ADOLESCENCE PREGNANCY AND SELF-ESTEEM

GESTAÇÃO NA ADOLESCÊNCIA E AUTOESTIMA

AUTOESTIMA EN MUJERES EMBARAZADAS ADOLESCENTES

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ABSTRACT
Objective: To value the self-esteem of adolescent pregnant women. **Method**: Descriptive, quantitative and cross-sectional study, carried out with adolescent pregnant women attended in Basic Health Unities of a local municipality in the interior of Minas Gerais. The participants were 12 women, excluding those who presented physical and/or neurological and/or obstetric pathology. A sociodemographic instrument and the Rosenberg Self-Esteem Scale were used. The results were analyzed through descriptive statistical measures. **Results**: Most of the pregnant women aged 15-19, with stable union, complete secondary education, familiar income from one to two minimum wages, were not working and lived at a rented home with the companion. They were all classified with unsatisfactory self-esteem. **Conclusion**: The self-esteem, for interfering in the care of the mother with her child, must be quantified and analyzed by the health professionals so to prevent mental disorders that may appear as a result of low self-esteem.
Descriptors: Self Concept; Pregnancy in Adolescence; Nursing.

RESUMO
Objetivo: Avaliar a autoestima de gestantes adolescentes. **Método**: Estudo descritivo, quantitativo e transversal realizado com gestantes adolescentes atendidas em Unidades Básicas de Saúde de um município no interior de Minas Gerais. Participaram da pesquisa 12 mulheres, excluindo-se aquelas que apresentaram patologia física e/ou neurológica e/ou obstétrica. Utilizou-se um instrumento sociodemográfico e a Escala de Rosenberg para avaliar a autoestima. Analisaram-se os resultados por meio de medidas estatísticas descritivas. **Resultados**: A maioria das gestantes tinha entre 15 e 19 anos, com união estável, ensino médio completo, renda familiar de um a dois salários mínimos, não trabalhavam e moravam em casas alugadas com o companheiro. Todas foram classificadas com autoestima insatisfatórias. **Conclusão**: A autoestima, por interferir nos cuidados da mãe para com seu filho, deve ser quantificada e analisada pelos profissionais de saúde de modo a prevenir transtornos mentais que possam surgir em decorrência de uma baixa autoestima.
Palavras-Chave: Autoimagem; Gravidez na adolescência; Enfermagem.

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RESUMEN
Objetivo: evaluar la autoestima de mujeres embarazadas adolescentes. **Método**: el estudio descriptivo, cuantitativo y transverso realizado con mujeres embarazadas adolescentes asistió en Unidades Básicas de la Salud de una autoridad local en el interior de Minas Gerais. Anunciaron de las mujeres de la pregunta 12, cuando allí se excluyen aquellos que presentaron físico y / o neurológico y / o patología obstétrica. Se utilizó un instrumento sociodemográfico y la Escala de Rosenberg para evaluar la autoestima. Los resultados se analizaron a través de medidas estadísticas descriptivas. **Resultados**: La mayor parte de las mujeres embarazadas tenían entre 15 y 19 años, con unión estable, educación secundaria completa, ingresos familiares de uno a dos salarios mínimos, no trabajaban y vivían en casa alquilados con el compañero. Todos ellos se clasificaron con la autoestima insatisfactoria. **Conclusión**: la autoestima, debido a la interferencia en los cuidado de la madre para con su hijo, se debe cuantificar y analizada por los profesionales de salud de la manera de prevenir trastornos mentales que podrían aparecer a consecuencia de una autoestima baja.
Palabras-Clave: Autoimagen; Embarazo en Adolescencia; Enfermería.

INTRODUCTION

According to the World Health Organization (WHO), adolescence, a period between 10 and 19 years old, is related to the changes in the biopsychosocial state that can lead adolescents to crises and conflicts. The behavioral changes associated with the need to experiment desires and curiosities, as well as being a moment of discovery of one's own body and sexual pleasure, can cause them to inconsequentially proceed their sexuality, resulting in situations such as unplanned pregnancy, abortion, sexually transmitted infections and others.

Particularly, when it comes to adolescence pregnancy, especially the unplanned one, it is common the feeling of loss of identity, expectation for future, reliability and protection of the family. For these reasons, early gestation is considered as an element capable of destabilizing the adolescent's life, besides being a determining element in the reproduction of the poverty cycle of the populations, by causing obstacles in the continuity of studies and in the access to the job market.

