

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

ORIGINAL ARTICLE

DOI: 10.9789/2175-5361.rpcfo.v16.11365

ASSOCIATION BETWEEN SOCIODEMOGRAPHIC AND OBSTETRIC FACTORS OF POSTPARTUM ADOLESCENTS ASSISTED IN A PUBLIC MATERNITY

Associação entre fatores sociodemográficos e obstétricos de adolescentes puérperas assistidas em uma maternidade pública

Asociación entre factores sociodemográficos y obstétricos de adolescentes puerperales asistidos en una maternidad pública

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ABSTRACT

Objective: to verify an association between the sociodemographic and obstetric characteristics of postpartum adolescents. **Method:** cross-sectional study conducted between December 2020 and February 2021, through interviews with 52 postpartum adolescents assisted in public maternity. **Results:** predominance of postpartum adolescents from urban areas (61.5%), with spouse (82.7%), partner in paid activity (71.2%), self-declared non-white (92.3%), elementary school II or high school (61.5%), working (65.4%) and religious belief (78.8%). There was no difference in the sociodemographic and obstetric profile of postpartum adolescents from urban and rural areas; the late onset of prenatal care (> 8 weeks) was associated with the participants' lower age; the non-performance of papanicolaou examination was associated with the condition of having some occupation; the occurrence of complications during pregnancy was associated with the state of living with a spouse or partner. **Conclusion:** there was similarity with the profile of postpartum adolescents presented in the literature.

KEYWORDS: Demography; Adolescent; Pregnancy in adolescence; Postpartum period;

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Received: 29/08/2021; Accepted: 14/11/2023; Published online: 10/05/2024

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How cited: Dias ACS, Passos SF, Santos IN. Association between sociodemographic and obstetric factors of postpartum adolescents assisted in a public maternity. *R Pesq Cuid Fundam* [Internet]. 2023 [cited year month day];16:e11365. Available from:

<https://doi.org/10.9789/2175-5361.rpcfo.v16.11365>



RESUMO

Objetivo: verificar associação entre as características sociodemográficas e obstétricas de adolescentes puérperas. **Método:** estudo transversal realizado entre dezembro de 2020 e fevereiro de 2021, por meio de entrevista com 52 adolescentes puérperas assistidas em maternidade pública. **Resultados:** predominância de adolescentes puérperas procedentes da zona urbana (61,5%), com cônjuge (82,7%), companheiro em atividade remunerada (71,2%), autodeclaradas não brancas (92,3%), ensino fundamental II ou médio (61,5%), trabalhando (65,4%) e com crença religiosa (78,8%). Não houve diferença no perfil sociodemográfico e obstétrico de adolescentes puérperas de áreas urbanas e rurais; o início tardio do pré-natal (> 8 semanas) foi associado à menor idade das participantes; a não realização de exame Papanicolaou foi associada à condição de ter alguma ocupação; a ocorrência de intercorrência na gestação foi associada ao estado de viver com cônjuge ou companheiro. **Conclusão:** houve semelhança com o perfil de puérperas adolescentes apresentado na literatura.

DESCRIPTORS: Demografia; Adolescente; Gravidez na adolescência; Período pós-parto;

RESUMEN

Objetivos: verificar la asociación entre características sociodemográficas y obstétricas de adolescentes posparto. **Método:** estudio transversal realizado entre diciembre de 2020 y febrero de 2021, mediante entrevistas a 52 adolescentes posparto atendidas en una maternidad pública. **Resultados:** predominio de adolescentes posparto de áreas urbanas (61,5%), con cónyuge (82,7%), compañero en actividad remunerada (71,2%), auto declaradas no blancas (92,3%), primaria II o media (61,5%), trabajando (65,4%) y con creencias religiosas (78,8%). No hubo diferencia en el perfil sociodemográfico y obstétrico de las adolescentes posparto de áreas urbanas y rurales; el inicio tardío de la atención prenatal (> 8 semanas) se asoció con una edad más joven de las participantes; no hacerse una prueba de Papanicolaou se asoció con la condición de tener alguna ocupación; la aparición de complicaciones durante el embarazo se asoció con el estado de vida con un cónyuge o pareja. **Conclusión:** hubo similitud con el perfil de madres adolescentes presentado en la literatura.

