

PREGNANCY: ASSOCIATION OF RISK AND PROTECTION FACTORS IN ADOLESCENCE

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ABSTRACT

Introduction: adolescent pregnancy is of great concern in the context of social vulnerability, although protective factors in different environmental systems may interact in the development of adolescent mothers. **Objective:** verify risk and protection factors among adolescent mothers. **Methods:** an initial survey was conducted when the children were less than five months, followed by longitudinal steps: when they were three years, 10 years and 14 years. For survey of risk and protective factors observations and interviews in the homes of autobiographical free speech were conducted. Qualitative analysis of the results followed qualitative patterns. **Results:** there was association of risk factors and family problems, school difficulties and inclusion in environments pervaded by trafficking; protective factors were identified in the positive relationship with families of origin and parents of children. **Conclusions:** risk and protective factors were present in different environmental conditions and personal conditions.

Keywords: longitudinal studies, teenage pregnancy, risk factors, adolescent human development.

INTRODUCTION

Adolescent pregnancy (AP) is worrying the positive and integral development of mothers and their children, most notably in contexts of greater social vulnerability. National and international organisations focused on health of youth have indicated problems of pregnancy, parenting teens, particularly in terms of associated risks, whether immediate or installed in the medium or long-term^{1,2}. These are general development risks, including the areas of physical, psychological health and social development and citizenship.

Studies have also questioned the understanding of AP negativity, pointing to the heterogeneity of the phenomenon, considering the social, cultural and historical settings in which it occurs, and highlighting the complexity and multiplicity³⁻⁷ with questions concerning the positivity⁸ associated with AP. However, the literature on the topic is very significant in terms of investigations that associate negative factors predisposing AP, which is understood broadly as an event to be avoided at this stage of life⁹⁻¹³.

Several investigations into pregnancy and motherhood in Brazilian adolescents show a multiplicity of causes associated with negative AP, covering financial issues, school problems, family conflict and the child's father, and environmental contexts of violence and drug trafficking^{6, 14-19}.

In works that question the negativity of AP, however, there are indications that the

phenomenon, in some contexts, may constitute a protective factor for the development^{4,14,20,22}. For some adolescents at high risk of social vulnerability, for example, the child may represent renewed prospects for the present and for the future^{23,24}, which might be a protective factor for adolescent mother.

Poletto and Koller²⁵ describe protective factors as conditions that moderate the relationship between risk and individual development, as influences that can modify and enhance or change personal responses to certain risks. In turn, conditions and negative life events would be considered by these authors as potential risk factors, since their presence increases the likelihood of various kinds of problems, whether physical, social or emotional.

In the Ecological Theory of Human Development, Bronfenbrenner²⁶ shows that negative events and protective factors interact at different environmental levels (micro, meso, exo and macro systems), changing people's responses to risk factors in an adaptive sense, as can occur in the case of prosocial behaviour and presence of²⁷ resilience. Also, the internal resources of individuals, as well as the different states of ecological cohesion in the environments to which they belong, as in the social and emotional support network, assist people in coping with adversity²⁵.

Several problems are associated with the development of risk factors present in childhood and early adolescence^{20, 28}. AP is associated with

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these risk factors, although not always indicated as a negative aspect in the development^{14, 15, 20-23}.

It is noteworthy that some adolescents clearly have the desire to become pregnant and seem to pride themselves on being mothers, understanding motherhood as an attribute of greater autonomy facing adults, or even the possibility to free themselves from adverse environmental conditions²⁹. In this sense, a study of Cerqueira-Santos et al¹⁴ indicated that adolescent pregnancy cannot, by itself, be considered a risk factor, as it is a diverse phenomenon from its origin in certain environmental contexts and specific personal conditions. Thus, the objective is to analyse the risk and protection factors in adolescent mothers.

METHODS

The methodological design of the longitudinal study included three stages of psychosocial indicators of dyads (mothers and their first-born children in adolescence) after data collection of the study, conducted in 1997. The surveys of the other

longitudinal steps took place in 2001, 2007 and 2011. The study was approved by the Federal University of São Paulo (CEP/UNIFESP 0458/11) Research Ethics Committee.

Participants – Eight mothers who attended a public programme of prenatal and maternity adolescent centers in the city of Santos (SP). This programme had a multidisciplinary team working in the fields of medicine, nursing, psychology and physiotherapy. To attend the programme, pregnant adolescents were screened by staff according to the criteria of young age (under 16 years) and social vulnerability – conditions indicative of risk factors. The purpose of the programme was comprehensive care for pregnant adolescents, offering specialist antenatal care, family care, guidance on new roles associated with motherhood and following childbirth and the post partum period. To participate in the longitudinal study, teen mothers were selected by criteria of convenience and accessibility. Table 1 shows the ages of eight mothers and their first born children in the longitudinal study's four stages (E1, E2, E3 and E4).

