

Adolescents' perceptions of the impact of pregnancy on their social relationships

564

Magali Motta*
Simone de Oliveira Camillo*
Simone Garcia Lopes*
Ligia de Fátima Nóbrega Reato*
Roseli Osellka Saccardo Sarni**

Abstract

Most pregnant teenagers, even wanting their pregnancy and being insured by public policies, face difficulties in their relationships with their family and partner, tending to suffer from the disruption of their lives. Thus, this work aims to understand the perceptions of primiparous teenagers about the impact of pregnancy on their social relationships. This is a qualitative study based on the theoretical framework of Morin's Complex Thinking. The study was carried out with 17 primiparous adolescents followed up at the Adolescent Prenatal Outpatient Clinic of the School Health Center in Santo André, State of São Paulo, Brazil. Data were collected through the Interview Technique and processed through Content Analysis. As a result, three categories were obtained - the partner's reaction to the pregnancy, the family's understanding of pregnancy, and the change in their social network after pregnancy. Many teenagers relate pregnancy to the idealization of becoming an adult and respected for the fact of becoming a mother. Partners do not always have this dream of being a father and keeping a family. The family, on the other hand, remains the first choice in the support of teenage couples, but some pregnant women did not demonstrate enough freedom to dialogue with their family members. It is noticed that teenage pregnancy generates social changes, especially with regards to school dropouts and social withdrawal. Thus, it is noted that teenage pregnancy generates difficult biopsychosocial transformations, such as dropping out of school and moving away from their social circle, demonstrating a suffering on the part of the teenagers.

Keywords: Fertility. Woman. Interpersonal relationships

INTRODUCTION

Adolescence is a period of physiological, anatomical, social, and psychological changes, characterized as a transitional phase between childhood and adulthood. It happens from 10 to 20 years old, according to criteria of the World Health Organization (WHO) or from 12 to 18 years old, according to the Statute of Children and Adolescents¹. Since adolescence is a long

period chronologically and has a variety of characteristics, the WHO divides it into three stages: early adolescence (10-13 years old), middle adolescence (14-16 years old), and late adolescence (17-19 years old)².

At this stage of human development, sexuality can manifest itself in different ways and the way in which adolescents act towards it is related to their social environment, family

DOI: 10.15343/0104-7809.202145564572

*Centro Universitário Saúde ABC - FMABC, Santo André/SP, Brasil.

**Universidade Federal de São Paulo - UNIFESP, São Paulo/SP, Brasil.

E-mail: magali.fmabc@uol.com.br

life, religion, among others. The exercise of sexuality begins at an early age in modern society, justifying teenage pregnancies at an earlier age, which has caused concern to health professionals. The literature itself has treated teenage pregnancy as a public health problem^{1,2}.

Although pregnant women aged 10 to 14 years are at higher maternal-fetal risks, those aged 15 to 19 are not at greater obstetric risk compared to pregnant adults³. Among the biological risks related to pregnancy in this age group, we can list alterations such as: pre-eclampsia (PE), anemia, low weight, prematurity, infections⁴. The major problem is that, despite the risk factors also being inherent to adult women, pregnant teenagers may have other factors that compromise pregnancy, for example, the use of drugs, smoking or alcohol⁴.

Thus, although pregnancy is a physiological phenomenon and, therefore, its evolution occurs in most cases without complications, there is a portion of pregnant women who may have an unfavorable evolution, causing suffering to both the fetus and the mother. This portion constitutes the group called "high-risk pregnant women"⁵.

At the same time, in addition to biological risks, the Pan American Health Organization (PAHO) states that teenage pregnancy also brings social risks, as it can be a gateway to poverty, as it leads to a reduction in the range of social and economic possibilities, including in terms of access to school^{1,6}.

METHODOLOGY

This is a qualitative study, with a descriptive approach, carried out at the Adolescent Prenatal Outpatient Clinic of the School Health Center of the Faculty of Medicine of ABC Federal University, in the city of Santo André, SP.

