

**144 - PREGNANT TEENS PROFILE OF USERS OF HEALTH FAMILY UNIT IN LOWLAND CROSS - SOUSA-PB.**

MARIA DO SOCORRO DE SOUSA ESTRELA GUEDES<sup>I</sup>  
AMANDA OLIVEIRA DA SILVEIRA<sup>II</sup>  
ANDRESSA PRICCILA FORMIGA DANTAS<sup>III</sup>  
VANIELY OLIVEIRA FERREIRA<sup>IV</sup>  
msgenf@hotmail.com

**INTRODUCTION**

It is growing the number of women who become mothers very young, giving birth at a time that could be developing some emotional and cognitive capacities, and accumulated experience, the freedom that exists within this period, suitable for different circumstances and living later enter the adult world, acquiring the minimum knowledge, but then allows the formation of a family with one child or more. However, it is observed that an alarming number of teenagers are taking a different turn and ends up pregnant, occurring most often a restriction of their activities in the educational and professional development field, without generalizing, however, a large portion of them, just restricted to the contact home where she lives.

Kalina (1999) states that in adolescence, there is a profound disruption of the personality and over the years going through a restructuring process. Based on the genetic historical background, social and family life, and also by the progressive acquisition of the adolescent personality, you can understand that this restructuring has its axis in the development process of mourning, every step left turn. The question family and social functions as co-factor in the resulting crisis as, especially, to acquire a new identity.

The sexual maturation of adolescents, according to Tiba (1996) happens quickly, while the intellectual and emotional maturation, beginning then the process in forming the values of independence, which ultimately generates contradictory thoughts and attitudes, especially regarding partners and professions.

Costa (2005) reports on today's child, which is very early on issues of sexuality, due to their curiosity in wanting to know how babies are formed and how it is sexual intimacy. The teens, age period between 10 and 19 years old, a transition from childhood to adult is a stage of life that occurs biologic, psycho and social changes, determined by genetic and environmental factors, thus being a time of deep emotional instability and bodily changes. At that time, everything is intensely lived and everything changes very fast: the adolescent vary their opinions, ideas, behavior and mood as well as change clothes. All this leads to growth, which it is the objective of this phase marked by two major acquisitions: the reproductive capacity and personal identity.

There are many cases that the children from six years old want to look at naked women magazines. In this sphere is currently experienced sexual release, which contributes to the increased of the number of teenage pregnancies. In this context, it emerges the recognition of the issue of teenage pregnancy as a growing public health problem.

Adolescent pregnancy is not a new phenomenon in Brazilian society. Following an international trend, it assumes, among us, especially in recent decades, the status of a social problem, which converge to the attention of governments, international organizations and civil society (BRAZIL, 2002).

Most studies in the health field, aims to establish a relationship between characteristics of both the individual and the environment that conditioned sexual risk behaviors may increase the probability of becoming pregnant. Thus, an increased risk in pregnancy is associated with the mother at lower ages, dropping out of school, low self-esteem of young people, lack of family structure (especially father absence), not regular participation in religious groups, influence of peers (assertion of masculine identity) and the lack or low amount of information about contraceptives. It is still evident an increased risk for young people belonging to the poorest sections of society, with fewer years of study and have initiated sexual life earlier (FIGUEIRÓ, 2002).

Focuses this event as a serious public health problem, with the fact of its occurrence is associated with negative aspects about the mothers's life and health and their children. Although teenage pregnancy has been identified as a public health problem, it is not always fact inconsistent and disastrous, especially when it occurs in the upper bands of adolescence, between 17 and 19 years. In some cases it may be the result of advance planning due to conscious and stable emotional life, but an unplanned pregnancy with the time is accepted and it is referred to how it really wanted. (BELO, 2004).

We know how important it is to fight through all the natural phases that life offers, such as childhood, adolescence, adulthood and old age, periods that it developed structures that help one after another. But it seems that we've grown accustomed to this fact, young people becoming "mother" in the biological sense, but there is a little preparation or structure, of course. (DUARTE, 1997)

**OBJECTIVE:**

The objective is to analyze the profile of pregnant teenagers users of prenatal ESF Lowland Cross, Sousa-PB.

**METHODOLOGICAL DESIGN**

This is a study of qualitative and quantitative nature, from the descriptive type and traverses. The survey was conducted in the city of Sousa - PB, in the Lowland Health Unit of the Cross, in 2006. The population was consisted by teenagers pregnant users of prenatal Family Health Unit of the Meadow Cross, Sousa-PB, and the sample was composed of nine women who became pregnant teenagers and the criterion for sample selection was the consent of those to participate in the investigation.

It was used as an instrument of data collection a questionnaire, which pertains to the experience profile of pregnant adolescents and used the interview technique.

