

CLINICAL RESEARCH

Behavior of Pregnancy in Adolescence, Mantilla Health Area, 2019-2020

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ABSTRACT

INTRODUCTION

Pregnancy in adolescence is a problem of alarming dimensions that demands comprehensive multisectoral care. The incidence of pregnancy in adolescents has grown and no previous studies on the entity were found.

OBJECTIVE

To describe the behavior of adolescent pregnancy in the Mantilla health area.

METHOD

Observational, descriptive, cross-sectional study of a universe of 82 pregnant adolescents from the Mantilla health area from April 2019 to November 2020. A survey and test of perception of family functioning were applied, which were processed using Descriptive Statistics techniques.

RESULT

57.3% of the pregnant women were between 17 years and 19 years old, 53.7% had not completed the pre-university or intermediate technical level and 75.6% did not wish to interrupt their pregnancy.

CONCLUSION

Pregnancies in adolescence are unplanned and therefore unwanted; the vast majority of adolescents admit that they are incapable of facing pregnancy and what it means for their later life.

KEYWORDS

Pregnancy; Adolescence; Primary care; Family

INTRODUCTION

Since their children are born, parents struggle to help them build a better future. They want a good education, a job, and of course, happiness. But the road is difficult and often full of obstacles. Teen pregnancy can frustrate many of these dreams and aspirations. About 2 out of 5 women get pregnant at least once before their 20th birthday. It is certainly a sensitive issue where parents play a primary role in guiding their teenage children at such an important time in their lives. Although pregnancy at any age constitutes a very important biopsychosocial event, during adolescence it is a considerable challenge that leads to situations that can threaten both the health of the mother and that of the child [1]. The World Health Organization (WHO) defines adolescence as the stage of life between 10 years and 19 years of age. Adolescence is a stage of transcendental importance in the life of the human being, it is a period between childhood and adulthood that begins with pubertal changes and is characterized by deep biological, psychological and social transformations, many of them generating crises, conflicts, and contradictions. It is not only a phase of adaptation to bodily changes, but of great determinations towards greater psychological and social independence. There are no precise parameters to establish when adolescence begins or ends [2,3].

Adolescence should be considered as a stage of life in itself, like childhood, adulthood, or old age, and not as a period of transition from one state to another during which the child becomes an adult. Therefore, and following the WHO criteria, it is considered as the stage that elapses from puberty to 19 years of age. The following two subdivisions or phases have been proposed [3,4]:

- Early adolescence: Between 10 years and 14 years.
- Late adolescence: Between 15 years and 19 years old. In this phase, the period known as «youth» occurs, which takes place between 15 years and 24 years of age.

Pregnancy in adolescence is that pregnancy that takes place during the adolescence stage, or what is the same, that which occurs in women from menarche to 19 years of age, regardless of gynaecological age. Sánchez Camps refers that it is that pregnancy that occurs during the first two years of gynaecological age of the woman and when the adolescent maintains a total economic dependence, or one of these cases [5]. Cuba is among the nations that have a low global fertility rate, its value is 1.6. However, it is among the nations with a high rate of fertility, its value is 1.6. However, it is among the nations with a high fertility rate (42.5 per 1000 women of childbearing age), drawing attention to the fact that in the age group between 15 and 19 years, this rate rises to the figure of 52.3 per every 1000 women belonging to that age group [6]. However, world averages mask important regional differences. Adolescent births - as a percentage of all births - ranged from around 2% in China to 18% in Latin America and the Caribbean [3]; in 2015, of the 5,800,000 adolescents living in the territory 800,000 were pregnant in Peru [7]. Despite progress, contraceptive use rates remain low in sub-Saharan Africa, North Africa, and the Middle East; even in countries like Kenya or Ghana, they have multiplied by 5 in the course of the last 20 years [4]. The high incidence of adolescent pregnancies in Latin America, surpassed only by Africa, persists and has an increasing trend. Venezuela is the country in South America with the highest rate of teenage pregnancy. According to data from the United Nations [4]. In Cuba, teenage pregnancy continues to rise despite the progress made in the field of health, which should be a matter of concern for the Ministry of Health Cuban public. Pregnancy in adolescence constitutes an important public health problem worldwide since it is an unexpected result in the reproduction process whose causes must be found in biological, sociological, psychological, cultural and other

