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RESEARCH

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The Experiences of Pregnant Adolescents' Relatives Regarding The Early Pregnancy in *Montes Claros/MG* Municipality

Experiência de Familiares de Adolescentes Grávidas Quanto a Gestaçã
Precoce no Município de Montes Claros/MG

Parentes de Experiência Adolescentes Gravid Quanto a Gestaçã Précoce no
Município Montes Claros/MG

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ABSTRACT

Objective: The study's goal has been to gain further knowledge about the experiences of family members of pregnant adolescents assisted by the Family Health Strategies in *Montes Claros* city, *MG*, about early pregnancy.

Methods: It is a descriptive study with a qualitative approach, in which 10 relatives of pregnant adolescents were interviewed. **Results:** It was perceived by the research that the adolescents' relatives refer to sexuality as a sexual act only. Interviewees relate early gestation to various factors. The acceptance of pregnancy has been referred positively, even when it is unexpected. **Conclusion:** The behaviors adopted by the adolescents' relatives varies from advising up to providing family support, however, almost always assigning responsibility toward the adolescents. The predominant feeling due to the precocity of gestation is the conformism.

Descriptors: Adolescence, Sexuality, Teenage Pregnancy, Family.

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RESUMO

Objetivo: Conhecer as experiências de familiares de adolescentes grávidas assistidas pelas ESF do município de Montes Claros/MG, acerca da gestação precoce. **Métodos:** Trata-se de um estudo descritivo com abordagem qualitativa, no qual foram entrevistados 10 familiares de adolescentes grávidas. **Resultados:** Percebe-se com a pesquisa que os familiares referem a sexualidade como ato sexual somente. Os entrevistados relacionam a gestação precoce à vários fatores. A aceitação da gravidez é referida como positiva, mesmo quando inesperada. **Conclusão:** As condutas adotadas transitam desde o aconselhamento até a oferta de apoio familiar, mas quase sempre designando a responsabilidade para as adolescentes. O sentimento predominante é o de conformismo, devido à precocidade da gestação.

Descritores: Adolescência, Sexualidade, Gravidez na Adolescência, Família.

RESUMEN

Objetivo: Conocer las experiencias de la familia de las adolescentes embarazadas asistidas por municipio Montes del FSE Claros / MG, sobre el embarazo temprano. **Metodos:** Se realizó un estudio cualitativo descriptivo, que entrevistó a 10 familiares de las adolescentes embarazadas. **Resultados:** Se percibe a la investigación de la familia se refiere a la sexualidad, ya que sólo el coito. Los encuestados se relacionan con el embarazo temprano a varios factores. La aceptación de embarazo se denomina positiva, incluso cuando inesperado. **Conclusion:** Las tuberías adoptadas en tránsito desde el asesoramiento para ofrecer apoyo a la familia, pero a menudo la asignación de la responsabilidad de los adolescentes. La sensación predominante es el conformismo, debido a los embarazos precoces.

Descritores: Adolescência, Sexualidade, Adolescentes grávidas, Família.

INTRODUCTION

Adolescence is considered as a period of intensification of the central aspect of the human being, covering sexuality, identities, social roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.¹

“Pregnancy during adolescence can trigger serious problems with maternal and child health and may be a determining factor for psychological and social disorders.”²

The family of the adolescent approaches/experiences this theme according to the culture and values received over generations. The adolescents have been reporting that the support received directly influences the maintenance of gestation.³

Given the topic frequency of occurrence, this study raised the following question: What are the experiences of the pregnant adolescents' relatives that are assisted by the Family Health Strategies (FHS) in the municipality of *Montes Claros/MG*?

The importance of knowing the experience of family members regarding the topic of pregnancy in adolescence is highlighted, because their perceptions will be based on the possible and diverse attitudes of these individuals. It is intended to provide society with a reference to the issue of gestation in adolescence, focusing on the perception

of the relatives/responsible of adolescents, in order to provide subsidies to deal with the possible interurrences arising from this pregnancy in their family setting.

In order to disclose the main questioning of this study, firstly, it was necessary to characterize the family profile regarding the age, civil status, schooling, religious option, income; understanding, from the reports of family members, the values attributed to sexuality transmitted by them to adolescents; defining the acceptance of the pregnancy and expose the behavior of the relatives and/or responsible of the adolescents after the knowledge of their pregnancies.

