

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

Adriel Martínez Rodríguez^{1*}, Ada de las Nieves Rodríguez Reyes², Elisa Maria Puentes Rizo³, Pedro Rolando López Rodríguez⁴, Ailé Cruz Arias⁵

¹Specialist of the First Degree in Comprehensive General Medicine

²Assistant Professor, First Degree Specialist in Comprehensive General Medicine

³Associate Researcher, Specialist in I and II Degree in Comprehensive General Medicine, Assistant Professor, Master in Comprehensive Care for Women

⁴Consulting Professor, Specialist of I and II Degree in General Surgery, Assistant Professor

⁵Assistant Researcher, First Degree Specialist in Comprehensive General Medicine

DOI: [10.36348/sijtc.2022.v05i01.001](https://doi.org/10.36348/sijtc.2022.v05i01.001)

| Received: 23.11.2021 | Accepted: 27.12.2021 | Published: 19.01.2022

*Corresponding author: Adriel Martínez Rodríguez

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. Results: 57.3% of the pregnant women were between 17 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. Conclusions: 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.

Copyright © 2022 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

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

Sánchez Camps refers that it is that pregnancy that occurs during the first two years of gynecological 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 [8]. 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 [9]. 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 [10]. Virtually all adolescent reproductive health problems are linked to their tendency to practice risky sexual behaviors [11, 12]. 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 [13]. 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 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 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 Estatus	Age						Total	
	10-13 years		14-16 years		17-19 years			
	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 consensual	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 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.

Categorías	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 religión 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 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 10-13 years, 16.2% between 14-15 years, 20.9 % between 16-17 years old and 61.5% between 18-19 years old [14, 15]. 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 [14-

16]. 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 17-19 years, 28.9% were between 14 and 16 years and 11.1% were not over 13 years of age [17]. 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 [18]. 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 [19]. 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 [17]. 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 [9]. 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 [20]. 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 [21], 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 [22, 23].

CONCLUSIONS

Pregnancy in adolescence prevailed in the ages between 17 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.

Conflicts of interest

The authors do not declare any conflicts of interest.

Authors' contributions

Adriel Martínez Rodríguez: he made the surveys and searched the bibliography. He chose the sampling method by selecting the study population and analyzed and discussed the content of the tables.

Ada de las Nieves Rodríguez Reyes: she stated the objectives of the study, selected and triangulated the variables and performed the translation into English and the final revision of the manuscript.

Elisa María Puentes Rizo: she helped fill out surveys and search bibliography, performed statistical processing, calculated arithmetic mean and standard

deviation of the quantitative variables She applied the Family Functioning Perception Test or the FF-Sil Test.

Pedro Rolando López Rodríguez: Performed the statistical processing, calculated and He interpreted the chi-square and associated variables according to Duncan's twelfth. He wrote the document.

Ailé Cruz Arias: Reviewed the literature on the subject looking for data epidemiological studies worldwide, she designed the study methodology, classified the research, processed the information and narrowed the bibliographic references according to Vancouver standards.

REFERENCES

1. Alonso Uría, R.M., Rodríguez Alonso, B., Yanes Morales, C.D., Castillo, Isaac, E. (2018). Caracterización del neonato bajo peso hijo de madre adolescente. *Revista Cubana de Obstetricia y Ginecología*, 44(1). Disponible en: <http://revginecobstetricia.sld.cu/index.php/gin/articulo/view/308/237>
2. Alonso Uría, R. M., Rodríguez Alonso, B., Yanes Morales, C. D., & Castillo Isaac, E. (2018). Caracterización del neonato bajo peso hijo de madre adolescente. *Revista Cubana de Obstetricia y Ginecología*, 44(1), 1-10.
3. Organización Mundial de la Salud (OMS). (2015). Estadísticas sanitarias mundiales. *Ginebra: Ediciones de la OMS*, 168-9.
4. Rodríguez, N. R., Bayeux, Á. C., Pérez, J. L. N., Arenado, Y. M., & Tito, M. A. (2017). Factores de riesgo asociados al embarazo en adolescentes. *Revista Información Científica*, 96(1), 29-37.
5. Sánchez Camps, M. L. (2015). Interrupción voluntaria del embarazo y alteraciones psicológicas: análisis de factores de riesgo.
6. de Salud, A. E. (2013). Ministerio de salud pública. *Dirección Nacional de Registros Médicos y Estadísticas de Salud. La Habana*.
7. Grupo de salud familiar Perú. (2015). Encuesta Demográfica y de Salud Familiar. Lima: ENDES PERU.
8. Rodríguez, N. R., Bayeux, Á. C., Pérez, J. L. N., Arenado, Y. M., & Tito, M. A. (2017). Factores de riesgo asociados al embarazo en adolescentes. *Revista Información Científica*, 96(1), 29-37.
9. Quintero Paredes, P.P. (2016). Characterization of risk factors for adolescent pregnancy at the "Pedro Borrás Astorga" University Polyclinic. *Cuban Journal of Obstetrics and Gynecology*, 42 (3), 262-273.
10. Quintero Paredes, PP (2016). Characterization of risk factors for adolescent pregnancy at the "Pedro Borrás Astorga" University Polyclinic. *Cuban Journal of Obstetrics and Gynecology*, 42 (3), 262-273.