DESCRIPTORES: Demografía; Adolescente; Embarazo en Adolescencia; Periodo Posparto.

INTRODUCTION

Adolescence is characterized by a cycle of human development marked by mental, social, physical and biological transformations that precede adulthood, the last two of which are highlighted by the fact that the physical changes resulting from puberty convert a child's body into an adult body, capable of reproducing.¹ Added to this, the early onset of sexual life, lack of information, non-use of contraceptive methods and cultural and social values favor the occurrence of unplanned pregnancies.

In Brazil, since 2000, teenage pregnancy rates have slowly and progressively decreased, reaching 62/1,000 adolescents in 2015 and 54/1,000 young people aged 15-19 in 2018. Despite this reduction, the country still has high rates compared to other Latin American countries, with 19,330 births in 2019, with girls aged 10 to 14 becoming mothers every 30 minutes.²

Adolescent motherhood can cause numerous biopsychosocial transformations, but in this period it is a fact that goes beyond the clinical aspects, such as negative effects in the cultural, economic and social spheres that will directly affect maternal-fetal life³ and the puerperal period.

The puerperium takes place after childbirth and lasts up to six weeks, when changes in the reproductive organs and the woman's general condition have returned to pre-pregnancy conditions. However, other studies define the puerperium as remote postpartum, a time after the 45th day up to 12 months after conception, through different periods of restoration of the woman's pre-pregnancy state.⁴

In view of the above, knowing the profile of puerperal adolescents is relevant for diagnosing possible problems in the context of public health, women's health and maternal and child health, while

at the same time providing future research with the direction of efficient action mechanisms to help health professionals involved in primary care with the control of parity rates in adolescents,⁵ and consequently, improvements in the quality of care for the target population, through better identification and characterization of the clientele assisted.

The aim of this study was to verify the association between the sociodemographic and obstetric characteristics of puerperal adolescents assisted in a public maternity hospital in the municipality of Petrolina - PE.

METHOD

This is a cross-sectional, analytical study carried out in a public maternity hospital that is a reference for puerperal care in the municipality of Petrolina, PE, Brazil.

The eligible population was 14,625 adolescents aged 10 to 19 and the number of pregnant adolescents in February 2020 was 188, based on information from the Petrolina Health Department. The classification of adolescents used in this study was based on the World Health Organization (WHO).⁶

The calculation of the minimum sample size needed to carry out the study was based on the estimation of population averages, taking into account the sample for finite populations, considering the proportion of 2% as the percentage of the characteristic of interest, maximum error of 5%, confidence level of 99%, the calculated sample was 52 adolescent puerperal women.

The participants were selected by simple random sampling, based on the approach to the puerperal women in the rooming

house. Adolescent puerperal women who were hospitalized between the ages of 10 and 19, willing to answer the questionnaire at the time of data collection and carrying a legal document to prove their age were eligible.

Puerperal adolescents who refused to sign the consent form or who were not accompanied by a legal guardian, or who had comorbidities that could make it difficult to understand the instrument used in the study or who did not finish the questionnaire, were excluded. Adolescents aged 18 or over were required to sign an Informed Consent Form (ICF), while puerperal women under 18 were required to sign an Informed Consent Form signed by their legal representative.

Data collection took place between December 2020 and February 2021, through the application of a structured questionnaire that addressed sociodemographic, obstetric and gynecological characteristics, applied individually. The puerperal woman was initially given information about the research and, after fully understanding and agreeing to participate, she signed the form. The questionnaire lasted a maximum of 20 minutes and was administered in a private room to ensure privacy.

The IBM® SPSS 21.0 program was used for descriptive statistics and results were expressed as absolute and relative frequencies, means and standard deviations (SD) and minimum and maximum values. The frequencies were compared using the chi-square or Fisher's exact tests (for cases where the expected frequency was less than five). In the case of the chi-square test,

continuity correction was applied to the 2x2 contingency tables. The level of significance adopted in the study was 5%.