Table 1: Ages in the first interview at each of the four longitudinal stages

Cases	AGES							
	E1 – 1997		E2 – 2001		E3 – 2007		E4 – 2011	
	Mother	Child	Mother	Child	Mother	Child	Mother	Child
AL	15y11m	1m24d	19y5m	3y7m	25y11m	10y1m	29y11m	14y1m
AM	16y10m	1m3d	20y1m	3y4m	26y8m	9y11m	32y	15y3m
AR	15y 9m	1m	19y	3y4m	25y7m	9y10m	29y5m	13y9m
BI	15y4m	4m2d	18y10m	3y10m	25y4m	10y4m	29y3m	14y3m
DAN	15y4m	2m5d	18y4m	3y3m	24y10m	9y9m	29y10m	13y9m
EL	16y4m	2m22d	19y10m	3y9m	26y2m	10y9d	30y1m	14y
NA	16y9m	1m3d	20y3m	3y7m	26y9m	10y16d	31y8m	14y
TH	16y2m	3m3d	19y7m	3y8m	26y2m	10y3m	30 ^a	14y1m

E1 = first stage; E2 = second stage; E3 = third stage; E4 = fourth stage; y = years; m = months; d = days.

Note: for E4, case AM was localized and researched in 2012.

Instruments

1. Observe the houses and their surroundings – the instrument was used in all stages of the longitudinal study, with ecological insertion³¹ of the researcher in the same field surveys in all longitudinal steps. The observations were recorded directly, with respect to the categories: conditions of the environment, housing conditions, relationships between family members in the presence of the observer and their relationship with the observer.

2. Interview autobiographical free speech³² – the instrument was used with mothers in all longitudinal steps. This consisted of a semi-open interview starting with the proposal of a free speech about an interviewee's life, then questions from the interviewer on themes in longitudinal study, which included: relationship with family of origin, with the father and the son; emotional aspects; environmental aspects; use of psychoactive substances; education and employability.

Procedure

Data collection – Procedures in longitudinal steps E2 (2001), E3 (2007) and E4 (2011) included

searches for reunion of mothers investigated. During the time of the longitudinal research, there were several changes of residence, creating great difficulties for reunion of the surveyed mothers. At all stages of the research, there were three to four visits to the houses at intervals of approximately one week for observations and interviews. The meetings were held in combination with the researcher investigating mothers and schedules.

The observations at homes and surroundings, recorded daily, occurred during the researcher's visits. The interview free speech made at each stage of longitudinal sequence was performed in two to three sessions, at each longitudinal step, for approximately 30 minutes each. The interview was completed when there were signs of saturation of contents investigated in the themes. The material of the sessions was recorded and later transcribed.

Data analysis – data from observations and interviews were organised in a model of qualitative analysis per group of content and themes, summarised in negative (related to conditions of loss and damage to development) and positive (associated with good conditions for development) indicators, considered respectively as risk factors

and protective factors. The systematisation considered indicators and trends present in all stages of longitudinal follow-up.

RESULTS

Indicators for risk (RF) and protection (PF) factors cited below, emerged from references present in the interviews with the mothers investigated and the observations made in the houses and their surroundings during the four stages of longitudinal follow-up (E1, E2, E3 and E4). Tables 2 and 3 present these results for the RF and PF, a case of dyads in four longitudinal steps

Risk factors checked along:

Psychological problems– complaints relating to psychological problems, including feelings of sadness, depression, loneliness, abandonment and guilt, were present in seven of the eight cases investigated. Some of these complaints were referred to as prior to the time of pregnancy.

Threats of expulsion from the home, and/or insecurities and instabilities as regards housing– housing insecurities and instabilities, with losses related to an unsafe home and dwelling; references were present in six of the eight cases investigated. These insecurities included threats of expulsion from the home at the time of pregnancy until conditions hampered establishing residency for the new family formed with the parent of the child. Severe difficulties in paying rent and remaining in a property occurred in two cases investigated during periods of arrest of partners.

Difficulty in school integration– the difficulty of mothers integrating into school occurred before pregnancy. Complaints about school were common in mothers investigated. Return to school after the birth of children was hampered in all cases. Changing housing interfered negatively in return to school. Five mothers experienced disadvantages in school history especially among the eight investigated.