However, it is important to point out that the Federal Government, through the Ministry of Health, as well as the states and municipalities, developed strategies that enabled the organization of care systems with the establishment of commitment and accountability for care at all levels of care for women in the pregnancy-puerperal cycle. In this context of needs experienced by the Brazilian population, the Rede Cegonha was launched in Brazil in 2011, a strategy of the Ministry of Health, articulated and agreed upon in the Tripartite Inter-manager Commission, which aims to expand access and improve health care through networks of care aimed at assuring men, women, and adolescents the right to sexual and reproductive health in their various life cycles⁷.

Given the topic presented, we are interested in knowing: What are the perceptions of pregnant teenagers concerning the impact of pregnancy on their social relationships?

It is assumed that even pregnant teenagers who want their pregnancy and who are supported by public policies, such as the Ministry of Health programs and other institutions that recommend actions aimed at sexual and reproductive health, very often face difficulties in their relationships with their family and their partner, tending to suffer the disruption of their life. Therefore, this work aims to understand the impact of pregnancy on the social relationships of pregnant teenagers.

The field phase was carried out with 17 primiparous adolescents from December 2015 to January 2016. It is important to mention that the study participants were informed about the research objectives, and the adolescents aged over 18 years old who

agreed with the study signed the Informed Consent Form. For adolescents aged less than or equal to 17 years, the Assent Form and the authorization of those responsible were used. Inclusion criteria were defined as: pregnant teenagers (from 10 to 20 years of age), primiparous women, and those undergoing prenatal care at the Prenatal Clinic of the School Health Center and were at the service for assistance. Adolescents who did not meet the inclusion criteria or who refused to participate in the study were excluded.

The interviews lasted an average of 40 to 60 minutes and were carried out by the nurse responsible for the teenage prenatal clinic in a private room at the School Health Clinic. The end of data collection took place through theoretical saturation⁸, that is, through the repetition of speeches. This study was approved by the Ethics Committee for Research with Human Beings under opinion No. 49977715.7.00000.0082, with ethical aspects being respected at all stages of the study, as provided for in resolution 466/2012 of the National Health Council.

Data collection was developed using the In-Depth Individual Interview Technique, consisting of two stages. The first stage consisted of sociodemographic questions (age, education, school permanence, family income, housing, and gestational age at the beginning of prenatal care). The second stage was carried out through two guiding questions: How was it for you when you found out about the pregnancy? How was the news of your pregnancy received by those close to you? The interviews were recorded, carried out in a private room free from interruptions.

For data analysis, the method of Content Analysis of Bardin⁹ was used, in which collected material was coded, categorized, and interpreted, allowing for the creation of

categories.

Five steps were adopted for a consistent construction of the categories¹⁰:

1st - After the full transcription of the recorded interviews, the texts were read from a fluctuating attention. Subsequently, based on fluctuating attention, three more readings were carried out, interspersing listening to the recorded material with reading the transcribed material. This attentive posture makes it possible to follow the chain of associations in each interview and between interviews. It also allows the association to function as freely as possible to any element of the discourse. In superficial reading, we allow ourselves to be invaded by impressions and orientations, before analyzing or knowing the text; 2nd - Through a new re-reading, words and phrases from the original texts were underlined, identifying the convergences and divergences in each interview; 3rd - After identifying the convergences and divergences, the underlined words and phrases were cut from the original texts. Likewise, this procedure took place in each of the interviews; 4th - After cutting the words and phrases, we sought to identify the convergences and divergences through interviews and between interviews, for the elaboration of categories; 5th - After the construction of the categories, the data was discussed.

Complex Thinking, studied and defended by Edgar Morin^{11,12}, was used as a theoretical framework. Complex Thinking is defined as an open, comprehensive, and flexible thinking system that does not reduce multidimensionality to simplistic explanations or closed schemes of ideas. It configures a new worldview that accepts and seeks to understand constant changes in reality¹¹.

Thus, the theoretical framework adopted supports the understanding of the object of

study, as Morin helps to understand teenage pregnancy in its multidimensional condition

and favors the understanding of the need for broader and more relational care^{11,12}.