This study was approved by the Research Ethics Committee of the Federal Institute of Education, Science and Technology of Sertão Pernambucano - IF Sertão-PE (CAAE 31396920.8.0000.8052).

RESULTS

Fifty-two adolescent puerperae took part in the study, 32 from urban areas and 20 from rural areas, ranging in age from 13 to 19 years (average = 17.2 years; SD = 1.7 years), 34 (65.4%) were between 13 and 18 years old, 43 (82.7%) lived with a spouse or partner, 37 (71.2%) had a paid job as the child's father, 48 (92.3%) self-declared non-white color/race, 32 (61.5%) had primary or secondary schooling, 34 (65.4%) had some occupation (i. e., study or work) and 41 (78.8%) reported some form of religion. No significant differences were found in sociodemographic characteristics between adolescents from urban and rural areas.

The obstetric profile of the puerperal adolescents showed that most of the sample, 40 adolescents (76.9%) were in their first pregnancy, 34 (65.4%) started prenatal care after 8 weeks of pregnancy, 44 (84.6%) did not have a Pap test, 47 (90.4%) did not take part in a family planning group and 41 (78.8%) had some complications during pregnancy. There was no statistical difference in the obstetric profile between adolescents from urban and rural areas.

Table 1 - Association between sociodemographic characteristics and the number of previous pregnancies of adolescent puerperal women attending a public maternity hospital. Petrolina, PE, Brazil, 2021 (n=52).

Variable	Number of previous pregnancies		*p-value
	None	1 to 3	
Age group			
13 - 18 years	29 (85,3%)	5 (14,7%)	0,082
19 years old	11 (61,1%)	7 (38,9%)	
Lives with spouse/partner			
Yes	33 (76,7%)	10 (23,3%)	1,000
No	7 (77,8%)	2 (22,2%)	
Partner with a paid job			
Yes	29 (78,4%)	8 (21,6%)	0,726
No	11 (73,3%)	4 (26,7%)	
Color/race			
White	3 (75,0%)	1 (25,0%)	1,000
Not white	37 (77,1%)	11 (22,9%)	
Education			
Primary School	16 (80,0%)	4 (20,0%)	0,747
Elementary/middle school	24 (75,0%)	8 (25,0%)	
Occupation			

Yes	28 (82,4%)	6 (17,6%)	0,300
No	12 (66,7%)	6 (33,3%)	
Religion			
Yes	32 (78,0%)	9 (22,0%)	0,701
No	8 (72,7%)	3 (27,3%)	

*Fisher's exact test.

Table 1 shows that even though there were proportional differences between the variables age group, partner with a paid job, schooling, occupation and religion, there were no statistically significant associations between these characteristics and the number of previous pregnancies.

Table 2 shows the association between the start of prenatal care and the age of the participants, with the data indicating that the start of prenatal care (> 8 weeks) was more frequent among younger adolescents (13 -18 years).

Table 3 shows the association between having a Pap test and the occupation of the participants, with the data indicating that not having a Pap test was more frequent among adolescents with some occupation.

Table 4 shows that there was no association between participation in a family planning group and the sociodemographic variables assessed.

Table 5 shows that there was an association between pregnancy complications and marital status, with the data indicating that pregnancy complications were more frequent among adolescents living with a spouse or partner.

DISCUSSION

In this study, even though the statistical tests did not show significant differences in the descriptive characterization of the sociodemographic and reproductive variables of the study sample according to origin (rural and urban areas), it is necessary to comment on some variables that drew attention, starting with the sociodemographic profile, which was characterized by a predominance of puerperal women aged 13 to 18, with a spouse or partner, father of the baby with a paid job, non-white color/race, primary or secondary education, occupation and some religion.

Table 2 - Association between sociodemographic characteristics and the start of prenatal care in adolescent puerperal women attending a public maternity hospital. Petrolina, PE, Brazil, 2021 (n=52).

