





Qualitative approach to experiences of pregnant adolescents

Silvia Vianey Reyes-López ¹ ; Iran Carolina Cordero-Cruz ² ; Francisco Javier Báez-Hernández ³ ;
Vianet Nava-Navarro ^{4*} 

ABSTRACT

Introduction: In recent years, adolescent pregnancy has become an alarming public health problem since each year 16 million adolescents between 15 and 19 years of age become mothers. **Objective:** Describe experiences of pregnant teenagers, from a qualitative approach. **Methodology:** Qualitative, descriptive study, where nine pregnant adolescents participated, who were selected using convenience sampling. Semi-structured interviews were carried out until data saturation; the research adhered to the General Health Act for research. **Results:** The findings of the discourse of the adolescents were structured around three main categories: 1) factors that contribute to pregnancy with four subcategories: misuse of contraceptive methods, self-restraint to ask about contraceptive methods, unplanned sexual relations and consumption of substances; 2) reaction to the news of pregnancy with two subcategories: positive and adverse reaction; and 3) changes to pregnancy, with three subcategories: changes in school, physical and physiological changes, and changes in social behavior. **Conclusions:** The experiences of adolescents with respect to their pregnancy cover a range of ambivalent situations. Additionally, the experiences that a pregnant adolescent faces are multidimensional; thus, a comprehensive and multidisciplinary approach is required.

Keywords: Experiences; Pregnancy in Adolescence; Qualitative Research (DeCS).

¹ Bachelor's Degree in Nursing. School of Nursing of the Benemérita Universidad Autónoma de Puebla, Mexico.

² Bachelor's Degree in Nursing. School of Nursing of the Benemérita Universidad Autónoma de Puebla.

³ PhD in Nursing Sciences. School of Nursing of the Benemérita Universidad Autónoma de Puebla, Mexico.

⁴ PhD in Nursing Sciences. School of Nursing of the Benemérita Universidad Autónoma de Puebla. Puebla, Mexico.

*Corresponding author: vianet.nava@correo.buap.mx

Received: 26/01/2020

Accepted: 13/08/2020

How to cite this article

Reyes-López SV, Cordero-Cruz IC, Báez-Hernández FJ, Nava-Navarro V. Qualitative approach to experiences of pregnant adolescents. SANUS. 2020; (15): 1-14. [Access dd/mm/yy]; Available at: [URL/DOI](https://doi.org/10.36789/sanus.vi15.179).

Experiencias de las adolescentes que cursan un embarazo, desde un enfoque cualitativo

RESUMEN

Introducción: En los últimos años el embarazo en las adolescentes se ha convertido en un alarmante problema de salud pública ya que cada año 16 millones de adolescentes entre 15 y 19 años se convierten en madres. **Objetivo:** Describir las experiencias de las adolescentes que cursan un embarazo, desde un enfoque cualitativo. **Metodología:** estudio cualitativo, descriptivo, en el que participaron nueve adolescentes embarazadas, las cuales fueron seleccionadas con muestreo por conveniencia. Se realizaron entrevistas semiestructuradas hasta la saturación de datos; la investigación se apegó a la Ley General de Salud, en materia de investigación. **Resultados:** Los hallazgos de los discursos de las adolescentes se estructuraron en torno a tres categorías principales: 1) factores que contribuyen al embarazo con cuatro subcategorías: mal uso de métodos anticonceptivos, cohibición para preguntar sobre métodos anticonceptivos, relaciones sexuales no planeadas y consumo de sustancias; 2) reacción ante la noticia de embarazo con dos subcategorías: reacción positiva y adversa y 3) cambios ante el embarazo, con tres subcategorías: cambios en la escuela, cambios físicos y fisiológicos y cambios en el comportamiento social. **Conclusiones:** Las experiencias de las adolescentes acerca de su embarazo abarcan una gama de situaciones ambivalentes. Las experiencias que enfrenta una adolescente embarazada son multidimensionales; se requiere abordaje integral y multidisciplinario.

Palabras clave: Experiencias; Embarazo en Adolescencia; Investigación Cualitativa (DeCs).

Experiências de adolescentes grávidas de uma abordagem qualitativa

ABSTRATO

Introdução: Nos últimos anos, a gravidez na adolescência se tornou um alarmante problema de saúde pública, uma vez que 16 milhões de adolescentes entre 15 e 19 anos se tornam mães a cada ano. **Objetivo:** Descrever as experiências das adolescentes que estão grávidas a partir de uma abordagem qualitativa. **Metodologia:** estudo abordagem qualitativa, descritivo, participaram nove adolescentes gestantes, selecionadas com amostragem por conveniência. As entrevistas semiestruturadas foram realizadas em profundidade até a saturação dos dados; a investigação aderiu à Lei Geral de Saúde, em termos de pesquisa. **Resultados:** Os achados dos discursos de adolescentes foram estruturados em torno de três categorias principais: 1) fatores que contribuem para a gravidez em quatro subcategorias: uso indevido de métodos contraceptivos, inibição de perguntar sobre métodos contraceptivos, relações sexuais não planejadas e consumo de substâncias; 2) reação às notícias da gravidez com duas subcategorias: reação positiva e reação negativa e 3) mudanças antes da gravidez, com três subcategorias: mudanças na escola, mudanças físicas e fisiológicas e mudanças no comportamento social. **Conclusões:** As informações obtidas mostram que as experiências das adolescentes sobre a gravidez abrangem uma gama de atitudes ambivalentes que podem ter um relacionamento complexo. As experiências enfrentadas por uma adolescente grávida são complexas e causas multifatoriais que requerem atenção especial por sua abordagem abrangente e multidisciplinar.

