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SOCIAL AND INDIVIDUAL VULNERABILITY AND TEENAGE PREGNANCY*

VULNERABILIDADE SOCIAL E INDIVIDUAL E A GRAVIDEZ NA ADOLESCÊNCIA

VULNERABILIDAD SOCIAL E INDIVIDUAL Y EMBARAZO ADOLESCENTE

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ABSTRACT

This study aims at tracing the profile of individual and social vulnerability and susceptibility to pregnancy in adolescence. This is a descriptive study, with a non-probabilistic sample, carried out in five Basic Health Units at the city of São Paulo, in November 2013. Fifty pregnant adolescents were studied. Among the main results on individual vulnerability, we found: age ranging from 14 to 19, 28% reported using contraceptives to avoid the current gestation. In social vulnerability, we found: per capita income of half a minimum wage, 48% had less than 8 years of schooling, 64% were not studying and 60% were not working. There are several determinants for teenage pregnancy, behavior is just one of them. There is a need for interventions aimed at empowering the adolescents, their families and the community, in addition to developing consciousness on what interferes in personal and group behavior.

Keywords: Adolescent; pregnancy in adolescence; Health vulnerability; Social vulnerability.

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RESUMO

* Este artigo foi extraído de um projeto maior desenvolvido em parceria com a Secretária Municipal da Saúde de São Paulo intitulado: Vulnerabilidade e gravidez na adolescência: análise espacial em uma região da periferia de São Paulo.

Este estudo tem como objetivo traçar o perfil de vulnerabilidade individual e social e a susceptibilidade à gravidez na adolescência. Trata-se um estudo descritivo com amostra não probabilística realizado em cinco Unidades Básicas de Saúde do município de São Paulo em novembro de 2013. Foram sujeitos de pesquisa, 50 adolescentes grávidas. Dentre os principais resultados de vulnerabilidade individual tem-se: idade variou entre 14 a 19 anos, 28% referiu ter utilizado contraceptivos para evitar a atual gestação; na vulnerabilidade social tem-se: renda per capita de meio salário mínimo, 48% tinham menos de 8 anos de estudo, 64% não estudavam e, 60% não trabalhavam. São vários os determinantes para a gravidez na adolescência, o comportamento é apenas um. Há necessidade de intervenções voltadas a adolescente, sua família e comunidade no empoderamento destes; além da consciência do que interferem no comportamento pessoal e do grupo que estão inseridas.

Palavras-chave: Adolescente; Gravidez na adolescência; Vulnerabilidade em saúde; Vulnerabilidade social.

RESUMEN

Este estudio tiene como objetivo trazar el perfil de vulnerabilidad individual y social y la susceptibilidad al embarazo en la adolescencia. Se trata de un estudio descriptivo con muestra no probabilística realizado en cinco Unidades Básicas de Salud del municipio de São Paulo en noviembre de 2013. Fueron sujetos de investigación, 50 adolescentes embarazadas. Entre los principales resultados de vulnerabilidad individual se tiene: la edad varía entre 14 a 19 años, el 28% refirió haber utilizado anticonceptivos para evitar la actual gestación; En la vulnerabilidad social se tiene: ingreso per cápita de medio salario mínimo, 48% tenían menos de 8 años de estudio, el 64% no estudia y el 60% no trabajaba. Son varios los determinantes para el embarazo en la adolescencia, el comportamiento es sólo uno. Hay necesidad de intervenciones dirigidas a adolescentes, su familia y comunidad en el empoderamiento de éstos; Además de la conciencia de lo que interfieren en el comportamiento personal y del grupo que están insertadas.

Descriptores: Adolescente; Embarazo en adolescencia; Vulnerabilidad en salud; Vulnerabilidad Social.

INTRODUCTION

For the World Health Organization (WHO), adolescence comprises the period between 10 and 19 years of age. It is characterized by several physical changes (the onset of secondary sexual characteristics, growth ending and morphophysiological development), as well as psychological, cognitive and social transformations.[1]

Embora, a maternidade na adolescência seja um fenômeno histórico. Em virtude da sua implicação social, nas últimas décadas tem-se intensificado o

empenho pela redução da fecundidade na adolescência.[1]

In Brazil, since 1940 there has been a decline in fertility, with a reduction from slightly more than six children to slightly more than 2 children per woman in the beginning of the 21st century. [2] However, the birth rate remained in the group of adolescents aged 15 to 19, and a small increase was verified in the group aged 10 to 14 years old.

