

# Social Representations of Adolescent Pregnancy in the Context of Primary Health Care

Representações Sociais da Gravidez na Adolescência no Contexto da Atenção Primária em Saúde

Representaciones Sociales del Embarazo Adolescente en el Contexto de la Atención Primaria de Salud

## RESUMO

O estudo tem como objetivo avaliar as representações sociais da gravidez na adolescência na atenção primária à saúde, de um município do Espírito Santo, tendo como público-alvo adolescentes que vivenciavam a gestação. Tratou-se de um estudo observacional, descritivo, transversal, de abordagem qualitativa, tendo como base a Teoria geral das Representações Sociais. Os resultados principais concentraram-se nas evocações amor e responsabilidade, provavelmente relacionados ao contexto cultural e religioso. Portanto, para a compreensão desse evento é necessário se aprofundar na trajetória particular de cada jovem, sendo indispensável, evidenciar a necessidade de estratégias públicas que promovam a educação sexual.

**DESCRIPTORIOS:** Gravidez na adolescência; Educação sexual; Atenção primária à saúde; Planejamento familiar; Saúde do adolescente.

## ABSTRACT

The study aims to evaluate the social representations of teenage pregnancy in primary health care in a municipality of Espírito Santo, focusing on adolescents who were experiencing pregnancy. This was an observational, descriptive, cross-sectional study with a qualitative approach, based on the General Theory of Social Representations. The main results centered on the evocations of love and responsibility, likely linked to cultural and religious contexts. Therefore, understanding this phenomenon requires a deeper look into each young woman's individual experience, highlighting the need for public strategies that promote sexual education.

**DESCRIPTORS:** Teenage pregnancy; Sex education; Primary health care; Family planning; Adolescent health.

## RESUMEN

El estudio tiene como objetivo evaluar las representaciones sociales del embarazo en la adolescencia en la atención primaria de salud, en un municipio del estado de Espírito Santo, teniendo como público objetivo a adolescentes que estaban viviendo la gestación. Se trató de un estudio observacional, descriptivo, transversal, con un enfoque cualitativo, basado en la Teoría General de las Representaciones Sociales. Los principales resultados se centraron en las evocaciones de amor y responsabilidad, probablemente relacionadas con el contexto cultural y religioso. Por lo tanto, para comprender este fenómeno es necesario profundizar en la trayectoria particular de cada joven, siendo indispensable evidenciar la necesidad de estrategias públicas que promuevan la educación sexual.

**DESCRIPTORIOS:** Embarazo en la adolescencia; Educación sexual; Atención primaria de salud; Planificación familiar; Salud del adolescente.

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## INTRODUCTION

Adolescence is the period from 10 to 19 years of age<sup>(1)</sup>, marked by physical and hormonal changes that involve various developments, including un r pregnancy<sup>(2)</sup>. This phenomenon, considered multifactorial, takes on different meanings and repercussions depending on the context in which the adolescent is inserted inserida<sup>(3)</sup>.

In Brazil, teenage pregnancy is a public health concern. Data from the Live Birth Information System (SINASC) indicate that, in 2019, more than 434,000 births to adolescent mothers were registered, representing a rate of approximately 44.2 births per 1,000 adolescents aged 15 to 19<sup>(4)</sup>.

This complex phenomenon is strongly influenced by socioeconomic determinants such as poverty, low educational attainment, and lack of economic opportunities. These factors, combined with limited access to health services, increased social vulnerability, lack of sexual and reproductive education, and insufficient understanding of the implications of early pregnancy, significantly increase the risk of teenage pregnancy<sup>(6,7)</sup>. Furthermore, the absence of a structured family support network, as well as so-

cial norms that normalize or encourage early sexuality and teenage motherhood, also contribute to the greater vulnerability of adolescents to early pregnancy<sup>(5,6,7)</sup>.

During this period, adolescents are impacted by physical and emotional changes, which are related to expectations of motherhood, fear of future responsibilities, and possible reactions from family and society<sup>(8)</sup>. However, despite the consequences that are considered negative, young motherhood can also be a desired event, seen as a rewarding process and a life project to be followed, evidencing ambiguous feelings towards pregnancy<sup>(9)</sup>.