The proportion of adolescent pregnant women has been maintained in the last decades, where one in five Brazilian women are/were pregnant during adolescence. Data from the Live Birth Information System (SINASC) show that in 2015, in Brazil, more than 500 thousand children were born to pregnant women aged 10-19 years old.

The birth rate among 15-19 year-old women is 71 for every 1,000 expectant mothers, matching the rates in Afghanistan (90/1000) where, traditionally, girls get married early and differ from a first-world country, such as France (12/1000). Thus, this issue is considered a health problem, both due to its high prevalence and its repercussion on maternal and

fetal/neonatal health, influencing socioeconomic, cultural and psychological aspects.

Pregnancy is a phase that involves complex physiological and psychological changes in a short time, and can negatively affect the physical and mental health of women, influencing body image and, consequently, self-esteem.

Self-esteem refers to the way the person prioritizes his goals, creates his expectations, accepts him/herself and values the other. Thus, the way one feels about oneself crucially affects the aspects of lived experiences. Self-esteem is then the key to success or failure of individuals. Understanding oneself and others, also reflects the capacity to deal with the challenges of life, respect and the defense of one's interests and needs.

Self-esteem can be classified as high, medium or low. The first relates to the proper sense of trust in life, believing in its competence and value, having resilience. Having an average self-esteem is floating between feeling right or wrong as a person. Finally, having low self-esteem is feeling bad as a person, usually being more sensitive to criticism, with feelings of inferiority, isolation, insecurity, rigidity, fear of the new, developing conformity and a defensive posture.

In this context, as the guiding question of the study is: "Do the adolescent pregnant women have altered self-esteem?". Thus, this study is justified by the need to know the impact that gestation causes on the self-esteem of adolescents, since this interferes in the personal, professional and social life of the people.

Thus, the objective of this study is to evaluate the self-esteem of adolescent pregnant women, describing them as to their sociodemographic and clinical characteristics, as well as identifying the level of self-esteem and the influence of sociodemographic variables on their scores.

METHODS

This is a descriptive, quantitative and cross-sectional study carried out with pregnant women aged 10 to 19 years, assisted at the Basic Health Units of the city of Guimarânia, Minas Gerais.

As inclusion criteria, we considered pregnant adolescents, aged 10 to 19 years, who were performing prenatal care at these UBS. Those that presented any physical and/or neurological and/or obstetric pathology were excluded.

In April 2017, there were 62 pregnant women under prenatal care, of which 16 were adolescents. Of these, 12 participated in this study, since two were

not located and two others denied participating.

Data were collected in August 2017. A sociodemographic questionnaire was constructed by the researchers and, for the evaluation of self-esteem, the Rosenberg Scale, validated in 2004. This is self-administered and consists of ten questions with the following options: I agree, I fully agree, disagree and strongly disagree. With each answer, a note of importance was assigned that varies from one to four. For the classification of self-esteem, all items must be added together, totaling a single value for the scale. According to this sum, self-esteem can be classified as satisfactory or high (score greater than 31 points), mean (score between 21 and 30 points) and unsatisfactory or low (scores lower than 20 points). In this way, the greater the sum, the greater the self-esteem.

The results were analyzed using statistical descriptive measures, in the form of simple and absolute frequency, mean, median and standard deviation, and were later presented as consolidated in tables, seeking to analyze and quantify the results of the sample.

The research was approved by the Ethics and Research Committee of the University Center of Cerrado Patrocínio (UNICERP) under protocol number 20171450ENF005, respecting the principles of Resolution 466/12 of the National Health Council.

RESULTS

Table 1 presents the sociodemographic characterization of the study participants.

Table 1 - Characterization of pregnant women according to sociodemographic variables. Guimarânia-MG, 2017.

Variables		n (%)
	10 – 14 years old	-
Age	15 – 19 years old	12 (100)
	Single	01 (08.3)
Marital status	Married	04 (33.3)
	Stable Union	07 (58.4)
	Elementary School completed	03 (25.0)
Education	High School completed	08 (66.7)
	Graduation incomplete	01 (08.3)
	Less than 01	04 (33.3)
Monthly family income (in minimum wage)	Between 01 and 02	08 (66.7)
	Yes	01 (08.3)
Work	No	11 (91.7)

Situation of the house	Rented	08 (66.7)
	Own	01 (08.3)
	Borrowed	03 (25.0)
Living with parents	Yes	04 (33.3)
	No	08 (66.7)

Source: Data collected by the author (2017).