Subjective data related to the experience of adolescent pregnancy have been described and analyzed from the Discourse of the Collective Subject (Lefèvre and LEFÈVRE, 2005).

**ANALYSIS AND DISCUSSION OF THE RESULTS**

Regarding age from the interviewed 77.6% were aged 17 to 20 years and 22.2% from 13 to 16 years. In the case of marital status 66.7% were single, 22.2% without a partner, 11.1% married. Concerning the education of the respondents, 77.8% had incompleting primary school, 11.1% with primary school and 11.1% had not completed high school, showing that pregnancy

in this study focused more on women with first-degree incomplete.

Regarding occupation they were all unemployed, or without their own income. Since the socio-economic family, 44.4% had incomes below the minimum wage, 22.2% between one and two minimum wages and 22.3% three to four minimum wages. The number of people living at home ranged from 55.5% at 4 to 6 people, 33.3% among one and three and 11.2% higher than six. With regard to home ownership to 88.8% said that they have house and 11.2% said they don't have it. Regarding the number of all children aged between one and two, showing that teenage pregnancy is not a big problem for them.

\* The first menstruation (menarche) occurred in 44.5% at twelve, 33.3% at thirteen years, 11.1% at fourteen and an equal percentage at fifteen years. They also informed that their first intercourse was 44.5% at age 14. At sixteen 22.2%, 22.2% at eighteen and at nineteen years 11.1%. The more education and live with both parents helps young people to engage in sexually later.

The number of partners, 77.8% of women reported having only one and 22.2% had two. Harris (1980), for example, they reported that the number of sexual partners is distinguished as an independent factor about the age at first intercourse. The number of times they got pregnant, most were in their first pregnancy in 77.8% women and 22.2% in the second pregnancy, and added that not miscarried. With regard to contraceptive methods 66.7% of them were using oral contraceptive pills, condoms 22.2% and 11.1% wore nothing.

The reason that led to 66.7% stop using birth control pills was to feel unwell. In 22.2% the condom broke and 11.1% stopped because they wanted to use the methods. None of them had gestational risk factors related to smoking, alcohol and drugs. 100% of pregnant teenagers reported to be no problems with the family and that is great to live with friends in 77.8% and 22.2% (2) has no friends.

Regarding the question about how your pregnancy is experiencing some categories emerged which we analyze your testimony.

**Exhibition Reviews categories that emerged**

**CENTRAL IDEA MEMORANDUM SATISFACTION**

1. I liked it! I left out from school (laughs). I left at all. Parties, playing (laughs). I like playing marbles and dance forró "
2. "It's very good. I do not dance, I do not walk as before, I do not go to the parties! "
5. "Pregnancy is good, I feel nothing. My life before and now do not change anything. "
3. "I liked it was wonderful! I wanted to be a mother, I wanted to go through what my mother passed. Now like it or not I have to find the resignation of my partners. "

IDÉIA CENTRAL	MOTIVOS
SATISFAÇÃO	<ol style="list-style-type: none"> <li>1. "Gostei! Deixei de estudar (risos). Deixei de tu do. Festas, brincadeiras (risos). Gosto de jogar bola de gude e de dançar forró (aviões do forró)"</li> <li>2. "É muito bom, não é ruim não. Não danço, não ando como antes, não vou para as festas!"</li> <li>5. "Gravidez boa, não sinto nada. Minha vida de antes agora não mudou nada".</li> <li>3. "Gostei, foi maravilhoso! Eu queria ser mãe; eu queria passar pelo que a minha mãe passou. Agora querendo ou não tem que achar bom a renúncia dos meus passeios".</li> </ol>

Table 1. Distribution of the central idea related to reasons for satisfaction of pregnancy

In the first speech, priority was given to the testimony of those women who became the main reason for their satisfaction in pregnancy, the conscious desire to be a mother again or for the first time in an attempt to assert her female identity. At the grassroots, in particular, regardless of sex, desire to have a child comes earlier and there is a huge valuation of the pregnancy, but the meaning given to it differs according to the context.