factors that must be analyzed in its evolution secular [4]. Today's adolescents are more likely to face pregnancy, desired or not, but the process itself entails, among other problems: premarital conceptions, early marriage or union, a higher rate of marital separation, school dropout or job deviation, increased abortion and its sequelae, a high obstetric risk, as well as an increase in peri-natal and maternal-infant morbidity and mortality [8]. From the psychosocial point of view, adolescent pregnancy, an unwanted pregnancy that the man does not face in many cases because he considers that "being pregnant is not his problem, it is she who did not take care of herself", ends usually with an abortion that the family ignores or supports; or if she accepts the pregnancy, it means dropping out of school and frustration at not being able to continue her studies, or the boy becomes the grandmother's son, she takes care of him, takes care of him so that her daughter can move on and the young woman she does not live or enjoy the responsibility of being a mother or what it entails [9]. Virtually all adolescent reproductive health problems are linked to their tendency to practice risky sexual behaviours [10,11]. Family functionality is achieved when the objectives Family members are reached, it must be a satisfactory environment where there is appropriate communication, they listen to each other, respect each other, behave responsibly and maintain shared values [12]. For all of the above and for the high frequency of pregnant adolescents in the Arroyo Naranjo municipality and particularly in the Mantilla health area, in addition to the fact that no reports of previous studies were found on the behavior of the entity in said territory, this investigation is considered timely.

METHODS

An observational, descriptive, cross-sectional study was carried out in 82 pregnant adolescents belonging to the Mantilla Polyclinic, Arroyo Naranjo municipality, Havana, from April 2019 to November 2020, with the aim of characterizing the behavior of pregnancy in the aforementioned adolescents.

Inclusion Criteria

- Age 10 years to 19 years.
- That the pregnant woman and her guardian agree to cooperate with the study by signing the informed consent.
- That the pregnant woman is in full mental capacity.

Exclusion Criteria

- Pregnant woman with unstable residence in the Mantilla health area.

To collect the data, a survey was applied to each of the adolescent pregnant women involved in the study, taking into account the information collected in the family health records, individual medical records and charge sheets. The Family Functioning Perception Test or FF-SIL Test was also applied to the person from the family nucleus of the pregnant woman with the required qualities according to the author of the research to provide relevant data for the study. This test consists of 14 items, with 5 possible answers for each one: almost never, few times, sometimes, many times, almost always. These answers have a score:

- Almost always 5
- Many times 4
- Sometimes 3
- Rarely 2
- Almost never 1

The final score of the test is obtained from the sum of the points by items, which allows to reach the diagnosis of family functioning; this is shown below:

- Category Score.
- Functional (75-57).
- Moderately functional (56-43).
- Dysfunctional (42-27).
- Severely dysfunctional (26-14).

The data of each pregnant woman were dumped into a spreadsheet created with Microsoft Excel 2013 on Windows 7. For processing, descriptive statistics techniques were applied to calculate absolute and relative frequency distributions expressed in percent. The results obtained were presented in tables for better understanding. This research was carried out respecting ethical considerations related to the autonomy and self-determination of the people under study, taking into account that they gave their approval to participate in the study by signing the adolescent pregnant woman and her guardian in the informed consent model, informing them that the results of such research would be used for purely scientific purposes. Clear, simple and understandable language was used by the participants. No aggressive techniques were used and the modesty of the pregnant women was taken care of at all times, respecting anonymity with permanent application of strict professional ethics.

RESULTS

The present study was carried out during the period April 2019 - November 2020, with 82 pregnant women between the ages of 10 and 19, belonging to the Mantilla Polyclinic of the Municipality of Arroyo Naranjo in Havana.

