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Original Article

Pregnancy in adolescence

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Gravidez na adolescência

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SUMMARY

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The average age of the surveyed population was 15.84 years, with the highest incidence at 18 years of age, which corresponds to the upper age range. 86.4% of women did not complete upper secondary education. Only 4.5% of the sample has some form of support. By age 14, 70.5% of women had already had their sexual debut. 61.4% of the sample had a previous pregnancy, and 29 of the 44 women surveyed did not use contraception. The striking findings of this study point to the need for future research to delve deeper into the multifactorial association and prediction of early pregnancy.

Keywords: Pregnancy; Adolescence; Risk factors.

ABSTRACT

An average of 15.84 years of age was observed in the surveyed population, with a higher incidence for those aged 18, which corresponds to the maximum range. 86.4% of women did not complete the second cycle of secondary education. Only 4.5% of the sample has some form of subsistence. Up to the age of 14, 70.5% of women have already had their sexual debut. 61.4% of the sample had a previous pregnancy, 29 of the 44 women surveyed did not use a contraceptive method. The striking references of this study point to the need for future investigations that will allow us to deepen the association and multifactorial prediction of early pregnancy.

Keywords: Pregnancy; Adolescence; Risk factors.

SUMMARY

We observed an average of 15.84 years of age in the desired population, with the highest incidence for the 18 years that corresponds to the maximum amplitude. Or 86.4% of women do not conclude the second cycle of secondary education. Barely 4.5% show any form of subsistence. At the age of 14, 70.5% of women have had their sexual debut. O 61.4% show that they have had a previous pregnancy, 29 of the 44 women inquired, do not have the use of a contraceptive method. The impressive

references of this study point to the need for future research that will allow us to deepen the association and multifactorial prediction of early pregnancy.

Keywords: Gravidity; Adolescence; Risk factors.

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Introduction

The World Health Organization (WHO) defines adolescence as the phase of life that spans from childhood to adulthood, that is, from 10 to 19 years of age. It represents a unique stage in human development and an important time to lay the foundation for good health.

Adolescents experience rapid physical, cognitive, and psychosocial growth. This influences how they feel, think, make decisions, and interact in their environment.

During this phase, adolescents establish patterns of behavior, for example, related to diet, physical activity, consumption of psychoactive substances and sexual activity that can protect their health and that of the people around them, or put their health at risk now and in the future. (1)

Teenage pregnancy has occurred since the beginning of civilization. Women begin their reproductive life very close to puberty and rarely exceed the second decade of life due to complications related to pregnancy or childbirth. This occurred in the Middle Ages, when girls, once out of childhood, had the first sign of menstruation and were married to men whose ages were around 30 years old. (2)

It should be emphasized that during this period, sexual life is very active, and in some situations, an unwanted pregnancy may occur. It is believed that the early onset of

sexual activity, combined with inadequate use or lack of contraceptive methods, are causes of unexpected pregnancies. (3)

According to the United Nations Population Fund (UNFPA), there are around 7.3 million pregnant adolescents and young women, and 2 million are under 14 years of age. (4)

Since January 2021, Angola has recorded nearly 350 cases of teenage pregnancies, a situation that places the country at the top of the list in world statistics. (5)

Thirty-seven percent of young Angolan women between the ages of 15 and 19 have already had a pregnancy. Estimates indicate 163 births per thousand adolescents aged 15 to 19. (6)

Many factors contribute to the occurrence of pregnancies at these ages, such as: deficiency and/or lack of dialogue and information within the family; inadequate way of addressing these issues in schools, insufficient actions in health services that articulate family planning with society; and precarious public policies that raise awareness among adolescents about the importance of contraception at this stage of life, or that allow them to plan their own use of contraceptive methods. (7)

Based on the above, the objective of this study was to describe the risk factors associated with pregnancy in adolescents from the Bom-Pastor Community in the first quarter of 2023 in Huambo.

Methods

A cross-sectional analytical study was conducted among adolescents residing in the Bom-Pastor community during the first quarter of 2023.

The neighborhood has the Dr. David Bernardino Health Center, which serves the population of the sectors such as: Cacilhas Norte, Cacilhas Centro, Camussamba, Chitutula, Compão Baixo, Camiliquinheto and Sassonde I and II.

The study involved 200 pregnant adolescents. A simple random sample of 44 pregnant women was selected from the Cacilhas Norte and Cacilhas Centro sectors.

The data were collected using a data collection form prepared by the authors, taking into account the main factors of interest for the study.

Once the data were collected, they were coded to create a database using the SPSS version 20 statistical program. Statistical analysis was performed for the variables under study to obtain the results and address the objectives outlined through descriptive statistics.

Results

In this study, it was found that pregnant adolescents have a mean age of 15.8 with a standard deviation of 1.8 years.

Table 1 shows 33 pregnant teenagers, 75% of whom are between 15 and 18 years old.

Table 1. Distribution of pregnant adolescents by age.

Age (years)	Total	%
12-14	11	25.0
15-18	33	75.0
Total	44	100

Table 2 shows that 39 pregnant adolescents, representing 88.6% of the sample, are not officially in a relationship, that is, they are not married.

Table 2. Distribution according to marital status.

Marital status	Total	%
Married	5	11.4
Single woman	39	88.6
Total	44	100.0

This data reveals the importance of the family's lack of preparation for establishing trust through comprehensive, close, and affectionate care between the couple and the adolescent.