Palavras-chave: Experiências; Gravidez na adolescência; Pesquisa qualitativa (DeCS).

INTRODUCTION

In recent years, adolescent pregnancy has become an alarming public health problem since each year approximately 16 million adolescents between 15 and 19 years of age become mothers, of which 1 million are younger than 15 years, the majority from developing countries⁽¹⁾. In Latin America, the incidence of adolescent pregnancy is 46 births per 1,000⁽²⁾. Likewise, Mexico is in the first place of adolescent pregnancy. For every 1,000 women aged 15 to 19 there are 77 births, which means that approximately 31.2% of adolescents started their active sexual life without the use of contraceptive methods⁽³⁾. At national level, the state of Puebla ranked eighth, with the highest number of adolescent pregnancies, registering that 25,608 women under 20 years of age had a delivery during 2017^(4,5).

Against this background, it is necessary to specify that adolescence is the period from 10 to 19 years of age, in which biological, psychological, social, and economic transitions occur⁽⁶⁾, a stage in which, when a pregnancy occurs, a series of vulnerability conditions that affect the adolescent's health, education and life project, associated with the lack of preparation for this new responsibility⁽⁷⁾ are faced; therefore, they have to experience the conditions of a unplanned motherhood, which is represented by being frequently stigmatized, suffering gender discrimination, family disapproval and rejection, in addition to the indifference of society. All of which triggers a series of social and personal frustrations^(8,9).

In this way, early pregnancy becomes a multifactorial problem that generates individual, family, sociocultural, and political causes⁽¹⁰⁾, among which there is the early onset of active sexual life⁽¹¹⁾, early sexual maturation⁽¹²⁾, low educational level⁽¹³⁾, lack of family planning, ineffective sex education, lack of communication with parents regarding sexuality issues and, in turn, the family has little knowledge about sex education⁽⁹⁾. Among the sociocultural factors included there are stress, crime, addictions, beliefs, myths and sexual taboos, social marginalization, and

predominance of romantic love in the relationships^(14,15).

Therefore, the nursing professional shall deepen into this phenomenon in order to generate a change in the paradigm, which is used to address this complex situation. Likewise, it is necessary to base the approach used to analyze the experiences of pregnant adolescents on the theory of social representations⁽¹⁶⁾, which allows a flexible understanding of the intermediate position between the meaning obtained from the real sense, and the idea that adolescents re-elaborate from individual, family, and socio-cultural conditions, which start from a set of ideas, knowledge, and know-how to act and interpret their immediate reality.

The representations proposed by Moscovici⁽¹⁶⁾ are structured around three fundamental components: the information that is possessed, the field of representation where a series of contents are hierarchically organized, and the attitude towards the situation; based on this proposal, it is possible to deepen into the experiences of adolescents stated in their discourse, which allows us to understand their process of acceptance to a new reality in their life, which will help us to provide elements that consolidate a health care for pregnancy prevention and care in adolescents through timely nursing interventions and educational programs that strengthen the weaknesses in the health of the adolescents, adapting them to their context and reality. Therefore, the objective of this study is to describe, from a qualitative approach, the experiences of pregnant adolescents.

METHODOLOGY

This is a qualitative and descriptive⁽¹⁹⁾ study⁽¹⁷⁻¹⁸⁾ since it allowed describing the experiences of pregnant adolescents. The selection of the participants was done using a convenience sampling, with a total of nine adolescents through availability and until data was saturated. The inclusion criteria were to be

pregnant adolescents between the ages of 15 and 19 years, who received health care in a Family Medicine Unit (UMF by its acronym in Spanish) of a Public Health Hospital of the City of Puebla, with the signed consent of the mother/father or guardian, informed consent, and the agreement to participate in the research. Adolescents that were pregnant as a result of rape were considered as an elimination criterion.

The researchers played a role as a non-participating observer, by fulfilling the role as a spectator in the development of the semi-structured interviews⁽²⁰⁾, which were carried out through a question guide, and in order to verify their structure and understanding a pilot test⁽²¹⁾ was carried out. The interview was made up of introductory questions, the purpose of which was to establish trust between the participant and the researcher. The following questions were structured from the literature review and the rest emphasizing the experiences of pregnancy in adolescents that contribute to the deepening of this study, the reactions to the news of pregnancy and its changes. These was a series of previously defined and open questions, with the freedom to introduce additional questions to clarify concepts or obtain more information⁽¹⁹⁾. The interviews allowed free, spontaneous, and uninterrupted communication, as well as the joint construction of meanings regarding this topic. Each of the interviews lasted approximately one hour and they were conducted in a quiet and private environment, which generated an atmosphere of intimacy and trust, to be able to respond calmly. These interviews were audio-recorded and later transcribed in the Microsoft Office Word 2010 software.