Thus, the study aims to evaluate the social representations of teenage pregnancy, in addition to listing the sociodemographic profile of the research participants and identifying their perceptions of pregnancy in all its stages. Given this, it is understood that the relevance of the research lies in the multiple areas of work in sexual and reproductive health education for adolescents and, consequently, encompasses data for establishing collective health strategies for this population.

## MATERIALS AND METHODS

This was an observational, descriptive, cross-sectional study with a qualitative approach, conducted from July to November 2022 and May to July 2023, in the municipality of Colatina, Espírito Santo, Brazil. The sample consisted of 56 adolescents receiving primary health care and at a referral maternity hospital in the northwestern region of Espírito Santo.

The inclusion criteria for the study were adolescents aged 12 to 19 years, at least in the second trimester of pregnancy or in the postpartum period. Adolescents with psychiatric disorders, those not accompanied by a legal guardian, those who did not want to participate in the study, those who did not receive authorization to participate in the study from their guardians, those who had suffered abortion or fetal death, and those who were in the immediate or medium postpartum period after a cesarean section were excluded from the study.

Each adolescent in the study was named 'A' followed by a sequential Arabic number. The data were obtained through interviews using a semi-structured form and with the aid of a digital recorder. The evocations were collected for complete speech collection following the structure and construction of the General Theory of Social Rep-

representations. The information was collected upon signature of the Free and Informed Consent Form (TALE) by the participants and the Free and Informed Consent Form (TCLE) by their parents and/or legal guardians, both printed with a copy for each of the parties involved.

This research was submitted to the Research Ethics Committee of the University Center of Espírito Santo (UNESC), obtaining the certificate of presentation for ethical review (CAAE) number 58561822.5.0000.5062, and approved under number 5.487.586, meeting the criteria established by the National Research Ethics Commission (CONEP) through CNS Resolutions No. 466/2012 and 510/2016.

The qualitative data were processed after the recorded interviews were conducted, digitized, and transcribed for semantic analysis of the information and extraction of evocations. Subsequently, the data were elucidated using the openEVOC 0.92 software, which allowed statistical calculations to be performed, establishing co-occurrence matrices that served as the basis for constructing the four-house framework, processing the central core and peripheral system of the social representation of teenage pregnancy<sup>(10)</sup>.

Considering this methodology, social representation theory (SRT) is a construct that individuals create to understand the world and communicate. The study of social representations makes it possible to understand how knowledge and values about others influence everyday practices<sup>(11)</sup>. Thus, the central core theory (CCT) is an approach to social representation theory that is organized around a central core, related to collective memory, and a peripheral system. The central core gives consistency and permanence to the representation, making it stable and resistant to change.

## RESULTS

Initially, the social and obstetric profile of the 56 adolescent pregnant

women participating in the study was characterized. The sociodemographic profile of the participants is presented in Table 1.

**Table 1: Sociodemographic profile of pregnant adolescents in Colatina, Espírito Santo, Brazil, 2023.**

Categories		N	%
Age	12 to 14	10	18
	15 to 17	40	72
	18 to 19 years old	6	10
Education	Incomplete primary education	23	41
	Complete primary education	4	7
	Incomplete Secondary Education	27	48
	High school graduate	2	4
Marital status	Single	23	41
	Married	3	7
	Common-law marriage	29	52
Declared Color	Yellow	3	5
	Black	6	11
	White	6	11
	Brown	41	73

Source: Survey data, 2023.

The most common age groups were between 16 and 17 years old (58%). Regarding educational attainment, many had interrupted their studies, with only 7% having completed elementary school and 4% having completed high school. In terms of ethnicity, 73% identified as mixed race, 11% as white, 11% as black, and 5% as Asian. In addition, regarding marital status, 52% of adolescents reported being in a stable relationship, while 41% were single. Finally, regarding religion, 39% reported being Catholic, 34% Protestant, 2% Spiritist, and 25% had no religion.

With regard to pregnancy planning, 71% of current pregnancies were unplanned and 62.5% did not use contraception. In addition, 43% of respondents reported not having received sex education or participated in

family planning. Thus, when assessing the gestational age of the participants, we found that 41% were less than 37 weeks pregnant, 16% were between 37 and 40 weeks, and 4% were more than 41 weeks pregnant. However, 39% did not know their gestational age. Regarding prenatal care, 98% were receiving regular care.