Difficulties of school integration for the children– difficulties of school integration for the children were referred to in the first two stages of the longitudinal follow-up (E1 and E2), the time during which children would attend daycare. All of the surveyed mothers reported difficulties in placing their children in daycare centres. Longitudinal data of the third stage (E3) indicated that children started attending school from 6–7 years. In E4, there were references to all the children, already in adolescence, attending school, and there were no interruptions.

Situation of victimisation by sexual abuse– situations of sexual abuse before pregnancy involving male family members (stepfathers) were referred to in three investigated cases.

Situation of domestic violence– domestic violence victimisation was a condition of the investigated after starting a family with the father of the child, an alcohol and cocaine user, involved in drug trafficking and with a history of two prison sentences.

Difficulties of bonding/care with (a) child (a) – bonding issues with the child, and loss of care, were seen in three cases in which there was no exclusive breast-feeding up to five months (E1), and also indicative of problems with the birth family and the child's father. In one case, the maternal grandmother assumed roles in the care of the child and her husband (maternal grandfather) was the one who registered the baby as his son.

Difficulties in relationships with family of origin – in four cases difficulty to bond with family of origin were observed, especially with the mothers from before pregnancy. Such difficulties remained, and there was little restoration in these relationships.

Prostitution– prostitution was present in one of the cases surveyed; the woman was created in an environment of prostitution as her own mother was also a prostitute. The child was the result of a sexual relationship in prostitution.

Use and abuse of drugs – marijuana and cocaine use was reported in two of the cases investigated.

House next to drug trafficking, crime and/or prostitution zone – the surroundings of all eight investigated cases were areas of insecurity permeated by drug trafficking, crime and/or prostitution.

Abuse of alcohol/drugs and conflicts with the law in the family home – problems of alcohol abuse and drug and/or conflict with the law in the families of origin were reported in six of the cases investigated, especially at the time of pregnancy and childbirth (E1).

Problems with the child's father: absence, substance abuse, involvement with drug trafficking, prison – problems with parents of children appeared in six of the cases, including damage arising from presence and care (through abandonment or lack of life child), or damage due to negative presence, in situations of domestic violence, drug abuse, trafficking and involvement with prisons. The three absent fathers at that time remained so during the nearly 15 years of research, with severe damage in parental roles and the absence of the name of the father in the child's register. Two of the parents were under 18 at the time of the pregnancy. Four of the five parents who stood by the adolescent mother at the time of pregnancy and while a child was a baby remained in a stable family relationship. In one of those cases in which there was further separation between the couple, there was no prejudice as regards the child and the payment of alimony.

Protection factors listed in the longitudinal follow-up:

Good emotional bond with family of origin – in two of the cases investigated good relationships were maintained with families of origin (parental figures, siblings and other relatives).

Positivity in connection with the child's father – good relationship with the father of the child, in terms of family formation and consolidation of the relationship over time, was the same in two cases with reference to a good relationship with family of origin.

Tabela 2: References of presense of Risk Factors (RF) in the four longitudinais stages

RFs	Cases							
	AL	AM	AR	BI	DAN	EL	NA	TH
Psychological Problems	E1, E2, E3, E4	E1, E2, E3, E4	E1, E2, E3, E4	E1, E2	E1, E2	E1, E2, E3, E4		E1, E2
Threat of home expulsion/unsafe home	E2, E3	E1, E2, E3, E4	E1, E2, E3, E4	E1, E2	E1, E2, E3	E1, E2, E3, E4		
Difficulty of school enrolment (of mothers)	E1, E2, E3, E4	E1, E2, E3	E1, E2, E3, E4	E1, E2	E1, E2, E3, E4			
Difficulty of school enrolment (children)	E1, E2	E1, E2	E1, E2	E1, E2	E1	E1, E2	E1, E2	E1, E2
Sexual abuse or home violence	E1	E2, E3	E2, E4					E1, E2
Difficulty of stabilizing a bond/care with the child	E4	E4			E1, E2	E1, E2		
Difficulty of stabilizing a bond to the family of origin	E1, E2, E3, E4	E1, E2, E3, E4			E1	E1, E2, E3, E4		
Prostitution	E1, E3, E4	E3, E4, E1, E2,						
Drug abuse	E1, E4							
Home close to criminality/drug traffic/prostitution	E1, E2, E3, E4	E3, E4, E1, E2,	E1, E2, E3, E4	E1, E2, E3, E4	E1, E2, E3	E1, E2, E3, E4		E1, E2, E3, E4
Alcohol/drug abuse and trouble of the family to the law.	E1, E2, E3, E4	E3, E4	E1, E2, E3, E4		E1, E2, E3, E4	E1		E1
Absence/alcohol or drug abuse/trouble to the law of the father	E1, E2, E3, E4	E1, E2, E3, E4	E1, E2, E3, E4		E1, E2, E3, E4	E1, E2, E3, E4		E1, E2, E3, E4

Starting a family with the father – five of the investigated formed families with the parents of the children, when the children were babies (E1), a family situation that remained in four of these cases.