**CENTRAL IDEA MEMORANDUM DISSATISFACTION**

6. "My pregnancy's being too bad. I only lived in direct patient bed. I'm not going to parties, do not dance. I had no support from the father from the beginning. He left me, just now wanted to see the girl. I'm by myself ... "
7. "I did not accept that I was pregnant, there was a disturbance. My partner did not cooperate. First the father proposed to depart from the family to live with him further after his father proposed to abort. So I decided to have the child. "
8. "I do not like the situation, I'm feeling, nausea, vomiting, tachycardia. I'm afraid of losing the baby. "
9. "It is not good because we feel much, headache, vomiting ... we feel quite differently. I can not leave to parties, not every kind of place. But I have the support of my family, my husband loves me and really wants this child. "
4. "I'm fine, but not all (crying) ... I miss my partner, my rides. I am separated from the baby's father. "

IDÉIA CENTRAL	MOTIVOS
INSATISFAÇÃO	<ol style="list-style-type: none"> <li>6. "Minha gravidez tá sendo ruim demais. Eu só vivia na cama direto doente. Não vou para as festas, não danço. Não tive apoio do pai desde o início. Ele me deixou, só agora quis ver a menina. To só..."</li> <li>7. "Não aceitei que estava grávida, aconteceu um distúrbio. Meu parceiro não colaborou. Primeiro o pai propôs afastar -se da família para viver com ele longe, depois pai propôs abortar. Então eu decidi ter o filho".</li> <li>8. "Não estou gostando da situação, do que estou sentindo, enjôo, vômitos, taquicardia. Tenho medo de perder o neném".</li> <li>9. "Não é boa porque a gente sente muita coisa, dor de cabeça, vômitos... a gente sente muito diferente. Não pode sair para festa, nem todo tipo de lugar. Mas tenho apoio da minha família, do meu marido que me ama e quer muito esse filho".</li> <li>4. "Tô bem, mas não to (choro)... sinto falta do meu parceiro, meus passeios. To separada do pai do bebê".</li> </ol>

Table 2. Distribution of the central idea of dissatisfaction related to pregnancy

The pregnancy in this context, it has fostered a sense ambiguous and contradictory at the same time, the changes that result in women's lives, and also because it proved, in most cases, unplanned. According to Brazil (2002) comments that pregnancy and the postpartum period can generate fear and anxiety for women. For Silva (2000), this fact stems from the perception of something new and unexpected in life, with which the woman has not learned to cope.

#### FINAL

Adolescent pregnancy is a public health problem of increasing order around the world. A teenage single mother has even more difficulty, because in addition to living adolescence, though it often has to do the role of father and mother, to try to decrease the absence of fathers in child development.

Therefore, this study points to the need to work a permanent health education, emphasizing interdisciplinary activities, teamwork, continuity and regularity of services offered in relation to contraceptive methods distributed by public health services and greater involvement in this fight.

There are many reasons women get pregnant, love being the main reason for marriage, and a son is seen as the fruit of this love. However, many pregnancies are unwanted or planned, and were accepted only after a time. Some are not even accept

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*I - Especialista, Enfermeira do Programa de Saúde da Família – Sousa (PB), Brasil.*

*II - Acadêmica de Enfermagem, Universidade Federal de Campina Grande – Cajazeiras(PB), Brasil.*

*III - Acadêmica de Enfermagem, Faculdade Santa Maria – Cajazeiras(PB), Brasil.*

*IV - Acadêmica de Enfermagem, Universidade Federal de Campina Grande – Cajazeiras(PB), Brasil.*

Endereço: Rua José Facundo de Lira, n. 125, Bairro Gato Preto. Sousa – PB

Email: [msgenf@hotmail.com](mailto:msgenf@hotmail.com)

#### PREGNANT TEENS PROFILE OF USERS OF HEALTH FAMILY UNIT IN LOWLAND CROSS - SOUSA-PB.

##### ABSTRACT

Adolescence is a period characterized by the transition from childhood to adult, so it is a period of deep instability emotional and bodily changes. The objective is to analyze the profile of pregnant teenagers users of prenatal ESF Lowland Cross, Sousa-PB. It is a study of quantitative and qualitative nature, whose population consisted of pregnant adolescent women users of this unit and the sample consisted of adolescent women who become pregnant. Data were collected in April and May 2008. It was used as an instrument of data collection a questionnaire with 18 questions objective guiding the profile of these adolescents in reproductive stage. It is observed that 77.6% of interviewed who were between 17 to 20 years. In the case of marital status 66.7% were single. 77.8% had incompleting primary school. 44.4% had incomes below the minimum wage amount of people living at home ranged from 55.5% at 4 to 6 people. About their experience in the current pregnancy was possible to divide them into two central ideas: satisfaction and dissatisfaction. Through this it is clear that, although teenage pregnancy has been identified as a public health problem, it is not always fact inconsistent and disastrous.