Gestational complications occurred in 55% of the participants interviewed, the most frequent being: blood pressure spikes (8), gestational diabetes mellitus (6), small for gestational age (5), and urinary tract infection (4).

The result of the free association regarding the first thoughts about pregnancy was a list of 226 words. It was observed that the word “love” appeared with the highest number of evocations (23), followed by responsibility (18) and happiness (16).

**Table 1: Table of houses formed by the elements that make up the central core and periphery of a social representation of adolescent pregnancy in Colatina, Espírito Santo, Brazil, 2023.**

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Frequency ≥ 3 / Order of evocation < 2.5			Frequency ≥ 3 / Evocation order ≥ 2.5		
10.18	Love	1	7.08	Happiness	2.5
7.	Responsibility	1.44	4.4	Fear	3.1
			4.42	Affection	3.6
			3.54	Joy	2.88
-			--		
Frequency < 3 / Order of evocation < 2.5			Frequency < 3 / Evocation order ≥ 2.5		
1.77	Caution	2	2.21	Difficulties	3.
1.77	Sadness	2.25	2.2	Affect	3.
1.33	Anxiety	2.35	1.77	Education	2.
			1.7	Family	2.7
			1.77	Despair	3
			1.33	Concern	3
			1.33	Pain	3

Source: Corpus analyzed using openEVOC 0.92 software.

## DISCUSSION

Adolescence is a period of profound biological, psychological, and social changes, requiring adaptations from the family as well as from the school, which becomes an opportune environment for health education practices<sup>(12)</sup>. In this study, it was possible to observe school dropout among adolescents due to early pregnancy. This fact may be associated with cultural impositions involving the female gender and its exclusive dedication to motherhood, as well as the challenges faced by young mothers, which include transportation difficulties, feelings of shame regarding pregnancy, and lack of support from the educational system.

In view of this, it is important to emphasize the role of sex education<sup>(13)</sup>. Most of the participants did not use contraception and did not have access to family planning, which demonstrates the lack of public policies aimed at preventing teenage pregnancy. It is worth noting that young women are sometimes

aware of contraceptive methods but lack the knowledge to use them correctly<sup>(13)</sup>. Thus, these factors contribute to unplanned pregnancies, present in 71% of the interviewees, causing future damage to the life plans of adolescents<sup>(15)</sup> and possible pregnancy complications, reported by 55% of the participants.

In the order of evocations, the word "love" is the first element of the central core, possibly due to the religious cultural heritage established in Brazil, which was present in the beliefs professed by the adolescents, who were mostly Christian. This word also has a strong connection with the support provided by marriage or stable union, based on the belief in finding the "right person" who shows mutual affection, good interaction, and desired emotional rewards<sup>(9)</sup>. Thus, the relationship with the partner has a great influence on the motivation for pregnancy, with stronger emotional bonds tending to favor the desire to start a family<sup>(9)</sup>. In the statements, it is possible to see how religious and family factors are strongly associated with romantic bonds:

*"[...] It's a gift from God for my marria-*

*ge. It's a precious thing, a child is everything, right? It would be a joy for my family, that's all."* (A33)

*"[...] But I was going to take the pill, right, but since I really like my religion, I know it's a sin, right, a child's life, so I'm going to take care of it, and that's it."* (A23)

Following the word love is 'responsibility', the second element of the core. Responsibility is related to the recognition that, from the birth of the child, the young woman takes on the care and needs the means to do so. A similar result was found in the study<sup>(5)</sup> in which first-time teenage mothers present a complex context alongside responsibility, such as profound physical changes, concerns about their image, and distancing themselves from friends, which contributes to negative maternal and neonatal outcomes.

In the first periphery, in the upper right quadrant, the word "happiness" is the first component represented, followed by "joy" and "affection." These words are related to the main element of the central core, the word 'love', since factors such as support within their marriage and family environment, religiosity, and prior desire to become pregnant provided the necessary conditions for these positive feelings to prevail. The following statements are associated with those of the adolescents described above, marked by a religious context and family ties:

*"Oh, I was happy, I was happy, I kept thinking, right, how it would be... but then I was happy that God gave him to me."* (A34)

Also within the first periphery is the word "fear," which composes a negative perspective on pregnancy and is referred to by adolescents as feelings that are present, especially at the beginning of pregnancy. These feelings arise from the judgment of family members and people close to the pregnant women, mainly related to their age, as well as the

adolescent's own fear of not being able to cope with motherhood. Furthermore, fear is associated with the responsibilities involved in caring for a baby, which require greater attention, sensitivity, and preparation on the part of the adolescent<sup>(8)</sup>.