Continuity of school life – one of the investigated completed elementary school (1st cycle) and there were two high school graduates (2nd cycle), one of them having started (and then stopped) college.

Hopes and dreams– six of the investigated cases had significantly more hopes and dreams.

Good mood – psychological aspects of happiness and good sense of humour in the evaluation of their own lives were evident in six of the surveyed mothers.

Religious belief – all investigated reported having religious beliefs.

Tabela 3: Protection Factors (PF) reported/observed in the four longitudinal stages

PFs	Cases							
	AL	AM	AR	BI	DAN	EL	NA	TH
Hopeness and dreams	Yes		Yes	Yes	Yes	Yes	Yes	
Good humour	Yes			Yes	Yes	Yes	Yes	Yes
Religious beliefs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Continuous scholar path (elementary school conclusion)				Yes		Yes		Yes
Family constitution with the child's father		Yes	L0	Yes			Yes	Yes
Positive bond to the child's father				Yes			Yes	
Child's father older than 18 at pregnancy time			Yes	Yes		Yes	Yes	Yes
Positive relationship with the family of origin				Yes			Yes	

DISCUSSION

In the present study, prior to the adolescent pregnancy and also during pregnancy and childbirth, psychological problems were reported by some mothers in the first stage of the research (E1), while their children were less than five months. The stage of development of these adolescents and also their psychological preconditions, as Figueiredo³³ notes, were related to their position in facing the new developmental tasks of motherhood, while other tasks in their own development could be yet to come.

The study by Caputo and Bordin³⁴, which compared the mental health profiles of primiparous adolescents and sexually active adolescents who had never been pregnant, found that pregnant women often had more symptoms of anxiety and depression. In the present study, feelings of sadness, abandonment, loneliness and guilt were associated especially with family problems, in all cases in the first stage of the longitudinal study (E1).

At the beginning of the longitudinal study, mothers (adolescents at the time) reported relationship difficulties with their own mothers, threats of expulsion from the home, sexual abuse by stepfathers and absence of fathers. Many of these problems remained with the growth of the children and were more pronounced in cases where a good relationship with the children's father was not established, and without forming a new family with him. Schwartz, Vieira and Geib³⁴ and also Santos²⁴ indicated the importance of social support (emotional and financial) from the family of origin and the partner to the adolescent mother in facing the challenges of motherhood. In the present study, this protection was irregular in the cases.

In the group of eight cases investigated, the positions adopted by parents of children at the time of pregnancy tended to remain over time. Damaged relations with parents of children were experienced by the same mothers who had difficulty bonding with the family of origin, and some with their own children. A non-affective positivity with family of origin, prior to AP, indicated conditions of loneliness and isolation in four cases investigated (AL, AM, EL, DAN). This is congruous with the findings of Reis and Oliveira-Monteiro¹⁹ in their research on adolescent sexuality and childbearing adolescents among slum dwellers: the main reason given by 24% of girls and 0% of boys for pregnancy was "feeling alone"; second, for 23% of girls and 15% of boys, the excuse was "fights and sorrow in the family." Also, according to Gontijo and Medeiros²³, the main meaning given to a child by adolescent mothers was someone who would end up lonely and abandoned.

Various situations with potential for development among the surveyed mothers were given: alcohol abuse by parental figures, prostitution and crime, arrests and involvement with drugs and narcotics trafficking by parents. These indicators were also referred to in Oliveira Monteiro²² and Oliveira Monteiro et al¹⁷.

Likewise, as described by Santos²⁴, several events prior to occurrence were observed in AP cases followed longitudinally such as school difficulties, economic hardship, lack of family and social support, as well as single parenthood.

Some other risk factors discussed in the literature, for example, the lack of preparation for motherhood^{20,21}, were not significant in the investigated group, probably because of actions taken during prenatal programme which adolescent girls had attended.

Risk factor indicators present in the results of this study were analysed in the light of Bronfenbrenner's Ecological Theory²⁶, regarding environmental systems. Several negative events were found in the microsystems (stable face-to-face relationships) of the mothers studied. In this sense, the threat of expulsion from the home, physical violence in the domestic environment and the abuse of alcohol and drugs in the family were constituents of the microenvironment in which the teens were routinely placed.