METHODS

It is a descriptive field research with a qualitative approach of the theoretical-methodological foundations in the phenomenology, through which is possible to recognize and analyze how people situate themselves by demonstrating their anguishes and concerns in a face-to-face relationship with their peers, emphasizing the specific characteristics of human subjectivity.⁴

The research had as participants 10 relatives/responsible of pregnant adolescents residing in the studied municipality. Inclusion criteria were as follows: to be familiar or responsible for pregnant adolescents aged from 12 to 18 years old; be over 18 years old; reside in *Montes Claros/MG* city and be assisted by the FHS of this municipality; accept participating in the study; and sign the Free and Informed Consent Form. The number of participants in the research was not previously defined, however, the dimensioning of the number of interviews was based on the saturation criterion, by which, the limit to be reached would be conveyed to the process of knowledge formation of the researchers, where the data collection occurred after the completion of such proceedings.⁴

The surveys were conducted in the homes of the relatives/responsible residing with pregnant adolescents who agreed to participate in the interview during October 2012. In order to maintain the anonymity of the participants, their names were replaced by codes such as A1, A2, B1, B2; where the letter is characterizing the family, and the number the interviewee. For reliability of the interview and assistance in the analysis of the data, the responses were recorded and archived, for further analysis and discussion. In order to obtain the subjects of the research, it was sought to raise the names and addresses from the analysis of the B-sheets of the pregnant woman in the FHS, followed by the home visit to the selected families. The relatives/responsible, who accepted to participate in the research, signed the Informed Consent Form and answered a semi-structured interview based on a previously established script.

The research was carried out in areas assisted by the FHS units, in the city of *Montes Claros/MG*, which constitute curricular internship fields of the 8th period Nursing course at *Faculdades Unidas do Norte de Minas – FUNORTE*.

In a second moment the researchers transcribed the recordings in their entirety, starting the data analysis, where the results were arranged by categories in order to meet the objectives of the study and to confront them with the worked literature, thus generating the search results.

The research project complied with the regulations of the Resolution No. 196/96 of the National Health Council, which deals with research involving human beings, being evaluated by the Research Ethics Committee from the Faculdades Unidas do Norte de Minas with a favorable Legal Opinion on September 05th 2012, through the number 90.999. All participants signed the Free and Informed Consent Form, with the guarantee of confidentiality regarding the identity and right of withdrawing at any time from the research.

RESULTS AND DISCUSSION

The population of this research consisted of 10 relatives and/or responsible of pregnant adolescents, of which 90% were female, 10% were male, 20% were from 30 to 35 years old; 60%, from 36 to 45 years old; 10%, from 46 to 55 years old; 10%, from 56 to 65 years old. Regarding the religion, 90% of respondents were Catholics and 10% Evangelicals. When questioned about marital status, it was identified that 30% of individuals were single; 30% married and 40% divorced.

According to schooling, 70% reported not having completed Elementary School; 10% did not complete High School and only 20% finished High School. In relation to the profession, 30% said they were from the home, 20% room maid, 10% auditors, 10% housekeeper, 10% beggar, 10% farmers and 10% public agent. Based on the monthly income 10% reported that have income less than 01 minimum wage; 30% have a minimum wage income; and 60% reported having up to 02 minimum wages.

Values attributed to sexuality by the family members/responsible of the pregnant adolescents

The society characterizes the family as being responsible for the sexual education of adolescents, however there is a fear in dialoguing on the subject, either because it is not knowledgeable about information or because it is embarrassing to talk about it, since this subject is still considered taboo in the family environment.

Respondents, when asked about the values they attributed to sexuality, focused their responses mainly on sexual practice, that is, on sex itself, and related it to the age of the adolescent, inferring the precocity of relationships as Negative in this phase of life.

For me, you have to be old, you know. Nowadays the girls, these adolescents of 11, 12 years old already are in this, right? Of sexuality and such, then you have to be old enough for that. Oh, you have to be old, of

course, in my case, at 14, she's pregnant, she had to, right? I was not old yet, right? (A1)

To my agreement, the age for this is after the age of eighteen, that's what I understand, is what we say that wanted her to date after the eighteen, to get one right and get married. (D1)

Generally gestation at this stage of life is associated with the early onset of sexual activity, where there is an increase in the likelihood of unwanted pregnancies in adolescents who initiate sexual activity at an early age.⁵

Among the data collected, the concern related to the studies by some responsible/relatives, referring to the early pregnancy as potential interference in school life and the consequences of this action.