The age of the adolescents ranged from 16 to 19 years, with mode of 18, mean of 17.66 years and standard deviation of 0.88 years. The majority claimed to be pregnant for the first time (58.4%).

Regarding the self-esteem of adolescent pregnant women, it was observed that all were classified as unsatisfactory (score less than 20 points).

Table 2 shows the distribution of women, according to the affirmations referring to the self-esteem and means of each question.

Table 2 - Distribution of women, according to the answers of the affirmations referring to self-esteem and average of the question. Guimarânia, 2017

	Afirmatives	**Responses**	**n (%)**	**Mean ($\pm$)**
1	As a whole, I am satisfied with myself	Totally disagree Disagree Agree Totally agree	07 (58.3) 05 (41.6) 0 (0.0) 0 (0.0)	1.41 ($\pm$0.51)
2	Sometimes, I do not think I'm good at all	Totally disagree Disagree Agree Totally agree	0 (0.0) 01 (8.3) 09 (75.0) 02 (16.6)	3.08 ($\pm$0.51)
3	I feel I have several good qualities	Totally disagree Disagree Agree Totally agree	0 (0.0) 11 (91.6) 0 (0.0) 01 (8.3)	3.16 ($\pm$0.57)
4	I can do things as well as most other people	Totally disagree Disagree Agree Totally agree	02 (16.6) 10 (83.3) 0 (0.0) 0 (0.0)	1.83 ($\pm$0.38)
5	I feel I do not have much to be proud of	Totally disagree Disagree Agree Totally agree	0 (0.0) 02 (16.6) 08 (66.6) 02 (16.6)	3.08 ($\pm$0.79)
6	Sometimes I feel useless	Totally disagree Disagree Agree Totally agree	0 (0.0) 02 (16.6) 06 (50.0) 04 (33.3)	3.16 ($\pm$0.71)
7	I feel I am a person of value, at least on the same level as other people	Totally disagree Disagree Agree	05 (41.6) 04 (33.3) 02 (16.6)	1.91 ($\pm$0.99)

		Totally agree	01 (8.3)	
8	I would like to have more respect for myself	Totally disagree Disagree Agree Totally agree	0 (0.0) 01 (8.3) 06 (50.0) 05 (41.6)	3.33 (±0.65)
9	I feel like I'm a loser	Totally disagree Disagree Agree Totally agree	0 (0.0) 01 (8.3) 04 (33.3) 07 (58.3)	3.50 (±0.67)
10	I have a positive attitude towards myself	Totally disagree Disagree Agree Totally agree	06 (50.0) 05 (41.6) 01 (8.3) 0 (0.0)	1.58 (±0.66)

Source: Data collected by the author (2017).

The group's most relevant complaints about self-esteem have always been that they are inclined to be a failure, followed by failing to value themselves, striving for more respect for themselves, even after claiming that they feel they have qualities, but are incapable/useless to do some things.

DISCUSSION

In Brazil, the number of adolescent pregnant women accounted for 18.0% of the 3 million pregnancies in 2015. At the time of data collection, there were 25.8% of pregnant women in this age group, in Guimarânia, which is lower than those in the Southeast region (32.0%). Even with still high numbers, these decreased by around 17.0% in Brazil, according to SINASC data, from about 661,000 live births of adolescent mothers in 2004 to 546,000 in 2015. One of the reasons which

help in explaining this phenomenon is the expansion of the Family Health Strategy.

Early dating and early sexarch are not accompanied by sufficient information to enable adolescents to first understand what sexuality is and to be able to prevent situations such as motherhood and fatherhood without planning. In this way, it is pertinent to discuss the difference between sexuality and sex itself with this group. Sexuality is related to bodily representation, to culture and family creation, to affective relationships, whereas sex can be considered as eminent biological reactions that allow reproduction among beings.

During the course of pregnancy, many interrupt their studies, a fact that compromises the realization of personal projects, away from school and social environments, and approaching conflicts resulting from the changes arising from the

concomitant situation they are living: adolescence and to pregnancy.