By expanding the context of the investigated lives, the interconnection of various microsystems, forming a configuration called meso, no specific adverse events were recorded, such as alcohol abuse and drug abuse by the father of the child, as well as conflicts with the law parental figures. These events can be considered risk factors in the mesosystem interactions of the development of these adolescents. On the other hand, living conditions next to drug trafficking, crime area and/or prostitution – environmental situations related to the exosystem – were observed in all eight cases investigated and at all stages of the research.

In terms of macro system, social scapegoating of teen pregnancy, typical in Brazilian culture and historically, may have functioned as a risk factor for development, in terms of potentiating negative effects on self-esteem and identity construction. Figueiredo²⁰ argues that adolescent motherhood phenomenon may be a normative experience in the social group to which the girl belongs. As an illustration, the author emphasises adolescent motherhood in communities like those in Cape Verde, Portugal and Gypsy culture.

Among the risk factors reported, personal aspects were also noted. Affective preconditions for interaction with disadvantages in the family microsystem may lead to increased feelings of sadness, depression, abandonment, loneliness and guilt. Feelings of loneliness reported by those surveyed (E1), the emotional conditions prior to birth, were not listed in the sequential stages of the research (E2, E3 and E4), with indications that the presence of the child appeased those feelings, which is consistent with Reis and Oliveira Monteiro¹⁹ and Gontijo and Medeiros²³.

On the other hand, protective factors were observed both in the micro and mesosystems as well as regards the personal characteristics of the investigated mothers. Good relationship with the family of origin, good relationship with the child's father, new family building and hopes and dreams factors were checked. A positive perception of life and sense of humor, plus a school career with some

success (i.e., reaching degrees to get opportunities for better training for professional life) were indicated as protective factors for the development of mothers surveyed^{14,22}.

Such factors may moderate the influence of social disadvantage and poor housing in unsafe neighbourhoods, beyond the situation of adolescent motherhood. Good bonds with families of origin and the child's father – the formation and consolidation of a new family – may be positive conditions that decrease risks associated with adolescent pregnancy.

Finally, school history, one of the main fields negatively affected by pregnancy, occurred in adolescence, bringing negative derivations in various fields of development (compared with peers, quality of employability, self-esteem, quality of citizenship). Considered directly, this undermined the group on account in two aspects: the constant changes of residence (that causes major difficulties for school reintegration) and the difficulty of placing their children in daycare. When the children were with less than four years old, and their mothers were under 20 years old, this difficulty was present, preventing the mothers returning to school, even in the second decade of life.

Pregnancy and maternity in adolescence may have a more negative factor for development, especially when it overrides other striking psychosocial disadvantages. Family relationships and broader social background prior to teen pregnancy seem to have close relation to the approaching journeys of motherhood, for better or worse. This would suggest that adolescent motherhood is not an isolated phenomenon in the course of development, though it may be the defining event of future development, with deep trait in the delineation of identity and adulthood prospectation.

The results of the study reported here are a limited contribution, on account of the restricted sample of subjects investigated, although this longitudinal work examined contextual aspects of development over time, from adolescence of mothers to adulthood, and from child's birth to adolescence.

The study achieved its aim of verifying risk and protective factors in environmental systems and personal conditions. Interrelationships could bring consequences of teen pregnancy in terms of extent (range of domains affected development) and depth (greater power to achieve development negatively).

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RESUMO

Introdução: a gravidez na adolescência é sobremaneira preocupante em contextos de vulnerabilidade social, embora fatores de proteção em diferentes sistemas ambientais possam interagir no desenvolvimento de mães adolescentes. **Objetivo:** analisar fatores de risco (FR) e de proteção (FP) de mães adolescentes. **Método:** uma pesquisa inicial foi realizada quando os filhos tinham menos de cinco meses, seguida de etapas longitudinais: quando tinham três anos, 10 anos, e 14 anos. Para levantamento de FR e FP foram realizadas observações nas moradias e entrevistas de discurso livre autobiográfico. Análises dos resultados seguiram padrões qualitativos. **Resultados:** houve indicação de FR associados a problemas familiares, dificuldades escolares e inserção em ambientes permeados pelo tráfico; FP foram identificados na relação positiva com as famílias de origem e com os pais das crianças. **Conclusões:** fatores de risco e de proteção estiveram presentes em diferentes sistemas ambientais e condições pessoais.

Palavras-chave: estudos longitudinais, gravidez na adolescência, fatores de risco, adolescente, desenvolvimento humano.