11. Serrano, Angulo, A. (2020). Concepción Feria L. Embarazo en adolescentes: fisiología y desarrollo cognitivo. Correo Científico Médico [Internet] 2014 [citado 22 sep 2020]; 18(4). Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1560-43812014000400010&lng=es&nrm=iso&tlng=es
12. Gálvez Espinosa, M., Rodríguez Arévalo, L., & Rodríguez Sánchez, C. O. (2016). El embarazo en la adolescencia desde las perspectivas salud y sociedad. *Revista Cubana de Medicina General Integral*, 32(2), 280-289.
13. Toro-Huamanchumo, C. J., Smith Torres-Román, J., & Bendezu-Quispe, G. (2016). Embarazo en la adolescencia: abordando la epidemia. *Revista Cubana de Medicina General Integral*, 32(4), 1-3.
14. Álvarez, Vázquez, L., Salomón, A.N. (2017). El embarazo en adolescentes. *Progresos de Obstetricia y Ginecología*, 60(2); 22-8.
15. Paz Fuentes, M., Cruzat Cruzat, H., & Barrera Quiala, M. (1999). Pregnancy at an early age. Some considerations in this regard. *Cuban Journal of Nursing*, 15(1), 22-27.
16. Pires, R., Araújo-Pedrosa, A., & Canavarró, M. C. (2014). Examining the links between perceived impact of pregnancy, depressive symptoms, and quality of life during adolescent pregnancy: The buffering role of social support. *Maternal and Child Health Journal*, 18(4), 789-800.
17. Gálvez Henry, F., Rodríguez Sánchez, B. A., Lugones Botell, M., & Altunaga Palacio, M. (2017). Características epidemiológicas del embarazo en la adolescencia. *Revista Cubana de Obstetricia y ginecología*, 43(3), 15-27.
18. Unidad de Desarrollo Humano Sostenible del Programa de Desarrollo de las Naciones Unidas. (2017). El embarazo en adolescentes: un desafío multidimensional para generar oportunidades en el ciclo de vida. Programa de las Naciones Unidas para el Desarrollo República Dominicana.
19. Tames, A. S., Lara, O. R., Rodríguez, N. F., Tamayo, I. R., & Ortiz, I. M. S. (2011). Adolescencia e interrupción de embarazo. *Revista Información Científica*, 71(3).
20. Rojas, Riera, J.M. (2016). Diseño de estrategia de intervención educativa sobre riesgo preconcepcional. Consultorio N°28. Parroquia Pascuales. [Tesis de Especialista en Medicina Familiar y Comunitaria]. Guayaquil: Universidad Católica de Santiago de Guayaquil; 2017.
21. Mirabal Martínez, G., Martínez, M.M., & Pérez Domínguez, D. (2002). Biological, psychological and social repercussion of pregnancy in adolescence. *Cuban Journal of Nursing*, 18(3), 175-183.
22. Pérez Robles, R. D. C., & Morales, A. (2015). Prevención del embarazo en adolescentes, un reto para la enfermería comunitaria. *Revista Cubana de Enfermería*, 31(2), 0-0.
23. Ministerio de Salud Pública. (2018). Programa de Atención Materno Infantil. Propuesta de medidas intersectoriales para reducir el embarazo en la adolescencia. La Habana: MINSAP.