I think it harms because the person does not even know what he wants from life, he has not studied yet, he did not finish the study, and he did not work, which is one more thing. (C1)

I see girls studying in school, that cowardice, because the girls go with a boy, they do not stay in the room, because they have to study, so that's the girls' suffering, and I'll come and talk to her, 'look at the girls' my daughter, the child cries inside the room, she goes out, because she has to accompany her mother, right? (I1)

Studies show a high frequency of school dropout by pregnant adolescents, often related to the shame and judgment of their colleagues and teachers, which leads to a situation of fewer opportunities for life and the breakdown of projects.⁶

Another point cited during the data collection is related to the transmission of information about sexuality and general care regarding relationships with the partner, noting that there is, in the majority of the interviewees, a dialogue with the adolescents about the subject, demonstrating the dissociation between the occurrence of pregnancy with the availability of information within the family.

And it happened, it was not a lack of conversation from me and from the father, I talked to her, said I had to prevent; I have to talk, I always gave her information. (A1)

I talk to them so much, I talk to them the train here at home, I'm not ashamed to explain anything to them, I do not even know how it happened. (B1)

Look, I always talked, as much as possible, I always talked, I oriented, because I also had her very young, I had her at 16, but I already had... I knew what I

wanted. I talked a lot, oriented as much as I could, right... within my knowledge. (H1)

Studies show that sexual intercourse, seen as an inherent practice of dating, is tolerated and should be accompanied by contraceptive care, since even with the guidance given to adolescents, pregnancy can be established.⁷⁻⁸

Another point of discussion raised by the interviewees is related to the attention and orientation for the prevention of sexually transmitted diseases (STD).

I talk to her to take care of herself, not to give herself to anyone [...], use condoms because illness does not have a face to look at. (B1)

Then I have to use condoms, protection, prevention, especially pregnancy, and especially the disease, that's what I think. (E1)

The knowledge of adolescents about STDs is still deficient, inferring that many perform the unprotected sexual practice. The association of condoms only occurs as a preventive of pregnancy, abandoning it when another method is instituted, favoring the acquisition of a sexually transmitted disease.⁹

There were also some parents/responsible that placed instruction on contraceptive practice for adolescents. Furthermore, the placement of the consequences of an unwanted pregnancy was also used as a way to intimidate adolescents, stimulating pregnancy prevention.

You have to be careful not to get pregnant, and if you do have intercourse, you have to prevent about it. (A1)

Do you want to have sex? Take medicine [...] I would explain everything to her and it happened. (B1)

I talk to her, but she also has what to avoid [...], but here it was already, she already knew, she already knew all the methods, she knew everything. (C1)

I always told her to take medicine, understood, because... and I still talked to her like this, the mistake, what happens wrong with her, who will pay the consequences is just her because, so, this pregnancy, who goes pay the consequences? It's not about me; it's just about her. (E1)

Pregnancy in adolescence has been occurring even with easy access to information about contraception, inferring that the transmission of this information does not appear to be enough to avoid pregnancy at this stage of life.⁸

Some participants recognize the difficulty in approaching the issue with the adolescent, making them espe-

cially responsible for presenting some resistance to the discussion of the subject and/or not attaching importance to the information received by their parents/relatives.

To tell you the truth, I never sat down to talk to her about these things, but she never touched the subject with us either, so it's difficult for us to get this way and talk because teenagers usually run away from us; they like to run away not to speak the truth. (F1)

We have talked several times, but sometimes children do not open with their parents, especially the male and female classes, it is difficult for them to have a dialogue with us, they think they should not talk because they have a risk because it is the people, he's hiding there. (F2)

Children these days do not listen to us much, right? We talk a lot but they think it's because we want to get on our feet, do not want to let live, right? It's the way they have to... no matter how much you open up to talk, to open up, right, so in my opinion I thought I was doing a good job, because I was open to talking to me any subject matter. (H1)

The deficiency of dialogues regarding sexuality and contraception with adolescents is reported by many relatives that even mention the lack of initiative due to the belief that these issues are already clarified for the adolescents. Others are justified by the feeling of shame about these issues, contributing to the greater vulnerability of adolescents to an early pregnancy.⁷

Some of the interviewees reported banning dating and even prohibiting the adolescents of making trips/parties in order to avoid possible pregnancy. However, during the analysis of the reports, it is observed the consolidation of the idea that the adolescent's restriction to dating and walking around does not prevent the occurrence of pregnancy, in other words, this protection tool is dysfunctional to the desired goal of prevention of the early pregnancy.