Table 1: Adolescent pregnant women according to age. Mantilla Polyclinic, April 2019 - November 2020.

Age	Absolute Frequency	Percentage
10 - 13	4	4,9
14 - 16	31	37,8
17 - 19	47	57,3
Total	82	100,0

Source: Survey

Table 1 shows that more than half of the pregnant women in the study belonged to the age group corresponding to late adolescence between 17 years and 19 years (57.3%), followed by 37.8% belonging to intermediate adolescence and 4.9% to early adolescence.

Table 2: Pregnant teenagers according to marital status and age. Mantilla Polyclinic, April 2019 - November 2020.

Marital Status	Age						Total	
	10 years - 13 years		14 years - 16 years		17 years - 19 years		Absolute Frequency	Percentage
	Absolute Frequency	Percentage	Absolute Frequency	Percentage	Absolute Frequency	Percentage		
Single	0	0.0	3	3.7	34	41.4	37	45.1
Married	0	0.0	0	0.0	4	4.9	4	4.9
In unión consensus	2	2.4	6	7.2	33	40.4	41	50.0
Divorce	0	0.0	0	0.0	0	0.00	0	0.0
Widow	0	0.0	0	0.0	0	0.00	0	0.0
Total	2	2.4	9	10.9	71	86.7	82	100.0

Source: Survey

Table 2 reflects that of the total of the pregnant women studied, half are adolescents who live in consensual union with their partner, of which 40.4% are between 17 years and 19 years of age; very closely, with more than 45% single women appear and only almost 5% are married.

Table 3: Adolescent pregnant women according to acceptance of pregnancy by the pregnant woman, the couple and the guardian. Mantilla Polyclinic, January 2018 - January 2019.

Categories	Acceptance of Pregnancy						Total	
	Yes		No		No sé		Absolute Frequency	Percentage
	Absolute Frequency	Percentage	Absolute Frequency	Percentage	Absolute Frequency	Percentage		
Pregnant	32	39.0	50	61.0	0	0	82	100.0
Couple	19	23.2	33	40.2	30	36.6	82	100.0
Tutor	8	9.8	42	51.2	32	39.0	82	100.0

Source: Survey

Table 3 shows that the highest percentages correspond to the non-acceptance of the pregnancy both by the adolescent, as well as by the couple and their guardian or relative in charge.

Table 4: Adolescent pregnant women according to the reason for the continuation of the pregnancy. Mantilla Polyclinic, January 2018 - January 2019.

Cause	Absolute Frequency	Percentage
Only you wanted it	40	48.8
Only his partner wanted it	0	0.0
They both wanted it	18	22.0
The parents or guardian wanted it	9	11.0
Everyone wanted it	5	6.1
Could not terminate due to advanced pregnancy	3	3.7
His religion prevented him	1	1.2
Anemia or other condition	2	2.4
Fear of complications from discantimation	4	4.9
Total	82	100

Source: Survey

From the study carried out, it was obtained in Table 4 that the main reason why the pregnant woman let the pregnancy progress was because she wanted it, it was her personal decision (48.8%), which is due to the fact that a high percentage of adolescent pregnant women did not want to interrupt it.

Table 5: Adolescent pregnant women according to family functioning and support. Mantilla Polyclinic, April 2019 - November 2020.

Family Functioning	Family Support						Total	
	Yes		No		Occasionally		Absolute Frequency	Percentage
	Absolute Frequency	Percentage	Absolute Frequency	Percentage	Absolute Frequency	Percentage		
Functional	15	18.3	0	0.0	0	0.0	15	18.3
Moderately functional	40	48.8	4	4.9	5	6.1	49	59.8
Dysfunctional	2	2.4	6	7.3	4	4.9	12	14.6
Severely dysfunctional	1	1.2	3	3.7	2	2.4	6	7.3
Total	58	70.7	13	15.9	11	13.4	82	100

Source: Survey

Table 5 shows that more than 70% of the adolescent pregnant women in the study received family support, almost 60% of them coming from moderately functional families.

