-paid and low-skilled jobs, just like their fathers, which leads to a direction toward adulthood for the study participants as mothers and housewives, which has been evidenced in other studies\textsuperscript{(4-11-16)}.

Of the participants, 85.7\% did not perform paid work and of the two female workers only one had a formal contract. In the literature, the results are similar, with 77.9\% of adolescents not currently working or never worked\textsuperscript{(12)}, and with less favored socioeconomic status, reinforcing studies already conducted\textsuperscript{(16)}. The new family nucleus was constituted with a slight improvement in socioeconomic data but continued to reproduce the vulnerability of their families as to schooling and income.

This is legitimizied by the fact that 12 (92.3\%) adolescents have dropped out of school and only one has completed high school. Education is a requirement to reach better jobs\textsuperscript{(15-20)} and consequently higher salaries. In the studied public, a family income of up to 2 minimum wages was evidenced in 11 (78.6\%) of the adolescents; other studies bring that the profile of most of them fits in the range of up to one minimum wage\textsuperscript{(12-13)}.

Teenage pregnancy can be repeated for generations and contribute to the reproduction of the poverty cycle, since it is associated with low income\textsuperscript{(12)}, lower education\textsuperscript{(12-13)} and absence of work occupation\textsuperscript{(12-16)}. Of the 14 families of the adolescents in the study, only two charged the need for better financial conditions for pregnancy.
Socioeconomic conditions were a concern for some adolescents and are considered common emotional stressors among pregnant women\(^{(21)}\), but those who separated from their partner were more impacted by the lack of resources, as they continued to reside with their family of origin, depending on their parents or working informally in risky jobs.

Despite being unpredictable, most participants mentioned that the choice to become pregnant is a delicate decision that requires a lot of coexistence and trust in the chosen partner. Because pregnancy is influenced by a cultural identification that values motherhood, and even by immaturity, it is possible that adolescents do not sufficiently reflect how much the arrival of a child can imply and transform their lives\(^{(12-16)}\).

Adolescence is the period in which society expects the preparation for adulthood to occur, respective to education and work\(^{(4)}\), but what is noticed is that the sequential model of transition to independence: building a professional career, defining the number of children, and choosing partners, does not apply to the universe studied. This is configured by other life milestones, such as planning pregnancy, living with a partner, and leaving the parental home\(^{(11)}\).

School dropout is often associated with pregnancy as one of its major negative effects\(^{(19-18)}\), however, in this research, most adolescents dropped out of school even before pregnancy. Many reported the desire to resume studies, and one mentioned that this happened precisely because of the arrival of the child. It is believed that after interacting with the demands that the care of a child requires, the adolescents reflect that studying and working implies in ensuring a better future for themselves and for their children\(^{(4)}\), and the change of lifestyle for healthier habits, demonstrating care for the future they chose\(^{(16)}\).

The adolescents reported some changes in their lives with motherhood, similarly to other studies, such as loss of amenities, social deprivation, and increased responsibilities\(^{(18)}\). However, most reaffirmed that it was the right choice and that they were satisfied with motherhood\(^{(18-19)}\). The increase in responsibilities and maturity are not seen by the adolescents as something negative\(^{(15)}\), in the present study, they were perceived by them, including in their partners.

Due to the scarcity of opportunities, in some contexts, family formation during adolescence was presented as a socially and culturally valued life perspective, which causes the adolescents of the socioeconomic profile found to plan their pregnancy or not take precautions so that it does not occur\(^{(12-22)}\).

Socioeconomic conditions imply not only the occurrence of pregnancy, but also the meanings attributed to it, that is, this experience can bring gains/possibilities and losses/risks\(^{(4-18)}\). In this sense, the desire to become a mother originates in the impetus to change life, due to adversities, resulting in a rise in social status before the family and society, and pregnancy is loaded with positive meanings for adolescents\(^{(4-11)}\).

For more responsibility that pregnancy and childcare require, the adolescents reported that they were prepared\(^{(19)}\). The judgment they suffered by people from their acquaintances and health professionals regarding pregnancy was evident, but they defended themselves by claiming that being a good mother does not depend on age, possibly because of this, it is not common to access the UBS before getting pregnant. Another study raised the concern of adolescents about being judged irresponsible by the age factor if they are unable to take care of the child\(^{(14)}\).

Regarding pregnancy planning, the theme is little addressed by programs or health services, because even though the sexual and reproductive rights of adolescents are foreseen, when they access family planning, it is in a restricted way or badly seen by professionals, these discomforts also reported in other studies. When pregnancy is not planned, the adolescents cannot reconcile their life project with motherhood, but when they plan, they do not find support to qualify their decision\(^{(4)}\).
Despite having many plans, the need for motherhood is imperative and a priority in the lives of the participants. Those who were still pregnant stated that it is possible to fulfill other dreams concomitant or after pregnancy, while those who were already mothers warned that the right time for this depends on the other existing life projects, because they can take a second place.

The literature demonstrates and reiterates that the repercussions of pregnancy in the lives of adolescents can be impactful, both negatively and positively\(^8\text{-}11, 18, 22\text{-}23\), some studies address teenage pregnancy as early and unwanted, instruct that it should be avoided or delayed\(^19\), and treat some characteristics of their socioeconomic profile as risk factors for teenage pregnancy, but indicate that it is necessary to consider the particularities and respect the autonomy of adolescents, in addition to understanding the multicausality and complexity of the phenomenon\(^23\).

The approach to adolescent pregnancy planning places the desire and the specificities of adolescents in a central position in the discussion and is a way to demystify the hegemonic view of studies that treat pregnancy in this age group as a problem. It also contributes for public policies to be designed according to the different experiences of these adolescents, to expand the chain of opportunities\(^11\).

### FINAL CONSIDERATIONS

The socioeconomic characteristics of the adolescents who planned pregnancy in this study give rise to a profile that is often associated in the literature with the occurrence of teenage pregnancy regardless of planning. Adolescent pregnancy is often pointed out as a generator of socioeconomic vulnerabilities, but it can also present itself because of these, since in this study, before they became pregnant, the adolescents were already in marital relationships and their educational projects were already in the background, reaffirming a cycle of lower education and income, previously experienced by their family of origin.

The projection of the adolescents’ future was centered on the constitution of a family, motivated by the social and cultural aspect, which is formed by the stable relationship and mirroring in individuals from their social environment. When correlating with the literature, it can be inferred that the fact that pregnancies are planned is not associated with actions of preparation for the arrival of a new family member, and that the emergency of being a mother is so great that the other plans can be postponed and makes the adolescents not reflect on all the possible consequences.

While the study participants experienced motherhood, they felt fulfilled, faced the negative repercussions, such as financial difficulties and deprivation, and even aroused the desire to improve the living conditions offered to the baby, evidencing that pregnancy in this period is not only about social losses, but also new aspirations and motivations for the future.

Health professionals are responsible for offering adolescents the means so that if they decide to become pregnant, they do so with discernment of the financial, social, and emotional repercussions and the responsibilities inherent to the role of mother. In this context, the nursing professionals who actively participate in programs in schools and in health care units have the challenge of getting boys and girls to think about their future and decide when and how to have their children. Research could turn its attention to issues related to health conditions, which do contribute to the reproduction of cycles of low education, poverty, and vulnerability.

### CONTRIBUTIONS

The authors participated in all stages of the research and presentation of the final article.
CONFLICTS OF INTERESTS

Nothing to declare.

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