The results found in relation to the marital situation, low schooling and living with the partner are similar to the study by Nery et al13 (2015), where most of the events of an unplanned pregnancy are represented by women with low education level (main social related issue) and low financial conditions, since the higher the level of knowledge, the greater the chances of correct use of contraceptive methods.

Most adolescent pregnant women are not legally married and only live with their spouse and their relatives without official registration, significantly influencing the family structure. The financial dependence itself, also related to dropping out of education, contributes to victimization, be it in the form of physical or other violence, practiced by the partner or relatives.

Such financial dependence makes the adolescent deprived of autonomy for making decisions about her future and that of her child. In a situation of vulnerability, the adolescent pregnant woman predisposes herself to other risk behaviors, being subordinated to the decisions of the partner on the adoption or not of the contraceptive method, to the use and abuse of illicit substances and, even, inducing itself to thoughts or actions aimed at abortion or suicide in situations of new gestation.

Although the participants of this study are adolescents pregnant for the first time, it is recognized that the age of the first gestation in this study is different from the ages of the study participants of Santos et al. 12 carried out in Fortaleza-CE, where 60.0% became pregnant between 12 and 14 years and 40.0% between 15 and 16 years of age. However, Vieira et al. (2017) found that the mean age of adolescents (x=17.3) was approximate this study (x=17.6), even though the majority of pregnant women between 13 and 15 years of age (18.5%, SD=1.57).

Getting pregnant during adolescence compromises the opportunities for work, study and personal growth that young women could have. A compendium of the Ministry of Health presents data related to a study carried out in Latin America that shows that teenage pregnancy decreases schooling years, as well as the chances of adolescents finishing high school and continuing their studies after the baby is born because of the responsibilities for household chores and child care. Even so, some adolescents justify gestation because they feel physically attracted to the partner, because of the momentum, especially after drinking alcohol or a sexual impetus between the couple, valuing, even momentarily, the self-esteem of the adolescents.

In the period of pregnancy, the body presents significant changes, which together with the hormonal changes end up modifying some perceptions about the body itself. Although for some women pregnancy is a factor of joy and family evolution, for others it represents the fragility/susceptibility of woman marked by a series of psychic disorders. The reasons that may influence maternal-fetal health vary between family, social, marital, cultural and personality relationships that have repercussions on women's changes and self-esteem.

The term self-esteem is based on the self-confidence and self-respect that the individual has for himself, expressing an acceptance or denial of his actions, pondering the personal judgment of value, of verbal and interpersonal behaviors and relationships.

It is observed that women up to 18 years of age, without fixed partners, with low schooling, current unplanned pregnancies, multiparous women and who used some type of drug showed lower self-esteem, as well as women with weight gain greater than 15 kilos have a higher propensity to low self-esteem.

This directly affects child care, since self-esteem is an important factor of maternal-fetal attachment, and therefore deserves more attention to be investigated during the prenatal period.[20] High

maternal self-esteem is considered a factor protection for child development and depression during and after pregnancy. The major complaints of the participants are related to not being worthy, considering that they are useless and doomed to failure, even though they recognize that they have qualities.[19] The authors further affirm that dissatisfaction with self-esteem can occur when the adolescent does not reaches appropriate patterns of body structure considered by her and society/media, making small changes in gigantic proportions that directly affect the psychic field of women.

One way to minimize factors related to inadequate self-esteem is family support and affective stability. This study identified that most of the participants had a stable affective relationship, living with parents and partners in the same residence.

CONCLUSION

It was identified that, despite the high rate of pregnant women in the municipality in question, this is lower than that of the Southeast Region. All participants had unsatisfactory self-esteem, demonstrating the need for health professionals to act, since it interferes with the mother's care with her child. Some forms of nursing interventions could be scored through guidance on prenatal care

and encouragement of healthy lifestyle habits.

As a limitation of this study, the reduced number of participants is mentioned, although all have been addressed, preventing the performance of statistical tests in order to verify possible associations. Thus, it is suggested to carry out new researches in order to collaborate in sustaining the profile of adolescent pregnant women.

In any case, this study supports and strengthens the evidences related to the self-esteem and the socioeconomic factors of the adolescent pregnant women, being able to base future studies on the subject.

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