RESULTS

Table 1 characterizes the participants in this study, which shows the distribution of sociodemographic data of pregnant adolescents, in the order in which they were collected. Seventeen teenagers, aged between 15 and 18 years old, with a predominance of the age group between 15 and 19 years (100%) participated in this study. As for education, 23.5% of the adolescents did not go beyond elementary school. Regarding schooling after pregnancy, 41.2% interrupted their studies and 58.8% continued. As for family income, 23.6% reported having up to 2 minimum wages, 35.3% reported having 3 to 5 minimum wages, and 41.2% were unable to answer. Regarding their housing, 52.9% continued to live with their family (with or without a partner) and 23.5% moved to live with their partner's family. As for the gestational age at the beginning of prenatal care, it is clear that there was a delay in the beginning of prenatal care, with 58.8% of the adolescents starting it in the 2nd trimester of pregnancy.

From the analysis of data from the interviews, three categories emerged: the partner's reaction to the pregnancy, the family's understanding of the pregnancy, and the change in their social network after pregnancy.

The partner's reaction to the pregnancy

Table 1 - Characterization of research participants. Santo André, São Paulo, Brazil, 2016.

Variables	n	%
Age		
10 to 14 years old	0	0
15 to 19 years old	17	100
Education		
Complete elementary education	01	5.9
Incomplete elementary school	03	17.6
Incomplete high school	09	52.9
Complete high school	04	23.5
Permanence in school after pregnancy		
Interruption of studies	07	41.2
Continuation of studies	10	58.8
Family income		
1 minimum wage	02	11.8
2 minimum wages	02	11.8
3 minimum wages	05	29.4
5 minimum wages	01	5.9
I do not know	07	41.2
Housing after pregnancy		
Own family	06	35.3
Own family and partner	03	17.6
Partner's family and the partner	04	23.5
Only with partner	04	23.5
Gestational age at the beginning of prenatal care		
1 st trimester (up to 11 weeks and 6 days of pregnancy)	07	41.2
2 nd trimester with gestational ages ranging from 12 to 23 weeks and 6 days	10	58.8
Total	17	100

Many teenagers relate pregnancy to the idealization of becoming an adult and respected for the fact of becoming a mother. However, partners do not always have this dream of being a father and keeping a family. Opposing the male's responsibility in the role of provider, some partners did not take care to prevent this pregnancy but

offered support to pregnant teenagers. Let's see the excerpt of the discourse below that represents this idea:

"[...] I had the support of my boyfriend [...] he said he didn't want a child right now [...] he said I should have taken care and protected myself [...]" (A 1)

Others felt intimidated by the fatherhood process, manifested by the feeling of unpreparedness and lack of knowledge to assume their role as a father as seen in the following excerpt from a discourse:

"[...] He didn't support me very much [...] at first he was very angry and then he was upset with me [...] he said he wasn't prepared and didn't even have the knowledge for this [...]" (A 7)

The family's understanding of pregnancy

In this category, the family is clearly still the first choice in support of the adolescent couple. This was demonstrated in the discourses of most of the interviewed teenagers and in the attitudes of their partners who also sought support from their families. However, some pregnant women did not show enough freedom to dialogue with their families, with no understanding of their biopsychosocial needs. Let's look at the excerpt from the speech below, which demonstrates this idea:

"[...] I recognized my family as something I've always needed, who is there to support me [...] I ended up staying more at home, more in the family..., but I won't lie, my friends' parents were disgusted with me[...]" (A 5)

The opposition of opinions between parents and children can lead to conflicts and aggression that trigger fear on the part of teenagers in relation to their parents. However, it was demonstrated in the discourses, more support from the mother

to the detriment of the teenager's father as seen in excerpts from the discourses below:

"[...] I had support from my mother, yes [...] I was scared of my father [...] he was very angry with me [...] he was upset because he didn't expect to be a grandfather so soon [...]" (A 6)

"[...] My family was terrified [...] my mother felt sick when she found out and [...] my father was angry, but then everything was fine and they are happy [...]" (A 12)

It is also interesting to note that teenage pregnancy, despite being an unexpected occurrence for parents and demonstrated by an initially negative reaction, is usually supported later as seen below:

"[...] My mother supported me, but my father took a while [...], but now it's worse because my husband and I went to live with my in-laws [...] I have to do many things, and everything has to be how and when they want [...] it's very difficult [...]" (A 17)

Changing the social circle after pregnancy

In this third and last category, it is clear that teenage pregnancy generates social changes, especially with regards to dropping out of school and social withdrawal. In this context, the adolescent often ends up moving away or is removed from her social circle and, consequently, from everything that brings her happiness, joy, and pleasure as expressed below:

"[...] my routine changed [...] in the past I used to go out and I was focused on friends [...] when the pregnancy came, everything changed [...] I changed like people do [...] the people I was used to living with, my friends, left [...] I don't go out anymore and I don't talk to almost anyone [...]" (A 9)

"[...] As soon as I got pregnant I stopped studying [...] I dropped out of school [...] I disconnected from all my friends... a

disappointment [...]" (A 4)

Another interesting aspect is gender differentiation, in terms of power relations that legitimize social pressure in relation to

women, differently from men. Let's see the excerpt of the discourse below that denotes this idea:

"[...] I still go out... when my boyfriend goes out with his friends, I go with him [...]" (A 16)

DISCUSSION

The perceptions of pregnant teenagers about the impact of pregnancy on their social relationships are marked by the reaction of their partner, who does not always have the dream of being a father and maintaining a family nucleus. Adolescent fathers are often still supported by the family, which, therefore, also takes care of their child, not playing the role idealized and expected by society, which is to support their offspring^{3,13}.

Despite reports of acceptance of pregnancy by the partners, some of them felt intimidated by the paternity process, exempting themselves from their role and responsibilities in conception and paternity, due to the feeling of unpreparedness and lack of knowledge in relation to the paternal function^{13,14}.

Paternity, both in its meaning and in its experience, is a continuous, plural, and open construct, which takes place from the interface between cultural and personal influences. This phenomenon can imply constructions and reconstructions of the father's role for men, which are commonly achieved through their active participation in the development of their partner's pregnancy. The fatherhood process generates psychological changes, as well as meanings and transformations, as they also face additional pressures and problems that are directly linked to their age. Adolescent fatherhood has consequences, especially with regards to interruption of studies and financial instability^{13,14}.

Another perception of pregnant teenagers that appears in the results about the impact of pregnancy on their social relationships is the comprehension of their family.

Within the perspective of the theoretical framework adopted for this study, the family's understanding of adolescent pregnancy represents an important support network for the new couple, whether welcoming them into their homes or contributing to the expenses and care of the child, that is, the family contexts of the adolescent parents are fundamental^{3,13}. However, despite the family being the first choice of support for adolescents and, in particular, for young women who become pregnant, it was observed that, after pregnancy, adolescents did not have freedom of choice regarding how to conduct of their lives. Most of the time, it is the parents of the teenagers who take care of the couple's livelihood, whether they are the parents of the pregnant woman or the parents of her partner. Therefore, it is possible to observe that, of all the individuals involved in the pregnancy process, the teenagers were the ones who had the least autonomy in decision making¹³.

Many teenagers get pregnant with the dream of leaving the dependency of their parents, having a home, living with a partner, and starting a family. However, most do not have the financial conditions for this. In this way, they go to live with their partner's family, who, socially, have the responsibility

of taking care of their livelihood^{3,13}.

For some teenagers, the feeling of frustration and lack of understanding becomes part of their daily lives, as their lives are not being conducted as planned. According to Morin, the factors that favor understanding are: awareness of human complexity (understanding the other requires this type of awareness), introspection (mental practice of critical self-examination), subjective openness towards others, and the internalization of tolerance^{15,16}. In other words, the teenager feels misunderstood in relation to her family, precisely because the meaning of pregnancy for the teenager is not discussed with the parents. If the subjects involved in this process are not subjectively open to the phenomenon, understanding will not occur^{14,15}.