Data analysis was carried out using the proposal of Braun and Clarke⁽²²⁾, which is comprised of six phases: 1) familiarization of the data, where the nine audio-recorded interviews were transcribed, noting initial ideas using mental maps; 2) the code generation was carried out in the MAXQDA version 18.2.0 software, locating interesting characteristics and comparing relevant data; making a report of live codes to locate them by semantic fields; 3) topics were sought on factors that contribute to pregnancy,

reaction to the pregnancy news, and changes due to pregnancy; 4) in order to compare the codes on potential topics, a review of the categories and subcategories was made to verify that the topics will work out in relation to the codes, which allowed the realization of a thematic map, generating a definition of each category; 5) definition and naming of topics, where hierarchies (topics and subtopics) were established that allowed the analysis from the dimensions of the theory of social representations⁽¹⁶⁾; finally 6) the research report was made, supported on the understanding and interpretation of the information obtained⁽²²⁾.

The research was submitted for approval to the Research and Graduate Studies Committee of the School of Nursing of the Benemérita Universidad Autónoma de Puebla with registry SIEP/032/2020; likewise, it was ruled based on the Regulations of the General Health Act⁽²³⁾ for research where it is established that any participation should be on a voluntary basis, the principles of confidentiality, the requirement of consent, and a duly signed informed consent. Moreover, take into account the guidelines for research in minors and pregnant groups.

For ethical reasons, all the information that required the identity of the participants was adhered to the principle of confidentiality, who were protected using pseudonyms and codes⁽¹⁹⁾. The quality criteria considered were: credibility, when carrying out the textual transcription of the total of semi-structured interviews; consistency for data analysis and confirmability, since the information that was collected was inductively⁽²⁰⁾ collected.

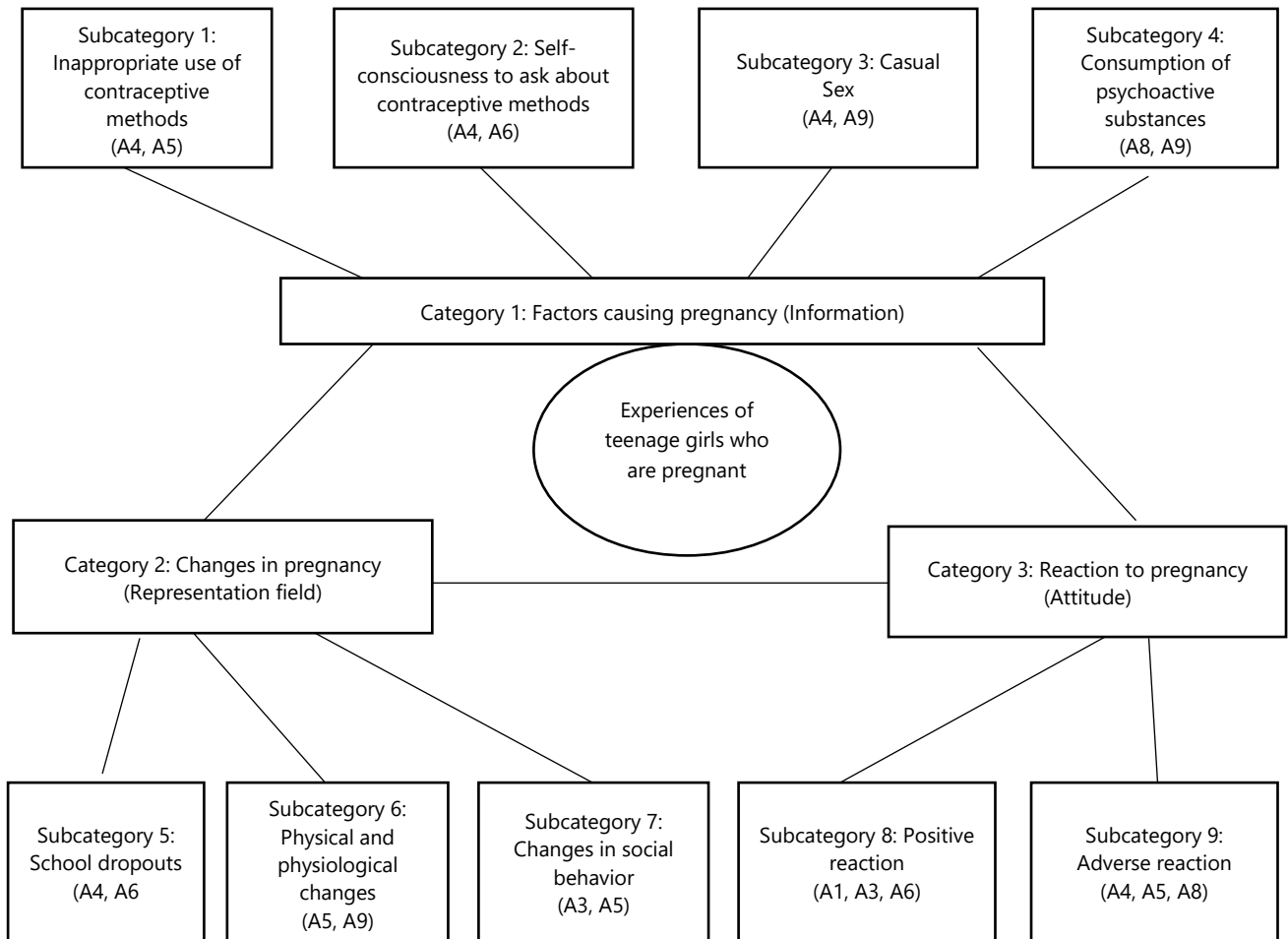
RESULTS

Nine pregnant teenagers were interviewed, five of them were 17 years old, three were 16 years old, and one was 18 years old. In relation to their marital status, four are in a common-law marriage, two were single, and three were married. In terms of the analysis of content, based on the dimensions of Moscovici's theory of social representations⁽¹⁶⁾, three categories and nine subcategories were identified. The first category corresponded to the factors that

caused the pregnancy, which is located in the information dimension. The second category refers to changes during pregnancy and corresponded to the dimension of the field of representation; and the third category was

reaction to pregnancy through the attitude dimension (Figure 1).