Table 3 shows that only 4.6% of the sample has some means of supporting themselves, and 79.5% of pregnant adolescents are students. This data reveals an inability to meet the maternal and child needs inherent to the pregnancy period itself.

Table 3. Distribution of pregnant adolescents by occupation.

Occupation	Total	%
Student	35	79.5
Worker	2	4.6
Unemployed	7	15.9
Total	44	100

Table 4 shows that 61.4% of pregnant adolescents had a previous pregnancy; and 14 (31.8%) had two previous pregnancies.

Table 4. Distribution of pregnant adolescents according to the number of previous pregnancies.

Number of previous pregnancies	Total	%
0	1	23
1	27	61.4
2	14	31.8
3	2	4.6
Total	44	100

As a result of Table 5, it was found that 29 (65.9%) pregnant adolescents did not use contraception. The most commonly used methods were condoms and daily oral hormonal contraception.

Table 5. Distribution of pregnant adolescents according to their use of contraceptive methods and their preference.

Use of contraceptive method	Daily Hormonal	Oral hormonal emergency	Injectable hormonal	Preservative	Total	
					No.	%
Yeah	4	1	1	9	15	34.1
No	0	0	0	0	29	65.9
Total	4	1	1	9	44	100

Discussion

According to the Pan American Health Organization (PAHO) (8), teenage pregnancy is studied by social, educational and health professionals as a problem that increases with the reduction in the age at which it appears. Premature pregnancy stimulates a vicious cycle of low schooling and poverty, as stated by the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). (9)

The results of this research coincide with those of Da Silva et al (7), the study showed that factors associated with teenage pregnancy were: low schooling, frequency and academic performance; specifically between 15 and 19 years; in the age group of 10 to 14 years, housewives and domestic violence predominated.

Early sexual initiation and failure to use contraceptive methods not only lead to unwanted pregnancies but also to sexually transmitted infections (STIs). Low educational attainment was identified by Gonçalves (10) as a factor in teenage pregnancy.

For Gonçalves, (10) pregnancy and motherhood in adolescence are experienced differently by adolescents according to their social class. In the less needy classes, pregnancy is seen as a benefit since many times the adolescent has no perspective in relation to her future. While in the more favored classes, the adolescent receives a better quality education, with a family structure, pregnancy seems to be more related to the omnipotent psychological aspects, difficulties in assuming one's own sexuality among others.

The authors describe that significant demographic differences still persist in access to and also in the quality of care provided to pregnant and postpartum adolescents, in terms of these inequalities. (11)

Another factor associated with pregnancy in adolescence is single marital status, (12) as well as not living with a partner, (13) not having a stable union (14) and also being separated. (15)

Separated marital status is also linked to teenage pregnancy, which is linked to relationship failure at this stage of life; as well as earlier marriage initiation. (15)

On the other hand, in a case-control study that analyzed the influence of family composition on the occurrence of teenage pregnancies, the formation of a family in adolescence has a strong association with pregnancy in this age period. (16)

The younger age of sexual initiation, the use of birth control pills and the use of condoms were associated with teenage pregnancy and late menarche (17) and early sexarche (18) were protective factors in teenage pregnancy.

Early onset of sexual activity (age of first sexual intercourse before 15 years of age) presents a 3.6 times higher rate of change for pregnancy in adolescence. (19)

Regarding the use of oral contraceptives, they were associated with pregnancy in adolescence, it is suggested that the use of the contraceptive method implies stability of sexual relations and acceptance of sexuality. (20)

In the study by Chitumba et al (19) the mean age of the adolescents was 17.53 ± 1.28 years, 85.0% were single, had completed the first cycle of primary education, 59.0%, 92.4% did not work, 50.6% and 56.5% lived and grew up with their parents, with Catholicism as their religious affiliation in 47.1%. Obstetric data showed that 84.1% of the adolescents were nulliparous, 84.7% had no complications during delivery, or previous abortion (91.2%). The first sexual relationship was between 16-19 years of age (68.2%), with the boyfriend (77.1%) and consensual in 91.2%. 47.0% of men were between 20 and 22 years old, 57.0% were working, and 89.0% became fathers.

Other studies found the mean age of pregnancy to be similar or higher at 16.5 years. (20)

The age of the first relationship of the adolescents in this study is different from that found by Spinola et al., (21) in the research carried out in Porto Alegre/RS (Brazil), since, of the 427 adolescents studied, 63.2% had sexual initiation up to 14 years of age. This study is similar to the data found by Abate et al. (20) in Ethiopia, where the mean age of pregnant adolescents was 16.5 years.

In the study by Spinola et al. (21) it was reported that the first sexual experience of adolescents was with their boyfriend or husband.

One of the main factors are the personal and family problems that the teenager faces, which can lead to early sexual relations and, hence, pregnancy.[19)]

Similar to other studies, curiosity was the strongest motivation for first sexual intercourse. In contrast, in the same studies, parental pressure was not as significant.

The family plays a fundamental role in sexual education and the prevention of teenage pregnancy. Families and schools must be in sync during the process of adolescent sexual education. (2)

Conclusions

Based on the aforementioned factors, it can be concluded that early age, sexual promiscuity, limited information on the subject and educational level, poverty, early onset of sexual activity, previous pregnancy, and lack of knowledge about contraceptive methods are the main risk factors associated with teenage pregnancy in the Bom-Pastor community.

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Conflicts of interest

There are no conflicts of interest between the authors.

Authorship contribution

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