Family misunderstanding and lack of dialogue between members can lead the primiparous teenager to follow unwanted paths, such as a forged marriage, without emotional or financial structure, just to avoid the stigma of being a single mother. It would be desirable for the dimension of family ties to focus on the acceptance and encouragement of the adolescent in facing this new reality^{13,14,17}. Adolescents experience the fear and anxiety of conflicts in the face of that which is new. This can occur due to several factors such as, for example, the difficulties in reconciling studies with the obligations of the maternal role; the difficulty in the school environment, when the principal and teachers are not prepared to deal with this situation, which is not accepted by most parents of students; the lack of interest in school or the partner's restriction^{13,18}.

The fear reported by teenagers about announcing their pregnancy to their parents triggers a series of emotions due to the unexpected. Initially, the parents show negative reactions, but at a later time they

start to accept their daughter's pregnancy^{3,13}. Adolescents' parents are the first to be asked for support, and they usually do. However, some partners wish to provide financial support and, due to this, many teenagers go to live with his family due to the couple's lack of financial structure¹⁹. In this sense, it is interesting to point out that in the construction of the female and the male roles, power relations are established that legitimize social pressure in relation to women, differently from men²⁰.

Regarding the last perception of pregnant teenagers about the impact of pregnancy on their social relationships, we can focus on the changed social circle after pregnancy.

The acceptance and support of her community group help the teenager to continue her personal and social education, which will make her able to conduct the experience of being a mother in a more peaceful way¹³. However, after pregnancy, there may be loss of freedom in social spaces due to the new behavior expected from a mother, who must take care of the baby at the expense of social life²¹.

The diverse feelings related to pregnancy, the influence of culture, individuality, and human understanding are correlated. For the teenager to be able to be understood in the face of her pregnancy, it is necessary that dialogue is possible within her social circle, so that she can be heard and respected. It would be desirable that the social circles in which the adolescent participates promote dialogue, mutual knowledge of values, experiences, and affections, situating and contextualizing the phenomenon of pregnancy with the real challenges and obstacles^{13,14}.

The school, for example, is characterized as a fundamental means of uniting individuals. However, it is observed that, after pregnancy, many teenagers drop out of school life, which

causes enormous damage to both them and their children. Among the losses, we can list, as an example, the difficulty in acquiring a good job and, consequently, the decrease in the expectation of having a better life. It is important to point out that, along with dropping out of school life, teenagers experience feelings of disappointment and sadness by the break in their social circle of friends. In this sense, the school that works as a network of actions that is nurtured by

human relationships, should be able to deal with a new fact, in this case, pregnancy, in the best possible way¹³.

Thus, it is considered essential to look at the phenomenon of pregnancy in a complex way, in order to contextualize the needs experienced by pregnant adolescents. As Morin teaches us, knowledge of isolated information or data is insufficient. It is necessary to place information and data in their context so that they acquire meaning^{11,12}.

CONCLUSION

It is important to recall that the driving force behind this study was the need for an investigation into the understanding of the impact of pregnancy on the social relationships of pregnant adolescents, in the light of Complex Thinking.

According to the study, the perceptions of pregnant teenagers about the impact of pregnancy on their social relationships are marked by the reaction of their partner, who does not always have the dream of being a father and maintaining a family nucleus, since, often, the teenage father is still supported by the family.

Pregnant teenagers rely on the understanding of their family. The family represents an important support network for the new couple, whether welcoming them into their homes or contributing to the expenses and care of the child. However, despite the family being the first choice of support for adolescents and, in particular, for young women who become pregnant, it was observed that, after pregnancy, adolescents did not have freedom of choice regarding the carrying out of their lives. It is the parents of the teenagers who take care of the couple's livelihood, whether the pregnant woman's parents or the parents of

her partner, generating in the teenagers a feeling of frustration and incomprehension.

Regarding the last perception of pregnant teenagers concerning the impact of pregnancy on their social relationships, we can focus on the change in their social circle after pregnancy. The acceptance and support of her community group help the teenager to continue with her personal and social education. However, it is observed that, after pregnancy, many teenagers drop out of school life, which causes enormous damage to both them and their children. In addition, teenagers experience feelings of disappointment and sadness by the break in their social circle of friends, as they drop out of school. It is also important to point out that, after pregnancy, there may be loss of freedom in social spaces due to the new behavior expected from a mother, who must take care of the baby at the expense of social life.