Figure 1. Experiences of pregnant adolescents between 15 and 19 years of age.



Source: Own development.

According to the proposal of Moscovici⁽¹⁶⁾, the social representations emerge from the conditions built in crucial moments; in the approach of this study this crucial moment corresponds to the pregnancy that the adolescent is going through, so in category 1: factors that originate the pregnancy, an emergency condition occurs, in which the

information is scattered and is not enough, it is usually disorganized, and this is how it is expressed in the discourse of adolescents regarding the improper use of contraceptive methods (subcategory 1); the participants mentioned that they have heard about contraceptive methods, however, they do not know how to use them, and they consider that

the morning after pill can be used as a contraceptive method: "yes, I did know they existed, because when my friends and I spoke then they said that they had sexual relations with their boyfriends and that they wore a condom [...] well, yes, like, well, if I tried to imagine it, but not this [...], I never asked them how it was used [...]" A4, 16 years old; "I always used the morning after pill when I had sex, that is, because I didn't like the condom [...] because sometimes when we were together sometimes it would come off and it wouldn't work, and he ended up taking it off! [...] and since we didn't have sex so often, I took the morning after pill [...] but aaaah! Well, yes, we knew the existence of contraceptive methods" A5, 17 years old.

Another element is that the source of information in relation to the quantity and quality according to the fields of interest, make that the links with the judgment are precarious and it can be complex to search for the information and operate it on a daily basis¹⁶. Expressing self-consciousness to ask about contraceptive methods (subcategory 2), they do not ask because they felt embarrassed: "Well, the truth is that sometimes I only saw how my boyfriend put it on this one, it is that you don't know (smiles) the truth made me feel embarrassed because how I was going to ask my family or friends" A4, 16 years old.

Information on contraceptive methods is available to adolescents, however they do not talk about their concerns regarding sexual issues with the family: "The truth is that they had talked about it at school but then out of embarrassment or I don't know why, you prefer to relax or ignore it and the truth is, I did not pay attention when they explained that to us, and yes I was embarrassed to talk about it with my parents or with someone since I did not want them to think badly of me, because I was at home and well that wasn't right, you know" A6, 16 years old.

The information and experience that the adolescent has in relation to potential scenarios in which they may be at risk for fortuitous sexual relations (subcategory 3), such as everyday events, where the speech highlights sexual relations without the use of a condom, allowing them to let themselves go: "Well, aaaah! I don't

know why you don't take care of yourself! [...] Or because one thinks that it is easy to have intercourse without a condom! Well, I don't really know why, but I do think that sometimes you get let yourself go and don't think about what might happen!" A5, 17 years old. Likewise, the participants mentioned that the courtship time was short when they decided to start their sexual relations, along with the inadequate use of contraceptive methods, pregnancy arises: "after a little time as sweethearts we began to have relations and the truth was that when I got pregnant, we didn't take good care of ourselves, in that sense, and well, one day we went to a house with [...] well with some friends, then he later took me to my house and well, ehm!... there was the opportunity (she blushed) because no one was there" A9, 17 years old.

Likewise, after consuming substances (subcategory 4) such as alcohol or drugs, they have sexual relations, limited in decision-making and use of protection: "it was the moment, because at the party we also drank a little and then maybe with the alcoholic drink [...] one gets courageous! And well, we do not think things as we should, neither he nor I thought about using a preservative [...] nor about anything, for example about going to buy something or that if we already had the sexual relations in that moment, maybe get something the next day to prevent pregnancy" A9, 17 years old.

Likewise, another adolescent mentioned that when consuming drugs she did not remember if she had had sexual relations: "We all started drinking and some also began to take drugs and that time he did not force me to try it but he did tell me it was going to be a new experience [...] we went to his house to continue talking since his aunt was not there, we could go up to his room and well, it happened! It was not my first time, but the truth is, I don't even remember how it was and afterwards I fell asleep and well he woke me up and told me to leave because he was going to go out again and he took me near my home [...] my godmother convinced me to draw blood from my arm that was when her partner came with the results and she said to me, oh, little girl! You are pregnant" A8, 16 years old.

Based on category 2, which corresponds to changes during pregnancy, located in the dimension of the field of representation, adolescents involved in social interaction focus on facts that evoke the judgment from a single point of view for the decision-making, so one of the changes that occurs is dropping out from school (subcategory 5), due to the discomfort caused by being observed, pointed out, and stigmatized *"when I went to school since they found out that I was pregnant, well, it was not the same anymore, because all of the students realized it and then I felt that when I went out to buy something or went somewhere they looked at me [...]. They just stare at me [...]. And then when I was outside, I hear that they spoke things [...] or they began to say things [...], they whisper to each other when I was passing by, the teachers pretended that nothing was wrong, but I felt that they were watching me"* A4, 16. *"Well, the truth is that I tried to go to school for a while, but I felt uncomfortable due to nausea and I was afraid that something would happen to me and, the truth is, I did not like how other students looked at me, it was very annoying that they stared at me or talked about me!"* A6, 16 years old.