One possible explanation for this situation is that sexual activity is starting earlier and earlier.[1] Early pregnancy is a fact that calls attention since the role of women in society has changed.[3]

Currently, female inclusion in the labor market can be observed as a socializing event that for decades remained only among men. Adolescents today are expected to study and work instead of getting pregnant and having children. [3]

From a biopsychosocial perspective, teenage pregnancy is considered precocious and is regarded as one of the most worrying events related to sexuality in this age. It can determine family and social grievances, with serious effects on the life of the adolescent mother, child and family.[3]

It is assumed that teenage pregnancy may be related to lack of information, orientation, instruction in sexuality as well as restrictions on the access to health services and contraceptives. For many adolescents, pregnancy can be understood as an attempt to find and keep a social space, especially in spaces marked by inequalities of gender, race and social class.[4] It is also worth mentioning that adolescence is an age group exposed to high risks of sexually transmitted infections (STIs).[4]

In Brazil, from 2000 to 2015, official data show that about 20% of live births are born from adolescent mothers.[5]

Increased vulnerability is related to factors that are common in adolescence. Authors refer to adolescence associated with conditions of vulnerability, such as: sexually transmitted infections, alcohol and drug use, need to discover the new, low socioeconomic status, early sexual initiation, teenage pregnancy and its undesirable implications. [6,7]

Nas pesquisas em saúde o termo vulnerabilidade, comumente é utilizado para indicar a antecedência dos riscos a agravos de saúde. In traditional studies on epidemiology, risk has a solid identity, with an eminently analytical character.[7] Unlike the concept of risk, the concept of vulnerability considers not only individual factors but also social and collective factors.

Vulnerability can be analyzed in its three interdependent dimensions: individual, programmatic and social. These dimensions are only considered separately for analytical and didactic purposes – in reality they are inseparable.

The individual dimension refers to the individual perception of risk and the behavior towards self-protection. The programmatic dimension refers to the organization´s efforts and actions aimed at health prevention and promotion. On the other hand, the social dimension refers to broader access to information and investments on social services – here, actions are focused on reducing social injustices.[7]

Considering the conditions to which adolescents are exposed, and also observing that teenage sexual practices are occurring earlier and earlier, this study sought to trace the profile of social and individual vulnerability and the susceptibility to teenage pregnancy.

METHOD

This is a descriptive study with a non-probabilistic sample made up from field research in Basic Health Units (UBS in Portuguese).

Regarding the composition of the research subjects, the East Regional Health Coordination (CRSL in Portuguese) – which is the department responsible for the Health Units – indicated five Basic Health Units where a high incidence of adolescent pregnancy was verified.

As sample we had 50 pregnant adolescents of any gestational age enrolled in the prenatal program of the five UBS located in Cidade Tiradentes neighborhood, at eastern São Paulo. Pregnant adolescents with cognitive deficit were excluded from the research.

Cidade Tiradentes neighborhood has a high population concentration (16.309,67 hab./Km2), with an estimated population of 223.236 inhabitants, of which 41.274 (18,5%) are adolescents. Out of this adolescents number, 20.440 (9,1%) are female, of which 9.414 (4,2%) are aged between 10 to 14 and 11.026 (4,9%) are aged between 15 to 19.[8]

The region boasts one of the highest growth rates in the city, along with serious social problems. This population counts a total of 60.740 families residing in the territory covered by the respective sub city hall and, out of this total, 16.692 families are in a condition of high social vulnerability and 2.598 are in a condition of very high social vulnerability.[8,9]

The development of the study followed the ethical precepts set forth in the resolution 466 dated December 12th,

2012, which refers to the guiding principles of studies involving human beings.[10]

The research was approved by the Research Ethics Committees of IASMPE under the nº 457.635/2013 and CAAE nº 21685213.9.0000.5463, and of SMS-SP under the nº 459.866/2013 and CAAE nº 21685213.9.0000.5463.

Data collection took place in November 2013, when 10 pregnant adolescents were randomly selected from each of the five UBS.

After clarifying the purpose of the research and getting the participants´ acceptance to the research, the expectant mothers over 18 signed the Free Informed Consent Form and those under 18 signed the Assent Form while their legal guardians signed the Free Informed Consent Form. Following that, they individually responded to the instrument for data collection with closed questions created by the authors.

The script of the interview was tested in July 2013 with ten pregnant adolescents in Basic Health Units (UBS) different from those selected for our study. Based on this test, no adaptation was required in the interview script since it was assessed as adequate in the pilot testing.

Variables sought to trace susceptibility to pregnancy in adolescence according to the profile of individual vulnerability and social vulnerability, as presented in Tables 1 and 2, respectively.

Results were tabulated by means of absolute and relative frequency using Excel. Later, they were analyzed according to the positivist method that allows observing the phenomena and fixing the connections that may exist between them[11], on the basis of which it is possible to understand characteristics of the teenage pregnancy phenomena.