Finally, we are clear that this topic requires further discussions and does not end with this work. We believe that the results of this research cannot be generalized. The reality of this field of study in question is unique, presenting its own characteristics and, therefore, a limitation of the study.

REFERENCES

1. Secretaria da Saúde (São Paulo). Adolescência e saúde III. São Paulo: Secretaria da Saúde do Estado de São Paulo; 2008. 585 p.
2. Jesús NM, Soares Junior JM, Moraes SDTA. Adolescência e saúde 4: construindo saberes, unindo forças, consolidando direitos. São Paulo: Instituto de Saúde; 2018. 290 p.
3. Monteiro DLM, Trajano AJB, Bastos AC. Gravidez e adolescência. Rio de Janeiro: Revinter; 2009. 249 p.
4. Magalhães MLC, Reis JTL. Ginecologia infanto-juvenil: diagnóstico e tratamento. Rio de Janeiro: Medbook; 2007. 462 p.
5. Peixoto S. Manual de assistência pré-natal. 2ª ed. São Paulo: Federação Brasileira das Associações de Ginecologia e Obstetrícia; 2014. 179 p.
6. Duarte CM, Nascimento VB, Akerman M. Gravidez na adolescência e exclusão social: análise de disparidades intra-urbanas. Rev Panam Salud Publica. 2006;19(4):236-243. doi: 10.1590/S102049892006000400003.
7. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Gestação de alto risco: manual técnico. 5ª ed. Brasília: Ministério da Saúde; 2012. 302 p. (Série A. Normas e manuais técnicos).
8. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. Cad Saude Publica. 2008;24(1):17-27. doi: 10.1590/S0102-311X2008000100003.
9. Bardin L. Análise de conteúdo. São Paulo: Martins Fontes; 1977. 228 p.
10. Morgan DL. Focus groups as qualitative research. 2nd ed. London: Sage Publications; 1997. 80 p. (Qualitative research methods; vol.16).
11. Morin E. Os sete saberes para a educação do futuro. Viveiros AP, tradutor. Lisboa: Instituto Piaget; 2002. 130 p.
12. Morin E. Ciência com consciência. 16ª ed. Alexandre MD, Doria MAAS, tradutores. Rio de Janeiro: Bertrand Brasil; 2014. 350 p.
13. Peixoto S, editor. Pré-natal. 3ª ed. São Paulo: Roca; 2004. 1290 p.
14. Nogueira MJ, Martins AM, Shall VT, Modena CM. "Depois que você vira um pai...": adolescentes diante da paternidade. Adolesc Saude. 2011;8(1):28-34.
15. Morin E. O método 5: a humanidade da humanidade: a identidade humana. 5ª ed. Silva JM, tradutor. Porto Alegre: Sulina; 2012. 309 p.
16. Morin E. A cabeça bem-feita: repensar a reforma, reformar o pensamento. 22ª ed. Jacobina E, tradutor. Rio de Janeiro: Bertrand Brasil; 2015. 128 p.
17. Secretaria da Saúde (São Paulo). Atenção à gestante e à puérpera no SUS-SP: manual técnico do pré-natal e puerpério. São Paulo: Secretaria da Saúde do Estado de São Paulo; 2010. 234 p.
18. Abeche AM, Maurmann CB, Baptista AL, Capp E. Aspectos sócio-econômicos do parceiro da gestante adolescente. Rev HCPA. 2007;27(1):5-9.
19. Moreira TMM, Viana DS, Queiroz MVO, Jorge MSB. Conflitos vivenciados pelas adolescentes com a descoberta da gravidez. Rev Esc Enferm USP. 2008;42(2):312-320. doi: 10.1590/S0080-62342008000200015.
20. Luz AMH, Berni NIO. Processo da paternidade na adolescência. Rev Bras Enferm. 2010;63(1):43-50. doi: 10.1590/S0034-71672010000100008.
21. Fávero MH, Mello RM. Adolescência, maternidade e vida escolar: a difícil conciliação de papéis. Psicol teor pesqui. 1997;13(1):131-136.

Received in february 2021.
Accepted in november 2021.