Adolescents mention that physical and physiological changes (subcategory 6) such as weight gain, sleep, fatigue, nausea, uncertainty and discomfort limit their activities: *"Well, now I started to dress more loose because my old clothes no longer fit, I already put on more [...] more weight! The boobs are growing! I don't know [...] aaaah! I don't know what will happen after I have the baby"* A5, 17. *"And well, I no longer feel the same with the changes I am experiencing during my pregnancy, I have nausea or headache or I feel sleepy, my back hurts, I get very tired when I walk"* A9, 17 years old.

The adolescents report that after pregnancy, they faced changes in social behavior (subcategory 7), among these, playing other roles in society, they must take care of their pregnancy and look after their partner; they long for the times when they could go out to have fun with their friends: *"Now I have to do everything, well, yes, it was a change, like, now, I'm no longer a child, I have to behave like a [...], like a woman, like a lady!"* A3, 17 years old. *"Yes,*

I already changed because before I used to party a lot [...] it was a lot of partying and I was more fun! Now I have become calmer, now also because since I am at my in-laws' house well [...] now, no way for me to party [...] well no, what they would say, and well, this is how they want me to behave, just imagine!" A5, 17 years old.

For category 3, reaction to pregnancy, the attitude dimension refers to the favorable or unfavorable orientation in relation to the condition that this implies, which is a component towards motivation when taking a position with respect to the experience that this social representation means for the adolescent in its system of values, ideas, and practices. A positive reaction was found (subcategory 8). Some participants expressed feeling happy when they heard the news of pregnancy, particularly those who had a supportive partner and extended family. However, they also mention with concern the changes that would occur: *"I felt very happy because as I had hormonal problems they have told me that I was probably not going to be able to get pregnant so easily"* A1, 17 years old.

Something about pregnancy is to inform the partners of the adolescents, who, according to the participants' discourse, they are the first to know about it and as part of this acceptance process, in the case of adolescents with partner, they support them: *"The first one to know about it was my partner and, mmm! And, well, he didn't expect it, but he supported me anyway"* A3, 17 years old. *"At first he did get upset, and he told me how was it possible, that we didn't planned it, but then I thought that he saw that I was crying he hugged me and calmed down, he told me that he was going to talk to my family and that he would take his responsibility and that he would talk to his parents to see what would happen"* A6, 16 years old.

The family support network was present in the participants' speech: *"Yes, we received support, his family supported us, although at first they were a little upset but later on they told us that we had their support and, well, it was a bit difficult"* A3, 17. *"My parents were a little restless because they saw me crying and then when I told them, well, it was like a bomb has exploded! because how could it be true that I was pregnant*

and so on. And yes, I cried, but in the end my parents told me that they would support me and when we were all together, mmm, well my parents and his parents talked and well at the end we decided that we wanted to get married and live together and then his parents provided us a room so that we could stay and have some privacy, and yes, yes, that's how we worked it out" A6, 16 years old.

The reactions towards adolescent pregnancy were diverse, such as surprise, confusion, fear, uncertainty, especially when facing it with the partner and family. In subcategory 9, an adverse reaction is identified, since the circumstance exerts pressure on the adolescent's response to this conflict situation: *"At that moment, I felt many things, I don't know [...] it caught me off guard! And then I started crying, because how would I tell my parents that I was pregnant? At that moment many things came to my head, I thought they were going to ask me to leave [...], I thought lots of things! You can't imagine how much I cried!"* A5, 17 years old. *"At that time I wanted to disappear, the truth was that I was very scared because I didn't know what was going to happen to me, then I thought my parents were going to ask me to leave the house because they got angry [...]"* A4, 16 years old.

Two of the adolescents mentioned that they did not receive any support from their partner when they heard the news: *"Then he told me that he was going to do something else [...], after a week I told him about it, he didn't look for me and he never did"* A5, 17 years old. *"Well, the problem was that guy, because he didn't even answer me by facebook and when I saw him on the street he ignored me or insulted me [...]; when he was with his friends they laughed at me and so on and I felt so bad, but I couldn't force him to take his part of the responsibility! I think he even believed that the baby wasn't his"* A8, 16 years old.

One of the participants said that she didn't have the support of her family: *"Yes, my mom got angry, she almost asked me to leave the house because I did something she really didn't want me to do, and she told me that I had to find a way to support myself and the baby and that I had to scratch and scrape my way out of it with my own fingernails because she couldn't do it, her money wasn't enough"* A8, 16 years old.

DISCUSSION

The objective of this research was to describe the experiences of pregnant adolescents from a qualitative approach, responding to the management needs embodied in the third objective of sustainable development, where they locate adolescents as a risk group for unwanted pregnancy⁽²⁴⁾.

Regarding the category regarding the factors that cause the pregnancy, it matches the proposal made by Chacón et al⁽⁹⁾, which mentions that impulse towards sex, the use of substances such as alcoholic drinks, and the misuse of contraceptive methods are risk factors associated to adolescent pregnancy, which agrees with the results found in this study in which the lack of information and impulse towards sex is handled as fortuitous sexual relations because the adolescents mention unexpected sexual encounters; likewise, they refer having drunk alcoholic drinks or drugs before sexual intercourse, as well as using the morning after pill as a regular contraceptive method.