Variable	Start of prenatal care		*p-value
	4 to 8 weeks	> 8 weeks	
Age group			
13 - 18 years	7 (20,6%)	27 (79,4%)	0,009
19 years old	11 (61,1%)	7 (38,9%)	
Lives with spouse/partner			
Yes	13 (30,2%)	30 (69,8%)	0,247
No	5 (55,6%)	4 (44,4%)	
Partner with a paid job			
Yes	15 (40,5%)	22 (59,5%)	0,276
No	3 (20,0%)	12 (80,0%)	Não
Color/race			
White	1 (25,0%)	3 (75,0%)	1,000
Not white	17 (35,4%)	31 (64,6%)	
Education			

Primary School	4 (20,0%)	16 (80,0%)	0,147
Elementary/middle school	14 (43,8%)	18 (56,3%)	
Occupation			
Yes	12 (35,3%)	22 (64,7%)	1,000
No	6 (33,3%)	12 (66,7%)	
Religion			
Yes	16 (39,0%)	25 (61,0%)	0,291
No	2 (18,2%)	9 (81,8%)	

*Chi-square tests (age group, father in paid work, schooling and occupation) Fisher's exact test (living with spouse/partner, color/race and religion).

Table 3 - Association between sociodemographic characteristics and Pap smears performed by adolescent puerperae attending a public maternity hospital. Petrolina, PE, Brazil, 2021 (n=52).

Variable	Pap smear test performed		*p-value
	Yes	No	
Age group			
13 - 18 years	4 (11,8%)	30 (88,2%)	0,425
19 years old	4 (22,2%)	14 (77,8%)	
Lives with spouse/partner			
Yes	7 (16,3%)	36 (83,7%)	1,000
No	1 (11,1%)	8 (88,9%)	
Partner with a paid job			
Yes	5 (13,5%)	32 (86,5%)	0,676
No	3 (20,0%)	12 (80,0%)	
Color/race			
White	0 (0,0%)	4 (100,0%)	1,000
Not white	8 (16,7%)	40 (83,3%)	
Education			
Primary School	3 (15,0%)	17 (85,0%)	1,000
Elementary/middle school	5 (15,6%)	27 (84,4%)	
Occupation			
Yes	2 (5,9%)	32 (94,1%)	0,015
No	6 (33,3%)	12 (66,7%)	

*Fisher's exact test.

Table 4 - Association between sociodemographic characteristics and participation in family planning groups among adolescent puerperae attending a public maternity hospital. Petrolina, PE, Brazil, 2021 (n=52).

Variable	Participate in a family planning group		*p-value
	Yes	No	
Age group			
13 - 18 years	4 (11,8%)	30 (88,2%)	0,425
19 years old	4 (22,2%)	14 (77,8%)	
Lives with spouse/partner			
Yes	7 (16,3%)	36 (83,7%)	1,000
No	1 (11,1%)	8 (88,9%)	
Partner with a paid job			
Yes	5 (13,5%)	32 (86,5%)	0,676
No	3 (20,0%)	12 (80,0%)	
Color/race			
White	0 (0,0%)	4 (100,0%)	1,000
Not white	8 (16,7%)	40 (83,3%)	
Education			
Primary School	3 (15,0%)	17 (85,0%)	1,000
Elementary/middle school	5 (15,6%)	27 (84,4%)	
Occupation			
Yes	2 (5,9%)	32 (94,1%)	0,015
No	6 (33,3%)	12 (66,7%)	
Religion			
Yes	5 (12,2%)	36 (87,8%)	0,571
No	0 (0,0%)	11 (100,0%)	

*Fisher's exact test.

Table 5 - Association between sociodemographic characteristics and pregnancy complications in adolescent puerperae attending a public maternity hospital. Petrolina, PE, Brazil, 2021 (n=52).

Variable	Pregnancy complications		*p-value
	Yes	No	
Age group			
13 - 18 years	27 (79,4%)	7 (20,6%)	1,000
19 years old	14 (77,8%)	4 (22,2%)	
Lives with spouse/partner			
Yes	38 (88,4%)	5 (11,6%)	0,001
No	3 (33,3%)	6 (66,7%)	
Partner with a paid job			
Yes	32 (86,5%)	5 (13,5%)	0,058

No	9 (60,0%)	6 (40,0%)	
Color/race			
White	4 (100,0%)	0 (0,0%)	0,567
Not white	37 (77,1%)	11 (22,9%)	
Education			
Primary School	17 (85,0%)	3 (15,0%)	0,497
Elementary/middle school	24 (75,0%)	8 (25,0%)	
Occupation			
Yes	26 (76,5%)	8 (23,5%)	0,727
No	15 (83,3%)	3 (16,7%)	
Religion			
Yes	30 (73,2%)	11 (26,8%)	0,093
No	11 (100,0%)	0 (0,0%)	

*Fisher's exact test.