DISCUSSION

In the investigation a predominance was observed that shows that more than half of the pregnant women studied belonged to the age group corresponding to late adolescence - between 17 years and 19 years of age. In a study carried out on 718 adolescent mothers at the Guanabacoa Gyneco-obstetric Teaching Hospital in Havana, during the 2014-2016 triennium, Alonso Uría et al. Found that 65.8% corresponded to late adolescence [1]. Paz Fuentes and collaborators in the study carried out on a universe of 148 pregnant adolescents, found that 1.4% had ages of 10 years - 13 years, 16.2% between 14 years - 15 years, 20.9 % between 16 years - 17 years old and 61.5% between 18 years - 19 years old [13,14]. Of the 148 pregnant teenagers involved in the study that Paz Fuentes et al. Carried out in Santiago de Cuba, 43.9% corresponded to single women, followed immediately by those who maintained a consensual union with 43.2% and only 12.9% were married [13-15]. An article published in 2017 by Gálvez et al. Reported the study of 45 pregnant women between the ages of 12 and 19, of which 60% corresponded to the range 17 years - 19 years, 28.9% were between 14 years and 16 years and 11.1% were not over 13 years of age [16]. In the Dominican Republic, 20% of adolescents between 15 and 19 years of age dropped out of school because they were pregnant and 45.5% were attending the general secondary level of education [17]. Salvent and collaborators, in a study carried out at the "Félix Peña Pérez" University Polyclinic of San Antonio del Sur in Guantánamo, found that in the prenatal consultation, of a total of 60 adolescent pregnant women, 50% had poor knowledge About the risks to which they were exposed, 45% had a medium level and only 5% had knowledge classified as good [18]. Gálvez et al. Found a predominance of pregnant women without a partner (25 cases; 55.6%) -mainly single-, in relation to pregnant women with a partner (20 cases; 44.4%) where the majority maintained a stable union [16]. Quintero Paredes manifests in his study the criterion that pregnancy at these ages is mostly unwanted, and that abortion as a way of ending it is also a health problem that occurs with great frequency. Its causes are usually psychosocial, and the consequences of its complications are medical [8]. Rojas Riera, in a study on preconception risk, found that only 25% of adolescent pregnant women allowed their pregnancy to progress because it is frequently unwanted pregnancies, in families that have a low social status, practice inadequate perinatal care and have poor nutritional status [19]. Mirabal Martínez and collaborators in a study on the biological, psychological and social repercussions of pregnancy in adolescence, carried out in the offices of the "Manuel González Díaz" teaching polyclinic of the Bahía Honda municipality, Pinar del Río province, to a universe of 150 pregnant teenagers , found that 85.3% had to let the pregnancy progress because they realized it late and 38.7% were afraid to undergo curettage [20], which are reasons of substantial weight for the continuity of the pregnancy. In the study by Mirabal Martínez et al. Carried out on 150 pregnant adolescents at the "Manuel González Díaz" teaching polyclinic in Pinar del Río, 85.3% received family support once the pregnancy had allowed to progress [21,22].

CONCLUSION

Pregnancy in adolescence prevailed in the ages between 17 years and 19 years old, with a medium to complete technical level, and who maintain consensual union with their partners. The non-acceptance of the pregnancy prevailed both by the adolescent, her partner and her guardian or relative in charge of her, without express desire to interrupt it at any time. Most of the families to which the pregnant women under study belong are moderately functional. The behavior of the causes of pregnancy evolution in adolescent pregnant women is highly variable, it is influenced by the degree of schooling of the pregnant woman, the functioning of the family where it is inserted,

depends on the society where it is located, religious beliefs, among other. Teenage pregnancies are unplanned, and therefore unwanted; the vast majority of adolescent girls admit that they are incapable of coping with pregnancy and what it means for later life.

CONFLICT OF INTEREST

The authors do not declare any conflicts of interest.

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