Additionally, the findings related to feelings such as self-consciousness to ask what adolescents feel at the time of clearing their doubts about contraceptive methods matched the results of Gómez and Durán⁽²⁵⁾, where they establish that the age of the adolescents becomes a point of criticism and questioning that can stop such search for clarifying their doubts.

In relation to the results obtained from the adolescents with regard to having unplanned sexual relations, there is a similarity with what is reflected in the work of González and Quintana⁽²⁶⁾, where a clear tendency to have sporadic and unplanned sexual relations marked by impulse, showing itself as one of the main characteristics of the sexual behavior typical of that stage.

Regarding the consumption of psychoactive substances, Carrillo and Manzanero⁽²⁷⁾ mention that alcohol consumption becomes a risk that promotes unplanned pregnancy in adolescents; this research matched what was found in our

participants. Similarly, Figueroa and Figueroa⁽¹⁴⁾ report that the consumption of alcoholic drinks reduces the perception of risk and changes their actions, making it more likely to have unprotected sex, which is reflected in the discourse of the adolescents.

In the category regarding changes during the adolescent pregnancy that correspond to the dimension field of representation, the subcategory of dropping out from school is shown as a predominant factor, which matches the research by Mejía et al⁽²⁸⁾ where dropping out of school is influenced by the adolescent's clinical symptoms, changes in her body image, and the impossibility of continuing to carry out recreational activities; likewise, the results of Mora and Hernández⁽³¹⁾ match the results of this study, since they refer that stagnation of personal development and school dropout are consequences of adolescent pregnancy.

In relation to this, Quintero and Rojas⁽³²⁾ mention that the important thing is not only the presence of the family and the partner, but also the support and motivation for pregnant adolescents to continue with their education; a fact that is obviously not reflected in our results. It was found that the future mother faces stressful factors such as physical, physiological, and psychological changes that substantially change the life of the adolescent so she has to adapt to these new changes, matching what Ramos and Borgues points out in their study⁽³³⁾, where they mention that physical changes in adolescents are an issue that generate insecurity.

In the subcategory of changes in social behavior, it was identified that adolescents present radical changes due to the fact that they acquire new social roles in which they are forced to change their behavior to assume motherhood and its responsibilities, which match the results found by Niño et al⁽³⁴⁾, where it is remarked that pregnant adolescents have to change their social network of friends and family in addition to acquire new roles by the future mother related to household things and the responsibility to start a family.

Regarding the category of reaction to pregnancy, which refers to attitude, ambivalent reactions were found, both positive and

negative; with respect to positive reactions, the living code found by Mejía, et al⁽²⁸⁾ states that the pregnant adolescent expresses the following: *"I am happier, it improved my relationship with my family, it made me mature as a person and I will no longer be alone"*.

Likewise, Álvarez, et al⁽¹⁵⁾ shows in a living code of the study performed positive verbalizations about the idea of being pregnant: *"That is a very nice gift that God gives us [...], Why does someone is going to deny someone else's life?"*. These codes match the results found in this study where pregnant adolescents had positive reactions such as: *"Well, sometimes I felt happy but sometimes I didn't, I felt that I things were no longer going to be the same, that I was going to have changes, many changes"* A2.

The adverse reactions that adolescents experienced, such as: *"Sometimes I felt sad [...], some times I said that I did not want to have the baby"* referred to in the living code obtained from Álvarez⁽¹⁵⁾, match the results of this research where adolescents experience feelings of sadness and anguish.

Regarding the support that pregnant adolescents received from their partner and family, although the results of this study identified that there was support from the family network, some differences were found with what Loredó et al⁽²⁹⁾ mention, namely, that when the adolescent tell the family about her pregnancy, she is usually reprovved and the family generate guilt by making her responsible of their disappointment and sometimes she is even emotionally and/or physically harmed.

This reaction probably varies because of what Rojas, Méndez and Alvarez⁽³⁰⁾ describe in their report, where they show that the perception of the adolescent's pregnancy will depend on the social context of the members of her family.

The description of the experiences of pregnant adolescents obtained from a qualitative approach and with the use of an interpretive framework of the social representations, allowed an approach to this vulnerable group for the identification of the dimensions of information, attitudes, feelings, knowledge, events, and the field of representation which become complex during the interaction with the adolescent. It is necessary for the nurse to try to

understand the multiple scenarios in which realities occur, making the invisible visible, which contributes to new healthcare strategies. In relation to the limitations of the study, a qualitative and descriptive design was considered because the approach to the phenomenon has been partially addressed by nursing, so this design allows an approach to explore the experiences of pregnant adolescents. Another limitation was contacting the participants for the study, because they are minors and due to the condition of pregnancy, the dialogue with them is complicated due to the social situations that we are currently facing, such as insecurity.

CONCLUSIONS

Adolescent pregnancy is a physiological process in which factors such as the inappropriate use or lack of use of contraceptive methods, the inhibition to ask about contraceptive methods, and fortuitous sexual relations contribute to the fact that this problem still unsolved; where the future adolescent mother faces changes in the physical, emotional, and behavioral condition of society.