**KEYWORDS:** USF; Teenager; Pregnancy

#### LE PROFIL DES ADOLESCENTES ENCEINTES UTILISATEURS DE LE UNITÉ DÉ SALUER DE LA FAMILLE DE LEA DE LA CROIX, SOUSA-PB

##### RÉSUMÉ

L'adolescence est une période caractérisée par la transition de l'enfance à l'âge adulte, il est donc une phase de profonde instabilité émotionnelle et corps change. Visant-dans l'affirmative, analyser le profil des adolescentes enceintes utilisatrices de pré-Noël, le ESF de Lea de la croix, Sousa-PB. Cette étude quantitative-nature qualitative, dont la population était composée de femmes adolescentes enceintes utilisatrices cette unité et l'échantillon composite des adolescents qui ont obtenu les femmes enceintes. Le Utilisé comme un instrument de collecte de données un questionnaire avec 18 questions objectif profil de ces adolescents la phase de reproduction. Spotter-si, en ce qui concerne l'âge des personnes interrogées que 77.6 % avaient entre 17 à 20 ans. cas si l'état civil 66,7 %, unique. 77.8 % Ont été au premier degré incomplète. 44,4% Avait louer de moins d'un salaire minimum quantité de personnes résidant dans la maison variait de 55,5 % entre 4 à 6 personnes. Dans le cas de son

expérience en cas de grossesse réelle pourrait-si diviser-la dans deux idées centrales : satisfaction et de mécontentement. Grâce à cette perçoit-, que, bien que la grossesse à l'adolescence a été souligné comme problème de santé publique, il n'est pas toujours costume sourd et désastreuse.

**MOTS CLÉS :** FSE; Adolescents; Grossesse.

**PERFIL DE LAS ADOLESCENTES EMBARAZADAS USUARIOS DE UNIDAD DEL SALUD DE LA FAMILIA DE READ DE LA CRUZ, SOUSA-PB.**

**RESUMEN**

La adolescencia es un período caracterizado por la transición desde la infancia a edad adulta, por lo que es una fase de profunda inestabilidad emocional y cambios corporales. Encaminadas-si así fuera, analizar el perfil de las adolescentes embarazadas usuarios de pre-Navideña del FSE de Read de la Cruz, Sousa-PB. Este estudio de cuantitativa y cualitativa, cuya población está compuesto por mujeres embarazadas adolescentes usuarios esta unidad y la muestra compuesta de adolescentes que adquirirían las mujeres embarazadas. Los datos fueron recogidos en los meses de abril y mayo 2008. utilizan- como un instrumento de recopilación de datos un cuestionario de 18 preguntas objetivo rector perfil de estos adolescentes fase reproductiva. Aviones-si, en cuanto a la edad de los entrevistados que 77.6 % fueron entre 17 y 20 años, caso-si estado civil 66.7%, solo. 77.8 % Fueron con el primer grado incompleta. 44.4% Había alquiler de menos de un salario mínimo cantidad de personas que residen en el hogar osciló entre 55.5 % entre 4 y 6 personas. En el caso de su experiencia en el embarazo real- podría si dividir-la en dos ideas centrales: la satisfacción y la insatisfacción. A través de este percibe-, que, aunque embarazo en la adolescencia ha sido señalado como problema de salud pública, no es siempre traje inconsequent y desastrosas.

**PALABRAS CLAVE:** 1. FSE 2. Adolescentes 3. Embarazo.

**PERFIL DAS ADOLESCENTES GRÁVIDAS USUÁRIAS DA UNIDADE DE SAÚDE DA FAMÍLIA NA VÁRZEA DA CRUZ - SOUSA-PB.**

**RESUMO**

A adolescência é um período caracterizado pela transição da infância para a idade adulta, sendo assim uma fase de profunda instabilidade emocional e mudanças corporais. Objetivou-se assim, analisar o perfil das adolescentes grávidas usuárias do pré-natal da ESF da Várzea da Cruz, Sousa-PB. Trata-se de um estudo de natureza quanti-qualitativa, cuja população foi constituída de mulheres adolescentes grávidas usuárias desta unidade e a amostra composta das mulheres adolescentes que engravidaram. Os dados foram coletados nos meses de abril e maio de 2008. Utilizou-se como instrumento de coleta de dados um questionário com 18 questões objetivas norteadoras do perfil destas adolescentes na fase reprodutiva. Observa-se, no que diz respeito à faixa etária das entrevistadas que 77,6 % estavam entre 17 a 20 anos. Tratando-se do estado civil 66,7%, solteiras. 77,8 % estavam com o primeiro grau incompleto. 44,4% possuíam renda inferior a um salário mínimo quantidade de pessoas residentes no lar variou entre 55.5% entre 4 a 6 pessoas. Em se tratando de sua vivência na gravidez atual pôde-se dividi-la em duas idéias centrais: satisfação e insatisfação. Através deste percebe-se, que, embora a gestação na adolescência tenha sido apontada como problema de saúde pública, ela nem sempre é fato inconsequente e desastroso.

**PALAVRAS CHAVES:** USF; Adolescentes; Gravidez.