Then she started to work, worked in the bakery, now she stopped, after her work, it seems that... I did not accept her work, God was already touching me, because I never accepted this job because of the time I got there from this job to that was that it happened, everything hidden, sometimes prohibiting the dating, but when I discovered was through other people, she spoke that she did not date, then... (D1)

She was not going out, she was not doing this just because of it, and it did not work at all, I think that the father and the mother does not look at their child, it's no use holding her in order to do something wrong, no,

holding on or not doing it is the same thing, so much that I prevented her, but she got pregnant anyway. (G1)

Family members/responsible practice the dating prohibition, going to parties and going out with friends, as a way of avoiding the realization of adolescents' sexual life and subsequent pregnancy, but this practice is not effective, since, through interviewees speeches, even with such interventions occurred the practice of sexual intercourse and as a consequence, unplanned pregnancy.¹⁰

Acceptance of adolescent pregnancy by the family members/responsible

The discovery of an early pregnancy in adolescents is responsible for great impact in the family. Acceptance occurs in various ways by the interviewees, demonstrating, from negative conformism to a conduct of happiness by surprise.

When questioned about the form of acceptance, most of the participants reported "fright" in the face of the situation, as they did not expect the occurrence of a pregnancy at this stage of adolescence.

At first it was very difficult, of course right? It's a scare parents take, but then do what? I accepted... (A1)

It was good, although it was a scare, because she is very young, we did not expect it, I thought she would have the head to study more, to train first and then to start having relationships, to have children, but we are happy, it was a scaring situation, but we are very happy and we are looking forward to the arrival of the baby. (F1)

The reactions of family members to the reception of the news of the gestation of adolescence can be varied, however, it can be said that in most cases an initial shock occurs, as demonstrated in some discourses of this study.¹¹

Another interviewee reported the acceptance of pregnancy as disappointing, provoking, at first, a feeling of conformity with the situation, modifying this posture with the passing of the time of gestation.

Oh, at the beginning it was a lot of disappointment, because... I support everything right, it gets more difficult, right now we accept it, my family too and everyone is very satisfied now, it is... there was no way around, when the milk came out then has no way more, just take it now... (C1)

Families usually go through a process of adaptation to the new reality of the adolescent, in a condition of acceptance and conformity.⁸

Other reports indicate that early gestation was already expected in some families, and even in those that received it as a great surprise, the news was well accepted based on the fact.

I did not cover anything from her, so I thought she was pregnant, I took it, I took her to make the appointments, she took the exam, she gave me the same pregnancy, then I started prenatal with her and followed her closely. I could not curse, I would not go back, curse, complain, and take it out... (B1)

I already expected, because she was... I already heard the comments, people see and do not say anything, but we are not beast, we do not say anything, sometimes leave things without argument, but we know what is happening to our children? (F2)

I did not know, but I accepted a good because it happened to me, I did not want it to be that way, but it happened, what I can do, accept it in a good way, I asked God to come with health and advise, because it's no use doing anything else. (G1)

How not to accept? Mother, right? It's not... It's impossible, right? I have always been against abortion, always in every moment of my life, [...] and this she got at least. (H1)

Unfortunately, the moment I heard I was very sad, I did not want to and I always said that if she became pregnant I was sure that I went for her out of the house, then on the day I got really sick, then later, with lots of people talking to me, I started to accept and I also saw that when I got pregnant, my mother practically threw me out of the house, right then, I did not want to do that, to make the same mistake that my mother did, to commit with her, I will not say that today I already accepted, that I have not accepted yet. (E1)

These reports reflect the acceptance and evolution of family satisfaction. Furthermore, they demonstrate a situation of compliance by the relatives of the adolescents.⁷

Conduct adopted by the family members/responsible after being aware of the adolescent gestation

Pregnancy in adolescence is a risk for both the young woman and the baby, because the body is not yet ready for maintenance of pregnancy. The adolescent still undergoes major physical and psychological transformations for the next phases of life. Thus, maintaining a high-risk pregnancy without adequate follow-up by trained professionals increases the risk of this pregnancy even more, and in view of this point, it was interested in this research

to know the first behavior adopted by the responsible of this adolescent.