The experiences faced by an adolescent during the pregnancy process are complex and include multiple causes that require multidisciplinary work to address them. Therefore, the actions of nursing professionals play a fundamental role in the care of adolescents and in their health processes, as well as in the prevention of pregnancy at an early age, since it allows

detecting, on a timely manner, and minimizing, risk factors, through attention to the meanings and experiences of adolescents.

The results of this study allow being a point of reference when proposing, designing, and executing actions, strategies, and programs according to the needs of this vulnerable group and adjusted to their reality.

Finally, the need to know much more about adolescent pregnancy arises. In order to promote studies with a mixed approach in the nursing field, allowing not only exploratory approaches, but also transcendent multidisciplinary approaches that help to offer a deeper perspective to increase the knowledge that contributes to a humanized care.

CONFLICTS OF INTEREST

There are no conflicts of interest on the part of the authors of this article.

FINANCING

This research was not funded by any institution.

ACKNOWLEDGMENTS

To all the adolescents who participated in this study for sharing their experiences.

BIBLIOGRAPHIC REFERENCES

1. Organización Mundial de la Salud (OMS). Embarazo en la adolescencia [Internet]. OMS. 2018. [updated March 2020; accessed on September 2019]. Available at: https://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/es/
2. Organización Panamericana de la Salud (OPS). América Latina y el Caribe tienen la segunda tasa más alta de embarazo adolescente en el mundo [Internet]. OPS. 2018. [updated March 2020; accessed on September 2019]. Available at: https://www.paho.org/chi/index.php?option=com_content&view=article&id=996:america-latina-y-el-caribe-tienen-la-segunda-tasa-mas-alta-de-embarazo-adolescente-en-el-mundo&Itemid=1005

-
3. Organización para la Cooperación y el Desarrollo Económico (OCDE). Situación de la Salud Sexual y Reproductiva de las entidades Federativas [Internet]. OCDE. 2017. [updated March 2020; accessed on September 2019]. Available at: https://www.gob.mx/cms/uploads/attachment/file/236809/11_Guanajuato_web.pdf
 4. Instituto Nacional de Estadística y Geografía (INEGI). Estadísticas Puebla [Internet]. INEGI. 2017. [updated March 2020; accessed on September 2019]. Available at: <https://www.diariocambio.com.mx/2018/especial/item/33480-puebla-octavo-lugar-con-mas-embarazos-adolescentes-25-mil-casos-durante-2017>
 5. Secretaría de Salud (SS). Embarazo en Puebla [Internet]. SS. 2016. [updated March 2020; accessed on September 2019]. Available at: <https://www.milenio.com/estados/registran-puebla-94-embarazos-menores-15-anos-1>
 6. Norma Oficial Mexicana NOM-047-SSA2-2015, Para la atención a la salud del grupo etario de 10 a 19 años de edad. DOF Secretaria de Salud [Internet]. [accessed on June 2020]. Available at: <http://evaluacion.ssm.gob.mx/pdf/normateca/NOM-047-SSA2-2015.pdf>
 7. Consejo Nacional de Población. Estrategia Nacional para la Prevención del Embarazo en Adolescentes (ENAPEA). [Internet]. 2018 [accessed on June 2020]. Available at: <https://www.gob.mx/conapo/documentos/documento-oficial-de-la-estrategia>
 8. Loredó A, Vargas C, Casas M, González C, Gutiérrez L. Embarazo adolescente: sus causas y repercusiones en la diada. *RevMedInst Mex Seguro Soc* [Internet]. 2017 [accessed September 2019]; 55(2): 223-9. Available at: http://revistamedica.imss.gob.mx/editorial/index.php/revista_medica/article/viewFile/1379/1982
 9. Chacón O, Cortes A, Álvarez G, Sotomayor G. Embarazo en la adolescencia, su repercusión familiar y en la sociedad. *Rev Cubana ObstetGinecol* [Internet]. 2015 [accessed September 2019]; 41(1): 50-8. Available at: <http://scielo.sld.cu/pdf/gin/v41n1/gin06115.pdf>
 10. Mora C, Hernández V. Embarazo en la adolescencia: cómo ocurre en la sociedad actual. *Perinatol Reprod Hum* [Internet]. 2015 [accessed September 2019]; 29(2):76-82. Available at: <https://doi.org/10.1016/j.rprh.2015.05.004>
 11. Mendoza T, Claros B, Peñaranda O. Actividad sexual temprana y embarazo en la adolescencia: estado del arte. *Rev. chil. obstet. Ginecol* [Internet]. 2016 [accessed September 2019]; 81(3): 243-53. Available at: <http://dx.doi.org/10.4067/S0717-75262016000300012>
 12. Chamorro V, Padilla L, Gómez L, Quintero S. Percepción del estado de salud y comportamiento sexual y reproductivo en adolescentes embarazadas. *RevEnferm IMSS* [Internet]. 2016 [accessed September]; 24(1): 45-50. Available at: <https://www.medigraphic.com/pdfs/enfermeriaimss/eim-2016/eim161h.pdf>
 13. Estrada F, Campero L, Suárez L, Vara S, González C. Conocimientos sobre riesgo de embarazo y autoeficacia en hombres adolescentes: apoyo parental y factores escolares. *Salud Pública Méx* [Internet]. 2017 [accessed September 2019]; 59(5): 56-65. Available at: <https://doi.org/10.21149/7959>.
 14. Figueroa L, Figueroa P. Conductas sexuales de riesgo en adolescentes desde el contexto cubano. *Revista de Ciencias Médicas de Pinar del Río* [Internet]. 2017 [accessed September 2019]; 21(2):143-51. Available at: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1561-31942017000200020
 15. Álvarez N, Grande G, Linares A, Ojeda A. Análisis del embarazo adolescente: miradas cualitativas a los casos de Bucaramanga y Jaén. *Matronas Prof* [Internet]. 2017 [accessed September 2019]; 18(2): 51-59. Available at: <https://www.federacion-matronas.org/matronas-profesion/sumarios/analisis-del-embarazo-adolescente-miradas-cualitativas-a-los-casos-de-bucaramanga-y-jaen/>
 16. Mora, M. La teórica de las representaciones sociales de Serge Moscovici. *Athenea digital* [Internet]. 2002 [accessed June 2020]; 2: 1-24. Available at: <https://doi.org/10.5565/rev/athenead/v1n2.55>
 17. Rivadeneira R. Comprensión teórica y proceso metodológico de la investigación cualitativa. In *Crescendo (Chimbote)* [Internet]. 2015 [accessed September 2019]; 6(2): 169-83. Available at: <https://doi.org/10.21895/incres.2015.v6n2.16>