RESULTS

A total of 50 pregnant women aged 14 to 19, with average of 18 years old (SD±1,3 years) were studied. There was no case of refusal to participate in this study. Regarding marital status, 52% cohabitated with partners, 30% were single and 8% were separated. The average age of the first sexual intercourse of the interviewees was 15,2 (SD±1,6 years). 76% of them reported being on the first pregnancy, 18% on the second and 6% on the third pregnancy. Despite that, 28% reported using contraceptive methods to avoid the current gestation.

60% of the pregnant adolescents had divorced parents, 52% reported having a good relationship with the family, 60% of them indicated the mother as a sexual

counselor and 46% mentioned the mother as the main provider of financial and emotional support.

It could be observed that the average number of people per household was 4,4 (DP ±1,8); the family income was from 2 to 3 minimum wages, with average of 2,8 minimum wages (DP ± 0,9). The average income per person of each family group was ½ minimum wage. As for schooling, there were no illiterates. However, 48% of the adolescents had less than eight years of schooling, that is, they had not completed primary education. 68% of the adolescents reported living in their own family house, 60% were not working, 64% were not studying and 54% reported using the internet as source of information for sexual practice.

Table 1: Characterization of Individual Vulnerability Factors. São Paulo, 2013.

Age (years)	**N**	**%**
14	4	8
15	1	2
16	5	10
17	5	10
18	13	26
19	22	44
Marital Status		
Lived with partner	31	62
Did not live with partner	19	38
Age of first sexual intercourse		
11 to 13	14	28
14 to 16	21	42
17 to 19	15	30
Number of pregnancies		
One	38	76
Two	9	18
Three	3	6
Contraceptive method used to avoid current pregnancy		
Oral Contraceptive	8	16
“Morning-after pill”	3	6
Male condom	3	6
None	36	72
Marital Status of the parents of pregnant women		
Married	11	22
Cohabitation	7	14
Single	2	4
Separated	30	60

Degree of relationship with family		
Great	17	34
Good	26	52
Regular	5	10
Terrible	2	4
Source of counseling about sexuality		
Mother	30	60
Relatives	6	12
Friends	5	10
Teachers	2	4
Health Professionals	2	4
Never got information	4	8
Other	1	2
Main source of financial support		
Mother	23	46
Father	3	6
Relatives	6	12
Baby´s father or paternal family	18	36
Main source of emotional support		
Mother	23	46
Father	2	4
Relatives	9	18
Health Professionals	2	4
Friends	1	2
Baby´s father or paternal family	11	22
None	2	4
Total	**50**	**100**

Table 2: Characterization of Social Vulnerability Factors. São Paulo, 2013.

Nº of people in household/ pregnant	**N**	**%**
Up to 2 people	17	34
3 to 4 people	15	30
5 to 6 people	13	26
7 to 9 people	5	10
Family income/ Pregnant*		
Up to 1 Minimum wage	10	20
2 to 3 Minimum wages	37	74
4 to 5 Minimum wages	2	4
Above 5 Minimum wages	1	2
Educational level		
Incomplete Primary Education	24	48
Complete Primary Education	2	4
Incomplete Secondary Education	13	26
Complete Secondary Education	10	20
Incomplete Higher Education	1	2
Type of residential property		

Rented	16	32
Self-owned	34	68
Works during pregnancy		
Yes	20	40
No	30	60
Studies during pregnancy		
Yes	18	36
No	32	64
Source of information about sexual practice		
Internet	27	54
TV	11	22
None	6	12
Others	5	10
Didatic books	1	2
Total	**50**	**100**

*Per capita Income of ½ minimum wage: reference value R$ 678,00

DISCUSSION

In the city of São Paulo, the age group ranging from 10 to 14 is the one with the highest increase in the frequency of pregnancy, showing a 9% increase between the years 2004 and 2013.[12] While there is an increase in the extreme age groups, a decrease of approximately 4.5% in the fertility rate is observed in the 20 to 34 age group.[12]

According to a report by the Coordination of Epidemiology and Information (CEInfo), 3806 births were registered in 2013 in the region where our research was conducted, with 753 (19,8%) babies born from adolescent mothers and, out of this, 31 (4,1%) deliveries from girls aged 10 to 14.[12] Although our study is not probabilistic, in this research group, 8% of pregnant women were found in this age group, well above the data presented in the CEInfo report.