The age of these puerperal adolescents implies that they started having sexual experiences and were exposed to the risk of pregnancy at an early age. This situation represents a high risk of adverse events that affect the health of the mother-baby binomial, such as increased maternal and newborn mortality, low birth weight, pre-eclampsia, eclampsia, abortion, restricted intrauterine growth, gestational diabetes, early delivery, lactation complications, neonatal death, among others.⁷ With regard to age and origin, among puerperal women from urban areas, when compared to rural areas, there was a significant proportion in the 13-18 age group (68.8%). This result corroborates a study carried out in a reference maternity hospital in João Pessoa-PB, where 85% of puerperal women came from urban areas⁸.

Although the urban population has more access to education and easier access to information,⁹ this study found a higher proportion of puerperae in this location. We can infer that this situation may be due to the inexistence or low availability of programs on sexuality and teenage pregnancy. However, even if they have access to information, for some reason they don't make use of it and fall prey to misconceptions, full of taboos, and young people create an illusion of immunity related to early pregnancy and practice unprotected sex.¹⁰

With regard to the variable "living with a spouse/partner", 28 (87.5%) adolescents from urban areas had a higher proportion of affirmations. Having a partner who participates in pregnancy is a positive factor in the adolescent's life, as it makes it possible to share roles and support, including emotional support,¹¹ and living with a partner is one of the factors that can facilitate adherence to prenatal care.¹²

In addition, the analysis of sociodemographic variables, race/color, becomes important in this study, considering that in Brazil the racial issue is considered a structuring element of social inequality and is directly related to indicators of access to health.¹³ Institutional

racism, which provides a lower number of consultations, exams and guidance, can generate high levels of physical and/or psychosocial stress and contribute to the adoption of inappropriate behaviors, such as low adherence to the proposed treatment.¹⁴

Regarding the level of schooling, the lowest level was observed among adolescent puerperae from urban areas (40.6%) when compared to rural areas (35%). Women with a higher level of schooling tend to get pregnant later, as they have more knowledge about contraceptive methods, probably putting off having children until a later date. It is also important to note that they tend to have a lower level of schooling, as there is a tendency for them to drop out of school.⁸ In a study in Latin America on the reasons for adolescents dropping out of school, it was observed that two thirds of those who interrupted their studies pointed to the occurrence of a teenage pregnancy as one of the main factors..

With regard to sociodemographic aspects, the highest proportions were for puerperal women who had some religion. However, the religion variable is complex, considering that religious beliefs have different conceptions and may be subject to the customs of each geographical area, whether rural or urban, so even women belonging to a particular religious group may have a personal interpretation of their reproductive health.¹⁶

In addition to the characteristics mentioned above, it is equally important to analyze obstetric characteristics. With regard to the predominance of first pregnancies among these adolescents, there was little difference between rural and urban areas, but demand was higher in the first geographical area. A similar situation occurred in a study carried out in a public maternity hospital in Paraíba.⁸ This result is probably due to the persistence of the traditional cultural pattern of early motherhood still in force in this area and the lack of prospects for many of these adolescents.⁸

In this study, the results for the start of prenatal care were favorable, as the adolescents who had recently given birth, regardless of

their area of coverage, had a higher proportion of starting prenatal care after eight weeks. Having the first prenatal appointment by the 4th month of pregnancy is recommended by the Prenatal and Birth Humanization Program (PHPN).¹⁷ However, it is important for health professionals to be vigilant, as being pregnant during adolescence is a risk factor for not adhering to prenatal care.¹⁸