Through the participants' statements, we can identify fear associated with the health of the fetus and changes in the mother's body:

*"Well, when I found out I was pregnant, I panicked, I went into a trance, I screamed... yes, I was afraid, I had a lot of insecurities, I cried a lot... but over time I accepted that it is a human being, right... and I gradually accepted that I was going to give birth to a child."* (A08).

In the lower right quadrant, representing the second periphery, the following words are located: 'difficulties', 'affection', 'education' and 'family', respectively. The pregnant women emphasize the importance of family affection for them, as a source of perseverance, comfort, and resilience during and after pregnancy:

*"This is my second child, it's a little difficult, but my mother-in-law helps me."* (A18)

Thus, the word "difficulty" relates to the physical and emotional complications that a significant portion of adolescents experienced during pregnancy, such as obstetric complications, financial issues, and barriers related to school and work. Similarly, the authors<sup>(8)</sup> highlight in their study the adversities faced by young mothers, who report hormonal changes, an existential crisis resulting from the transition from daughter to mother, and the postpartum period as a challenging phase that often destabilizes maternal self-confidence. In their statements, it was possible to detect the anxieties related to the new routine, which changed suddenly:

*"I had to give up a lot... I stopped my studies, my husband had to work double shifts from Monday to Monday..."* (A04).

*"I had to quit my job because I was feeling really bad, so now I have to wait for him to be born to go back to work."* (A44).

In addition, the word "education" correlates with the interviewees' understanding of sex education and, consequently, family planning. The study found that a portion of the adolescents did not have access to such topics, factors that contribute to teenage pregnancy. Furthermore, it is common for adolescents to be excluded from this type of content due to prejudice and a lack of recognition by professionals regarding the sexual health needs of adolescents, which causes discomfort among young people when topics such as puberty and sexuality are raised<sup>(7,16)</sup>.

Finally, it is understood that the word "family" has a strong relationship with "responsibility," which is a core component of the family unit. This is mainly due to the attempt to provide greater well-being to the child during pregnancy and after childbirth, which involves financial, emotional, and educational issues. From this perspective, although teenage pregnancy is, in many cases, considered an unplanned event, some adolescents express a desire to be mothers and, when they find a partner with the same desires, consciously choose to become pregnant, a fact that provides an immediate family base<sup>(9)</sup>. From this point on, the young woman begins to develop a greater sense of responsibility and maturity in the face of this new stage of life. This concept is evident in the participants' statements:

*"[...] There are things in life that I didn't know how to react to, and now I know, because everything that comes into my head is my daughter; she comes first."* (A35)

*"I want to finish my studies because I stopped, right... to be able to give her a better future, to be able to buy her little things."* (A42)

Therefore, teenage pregnancy is un-

derstood according to social environment, experiences, and cultural aspects. Thus, the main limitation of this study is the small number of participants, due to the presence of adolescents unaccompanied by legal guardians in the health services where the data were collected, which raises a red flag about the family dynamics of these pregnant women and the active participation of their families during pregnancy. Another relevant point is that, because this is a delicate and stigmatized moment, some adolescents felt uncomfortable contributing to the research and refused to be interviewed.

## CONCLUSION

Therefore, it must be acknowledged that the richness and complexity of these representations, shaped by the subjective experiences of these young women, portray a period of life marked by challenges and emotional conflicts. This fact highlights the need for sensitive and comprehensive approaches.

In this context, understanding the incidence of teenage pregnancy goes beyond statistical analysis, requiring an in-depth exploration of the experiences of these young women and their families. The complexity of these experiences highlights the great importance of public policies aimed at sex education and family planning. Investing in these areas will not only contribute to the prevention of unplanned pregnancies, but will also promote an environment conducive to the healthy development of these young people, providing the resources and support necessary to face the challenges inherent in this stage of life. The above ideas confirm the value of effective actions that transcend superficial understanding, emphasizing the importance of holistic and contextualized interventions to promote the well-being and empowerment of adolescent pregnant women and their communities.

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