Reports on the SUS care (Brazilian Unified Public Health System) also show a high number of hospitalizations for obstetric care in the 10-19 age group. In 2013, hospitalizations due to pregnancy, childbirth and puerperium corresponded to 37% of hospital admissions among women in this age group.[4]

It is common to verify cases in which the age of the mothers influences the occurrence of delivered babies in situations of risks – such as prematurity and low weight – related to the age of the mothers. In 2013, in São Paulo, the percentage of low birth weight (<2500 g) in babies from

mothers aged 10 to 14 was 14,3% and concerning the age group 15 to 19, the percentage was 10,8%. That evidences higher prevalence of low newborn weight and higher perinatal complications among younger adolescents, when compared to older adolescents.[12]

Marriage or cohabitation is frequently experienced by the interviewed adolescents. Despite the young age, most of them (62%) reported living with the father of their child and 8% reported cohabitating with the partner and then separating.

Experiencing the union induces the adolescents to give up their expectations. Nowadays, topics such as virginity, marriage, motherhood, love and gender roles in marital and social affinities are perceived differently, however, it is still noticed an influence - by some social groups - for the couple to formalize the union and live in the same house, even without financial independence.[13]

A study on adolescent pregnancy considering socioeconomic differences showed that while most of the adolescents from class A remained single, in class D this behavior was opposite - the majority moved to live with their partners.[13] This factor seems to reflect the way people from different socioeconomic classes understand the affective living caused by precocious pregnancy.

The group of study clearly shows early sexual initiation. The National Survey on Schoolchildren´s Health (PENSE)[14] observed that among the 13-to-15-year-olds, sexual initiation occurred earlier in those living without their parents or in single-parent households, in comparison to those living with father and mother. The early sexual initiation would make adolescents even more vulnerable for risky behaviors, as this is a critical period of transition from childhood to adulthood. At this point, cognition and decision-making capacity are still developing.[1]

It was observed, however, that 76% of the girls were in their first pregnancy, but, surprisingly, 18% were in the second and 6% in the third pregnancy. Because women at this study are very young, they were expected to be primiparous in their almost totality, with few cases of recurrence.

According to other research, repeated teenage pregnancy is frequent in Brazil and in the world, and some factors demonstrated to influence repeated pregnancy: low maternal schooling, partner exchange and uncertain unions.[15,16,17]

The first pregnancy is not an expressively sufficient fact to rule out the

occurrence of new pregnancies. Once someone has taken over the baby care, the girl assumes the family receptivity to be appropriate, what leaves her in an apparently comfortable and safe condition for a new pregnancy. They again could count on close people in the care of the other child.[17] An expressive number of expectant mothers reported not having used any contraceptive method to avoid the current pregnancy. Despite the fact that the adolescents have access to information and often have a level of schooling and plausible knowledge about sexuality, these adolescents can not convert such knowledge into safe sex and changed practices.[16]

In addition to social vulnerability issues, pregnancy may derive from individual vulnerability conditions, such as: inappropriate use or lack of knowledge about contraceptive methods, unawareness related to physiology of reproduction and to effects of sexual intercourse, disbelief in the risks of early pregnancy or even reduced judgment capacity due to drugs and alcohol use, among others.[16]

This way, it is possible to conclude that, alone, information on the risks of early pregnancy is not enough to make young people adopt safe sexual behaviors. It is necessary to go beyond mere information on reproduction or contraception.[17]

When asked about their parents, the young women interviewed reported that 64% of their parents were not living with them, 60% because they were separated and 4% because they were single; 22% were married and 14% were cohabitating.

Parental absence in daily interaction may represent a gap in the life of young women, inspiring them to idealize motherhood as an option to experience a complete family.[18]

As for family relationship, “Great” and “Good” were the predominant answers regarding relationship quality. The consistency of this family relationship, however, does not seem to have been enough to prevent early pregnancy. Pregnancy in adolescence is stimulated by internal and external factors, with family relationship being one of the most relevant. Most often, information given by families are not based on scientific findings, but on family models.[18]

The mother was perceived as the main source of financial and emotional support, in addition to being the provider of information about sexuality. The scientific production on issues such as sexuality and reproductive and sexual health is vast, but few studies refer to the

knowledge and practice of professors who work with sexual advising for adolescents. Nas escolas públicas um estudo encontrou-se deficiência em sua formação, embora haja disponibilidade de informações, por meio de publicações científicas e oficiais.[19]

According to the Paulista Index on Social Vulnerability (IPVS), which classifies vulnerability, low-income families are those living with an income equal or fewer than ½ per capita minimum wage or monthly family income up to three minimum wages. Based on that, we could verify that the pregnant adolescents included in this study are classified as low-income, facing a condition of social vulnerability that imposes health risks to mother and child.[9]

It is important to observe that adolescents from both upper and lower social classes get pregnant, the difference is only in the way they deal with the circumstance. Unfortunately, studies focused on girls from upper socioeconomic classes are scarce since data collection at the private services they commonly attend is rare to take place.