With regard to Pap smears, the results of this study showed that the rate of non-performance was considerably high. Socio-demographic factors such as a low level of schooling and non-white skin color have been identified as the main social determinants of high-grade cervical lesions.¹⁹ These causes make it more difficult to access health services, including uterine cancer screening, since these women are less likely to be screened.²⁰ It is therefore important for health professionals to be aware of the fact that the gestational period is an opportune time to capture women during prenatal care for cervical screening, which could contribute to reducing morbidity and mortality from this cause.²¹

With regard to family planning, a significant number of participants did not take part in the groups and the proportion was similar among puerperal adolescents from rural and urban areas. In line with this, a study carried out with adolescents in the state of Ceará found that 80% of those interviewed had never attended a family planning appointment. Low adherence to family planning, as well as to prenatal and puerperal care, are recognized indicators of the quality of health care, with repercussions on the control of unfavorable events,²² such as complications during pregnancy.

Regarding the existence of complications among adolescent puerperal women in rural and urban areas, the most worrying is maternal mortality. Similarly, in a study carried out in Recife (2006-2017), of the 171 maternal deaths, 8.2% corresponded to adolescents,²³ while another study carried out in Piauí (2008-2013), of the 290 maternal deaths, 50 (17.2%) occurred among young people aged between 14 and 19.²⁴ In 2020, of the 240,113 adolescent pregnant women in Brazil, 1,024 died from obstetric causes in the Southeast and 327 in the South,²⁵ showing that despite the differences, maternal mortality among adolescents is significant throughout the geographical area.

As for the association between sociodemographic and obstetric variables, this study suggests that the start of prenatal care (> 8 weeks) was associated with a lower age of the puerperal adolescents. Pregnancy during adolescence has been occurring unexpectedly and without adequate reproductive planning, pointing to it as a social obstacle and a serious public health problem, as well as favoring various risks that can occur in this age group. Worldwide, an estimated 16 million adolescents between the ages of 15 and 19 become mothers every year. One in ten births is to an adolescent mother, corresponding to 11% of all births.²⁶

Given such high numbers, it is clear that there is a need to take a specific look at pregnant teenagers, showing that they should be given more attention, especially when they work, since in this study, not having a Pap smear was more common

among teenagers who worked. In this perspective, the exclusive role of women in private life, with the care of the home and children, related to day-to-day life, full of tasks that are socially seen as necessary, are added to the condition of public life. In recent years, women have been occupying more space in the job market, as well as becoming the breadwinners of their homes, which means that they neglect their own health, prioritizing financial and family well-being, in addition to the fact that health care centers have fixed hours and specific days for exams, which are not suited to the routine of women working in the job market, who become dependent on time off work.²⁷

However, it is necessary to look for population groups with lower coverage of Pap smears and greater social vulnerability.²⁰ In addition, it should be considered that adolescence involves not only changes in physiological aspects, but also emotional and psychological ones, which can contribute to the emergence of problems such as obstetric ones.

In this study, the occurrence of complications during pregnancy was associated with living with a spouse or partner, a situation that differs from what is found in the literature. Pregnancy in adolescence can be associated with situations of lack of family affection and when this pregnant woman doesn't have a partner, it can increase family crises and conflicts.²⁸ It is therefore important for the puerperal adolescent to have the support and presence of her partner so that emotional problems don't compromise her health at such an important time in a woman's life.

As for the study's limitations, we can cite the bias of the small sample, but this does not disqualify teenage pregnancy as a complex phenomenon that needs to be discussed, as it precipitates problems arising from early motherhood. Finally, it is suggested that mixed studies be carried out, as they provide richer discussions, improving the search for public action planning.

CONCLUSION

It can be concluded that teenage pregnancy is an episode that continues to occur frequently in Brazil. It can be inferred that the sociodemographic profile of the study's sample of puerperal adolescents is that they are women aged less than or equal to 18 years, of non-white color/race, with low levels of schooling and occupation.

It is worth noting that the obstetric profile was characterized by a predominance of first pregnancies, late start of prenatal care associated with the younger age of the puerperal adolescents, non-performance of preventive examinations associated with having an occupation, non-participation in family planning groups and pregnancy complications.

In view of the above, there is a need for guidance aimed at the young population, in clear and accessible language, about the reproductive process and planning, including among population groups that have greater difficulties in accessing health and social vulnerability.

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