During data collection, the most adopted conduct by these interviewees was in relation to the prenatal guidelines.

I took her to the doctor; I took her to the gynecologist, then the doctor also looked and such, at first the doctor said it was not, then she examined and asked for the exams, and then started to do the prenatal. (C1)

We talked a lot, I oriented. We went to the doctor, to do the exams, to start the prenatal care, I followed whenever I could. (H1)

I asked her to go to the doctor, to see exactly how the baby was, and everything [...] (I1)

The onset of prenatal care is directly related to the recognition of pregnancy by the family, as pointed out in this study, in which the first approach adopted (the search for health care of the pregnant adolescent) only occurs after recognition of this gestation.⁵

Some family members reported that the conduct regarding the discovery was counseling and counseling for the adolescent, since this is a new process and because she is still young, she does not have the experience for this new dilemma.

I talked to her, I told her that was not what we expected, but since what happened now is to have more responsibility and to take care of the pregnancy correctly and to create more judgment, so I talked with her that now is to put the head in the place and to have responsibility, because a child is not a toy, it is responsibility for all life. (F1)

I did not fight with her at all, I was annoyed that she did not tell me, that I was the last person to know [...] because it's too early, she dated a year and she's going to be a mother, but adolescence you know how it is today. Nowadays we have lots of this pregnant teenagers in the world, and do what? If it came, let's pray to God. (G1)

It was crying, until I fought like this, to talk things, I did not. I was not to attack, to speak, in the hour of the nervous always you speak the things, I had much advice of someone who arrived and spoke, why you do not it? Then I said no... they were outsiders, and today I'm just waiting to see how it will be born. (D1)

I wanted to beat this girl, but then I did not hit her, I do not think I cursed because I stayed, so I certainly understood, but the truth you do not want to see... I

warned you, because how is it going to be the life from now on. (E1)

This same support (advising) was offered to the pregnant women in another study and in many testimonies it was intended to promote the establishment of new responsibilities for the adolescent.⁷

One of the interviewees reported being against all the time and that his first conduct was to discuss with the father of the child, in order to establish how the development and the responsibility of the gestation would be given.

I called the boy's attention, I asked him, he stayed in that game of pushing, one speaks the other does not speak, I called him, he talked to me, [...] and he told the truth, what had happened and such, and asked that if we wanted denounce him, [...] then he took over, he is helping so far, thank God it's okay. (A1)

Research indicates that the pregnant adolescent's intimate partner, in other words, the future father of her son, fears to face the girl's family, also needing support to carry out this task. Furthermore, the number of adolescents that take responsibility by the pregnancy is not as significant.¹¹⁻¹²

CONCLUSIONS

Dealing with the early pregnancy in a family setting requires, beforehand, a discussion about sexuality in adolescence, understanding how this issue is discussed within the family. Most interviewees refer to sexuality only as the act of sexual practice, ignoring other aspects inherent to the theme in this age group, and when questioned about the values attributed to adolescents, this majority mainly reports the occurrence of the dialogue, contradicting the argument for the occurrence of gestation due to the lack of information given to the adolescents by the family.

Regarding the acceptance of the adolescents' pregnancy, opinions differ considerably. In one part of the interviewees one can see the good acceptance of the news even when unexpected and accompanied by shock and disappointment, already in other individuals it is evident that the situation of the precocious gestation was not well accepted by the responsible family members.

The behaviors adopted were basically advice on the new experience that the adolescent will face from now on, demonstrating the availability for the family support, but designating the responsibility for the adolescents.

Through this study, it was noticed that the relatives/responsible of pregnant adolescents face this reality in a positive way, even if pregnancy is not desired, due to their precocity, because they claim the interruption of future plans for the adolescent.

In most of the speeches the development of motivation toward the adolescent during the pregnancy cycle was observed. It has allowed us to infer that in none of these cases the newborn arrival will imply in a conflictive situation within the family.

It is considered by this work, that each family in its own context needs an active listening of this new experience, allowing adequate interventions to the subjects, promoting the satisfactory family-adolescent interaction for both sides.

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