31,8% of the households in the researched region are located in areas of high and very high vulnerability (IPVS 5-6): 25,9% in low income condition, 6,5% in poverty condition and 1,4% in extreme poverty.[9], social determinants that could expose adolescents and their children to greater risks of illness and death.

Although most of the surveyed adolescents were 18 and 19 years old, age already compatible for the admission to higher education, only one of the girls mentioned having started college. Low schooling was observed in the studied group as a factor that influences changes in the pregnancy-puerperium cycle.

These data corroborate data from the Live Birth Information System (SINASC), which shows that between 2000 and 2009, Brazilian women with less education had a lower rate of live births, had less than seven prenatal consultations, most of them not being followed-up during pregnancy. [5]

Studies show that low schooling is associated to low socioeconomic status of pregnant women. Precariousness of educational level can perpetuate a tendency to poverty, increasing the social risks to which adolescent mothers and their children are subjected to. It also interfere in mothers´ perception on the importance of maternal and child health care.[13]

School dropout coupled with early pregnancy brings serious implications to the adolescent, her child and to society in general – especially since, in this age group, one of the rare alternatives for social inclusion and economic promotion is

accomplished through the educational system. Otherwise, they enter the labor market without educational background and are subject to low wages.[12]

A adolescente que engravida e não recebe apoio familiar nem da sociedade tem grande possibilidade de abandonar os estudos.[13] Contudo, isso não significa que a família proponha-se sempre a assumir os cuidados e encargos de seu filho.

Adolescent motherhood is idealized as an option for personal and family success, and it creates the fantasy that study is not needed. This scenario makes it difficult for them to return to school.[14]

As to the types of households, more than half of the respondents reported living in their self-owned family house and 32% reported living in a rented property. The adolescent parents often remain living with the family of origin due to financial difficulties – most of them are not professionally stable, depending on family support.[13]

In the less favored classes, mother, child and frequently the baby´s father move to live with the original families, in a way that multiple family centers cohabitate at the same space, composing and decomposing the income and the familiar disposition.[13]

According to the State System Foundation for data analysis (SEADE Foundation), 14.3% of households in São Paulo are located in areas classified as high and very high vulnerability (groups 5 and 6 of IPVS).[9]

Group 6 of IPVS only concentrates areas with subnormal clusters with concentration of young and low income population. Most of them are found in southern and eastern regions of São Paulo city.[9] In general, it is observed that, regardless of age range, school dropout is probably related to early gestation. Such results are also found in other studies showing that few adolescents return to school after pregnancy, causing lower educational levels and, therefore, inadequate condition to professionalization, a tendency to large families and other changes in life.[13]

Early pregnancy can impair the educational trajectory of pregnant women, contributing to school dropout and limiting their academic progress and adjustment to the labour market.[13] With no source of income, pregnant girls will depend on others for their livelihood, what favors a condition of vulnerability.

Internet was regarded by the adolescents as the most used communication means for information on sexuality. It is noticed that social communication media has a powerful influence not only on adults, but also on

young people, exerting strong influence on behavior perception and social reality.

Além de atrair muito os jovens o assunto sobre sexualidade, induz ao aceleramento do acesso ao mundo adulto, ainda que o adolescente não tenha entendimento cognitivo, capacidade emocional e psíquica para tal.[20]

CONCLUSION

Through this research, it is concluded that the majority of the pregnant adolescents interviewed are aged 15 to 19; they cohabit with their partner in the original family home and are in their first pregnancy. They do not work or study, they have internet as the primary mean of communication, and the mother is the main source of sexual counseling and financial and emotional support.

It was possible to identify that vulnerabilities that determine teenage pregnancy comprehend a set of conditions among which behavior is only one. There is no way to speak of interventions aimed only at adolescents, unaware of the situations interfering in their personal behavior, the social group they belong to, and the external elements that may support and influence them towards greater or lesser self-protection.

Based on this research, the need for interventions aimed at empowering adolescents, family and community is clearly noticed. However, it is worth mentioning that our study had important limitations regarding the size of the sample – the reduced number allows us to consider the results applicable exclusively for the population studied. Another important limitation related to the accuracy regarding the concept of vulnerability – a crucial factor for a serious and explanatory approach on the reality. In many works there is little or no discussion about its meaning.

Finally, the subject studied has a great social relevance and addresses possible aspects of vulnerabilities in teenage pregnancy; thus, it contributes to greater interventions based on local policies.

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