-
18. Vaismoradi M, Turunen H, Bondas T. Qualitative descriptive study. *Nurs Health Sci* [Internet]. 2013 [accessed September 2019]; 15 (3): 398-405. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/23480423>
 19. Hernández R, Fernández C, Baptista P. *Metodología de la investigación*. 6a ed. México: McGraw Hill Interamericana; 2014.
 20. Berguera O, Fernandez de Sanmamed S, Pons V, Pujol R, Rodríguez A, Saura S. Escuchar, observar y comprender. Recuperando la narrativa en las ciencias de la salud. *Aportaciones de la investigación cualitativa*. [Internet]. 2014 [accessed June 2020]; Available at: <https://saludcomunitaria.files.wordpress.com/2014/12/escucharobservarcomprender.pdf>
 21. Polit D, Hungler B. *Investigación científica en ciencias de la salud*. 6ª ed. México: McGraw- Hill Interamericana, 2000.
 22. Braun V, Clarke V. Using thematic analysis in psychology. *Nursing and Health Sciences* [Internet]. 2013 [accessed September 2019]; 15: 398-405. Available at: https://www.researchgate.net/publication/267623311_Thematic_Analysis
 23. Secretaría de Salud (SS). *Reglamento de la Ley General de Salud en Materia de Investigación para la Salud*. [Internet]. SS. 1987. [updated March 2020; accessed on September 2019]. Available at: <http://www.salud.gob.mx/unidades/cdi/nom/comp/rlgsmis.html>
 24. Organización de las Naciones Unidas (ONU). *Objetivos de Desarrollo Sostenible* [Internet]. ONU. 2015 [updated March 2020; accessed on September 2019]. Available at: <https://www.un.org/sustainabledevelopment/es/objetivos-de-desarrollo-sostenible/>
 25. Gómez I, Durán A. El acceso a métodos anticonceptivos en adolescentes de la Ciudad de México. *Salud Pública Méx* [Internet]. 2017 [accessed September 2019]; 59 (3): 236-47. Available at: <http://dx.doi.org/10.21149/7891>
 26. GonzálezA, Quintana L. La anticoncepción en adolescentes de Plaza de la Revolución: 1996-2011. *CEDEM/Novedades en población* [Internet]. 2015 [accessed September 2019]; 11(22): 90-7. Available at: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1817-40782015000200010
 27. Carrillo S, Manzanero R. Identificación de factores de riesgo y perspectivas de las adolescentes respecto al embarazo, sexualidad y anticoncepción. *JONNPR* [Internet]. 2018 [accessed September 2019]; 3(4): 268-78. Available at: <https://doi.org/10.19230/jonnpr.2284>
 28. Mejía M, Laureano E, Gil H, Ortiz V, Blackaller A, Benítez M. Condiciones socioculturales y experiencia del embarazo en adolescentes de Jalisco, México: estudio cualitativo. *Revista Colombiana de Obstetricia y Ginecología* [Internet]. 2015 [accessed September 2019]; 66(4): 242-52. Available at: <http://dx.doi.org/10.18597/rcog.291>
 29. Loredó A, Vargas C, Casas M, González C, Gutiérrez L. Embarazo adolescente: sus causas y repercusiones en la diada. *RevMedInst Mex Seguro Soc* [Internet]. 2017 [accessed September 2019]; 55(2): 223-29. Available at: http://revistamedica.imss.gob.mx/editorial/index.php/revista_medica/article/viewFile/1379/1982
 30. Rojas B, Méndez V, Álvarez N. El papel de la familia en la normalización del embarazo a temprana edad. *Revista Encuentros* [Internet]. 2016 [accessed September 2019]; 14(1): 139-50. Available at: <http://dx.doi.org/10.15665/re.v14i1.674>
 31. Mora C, Hernández V. Embarazo en la adolescencia. *Revista de Ginecología y Obstetricia de México* [Internet]. 2015 [accessed September 2019]; 83: 294- 01. Available at: <https://ginecologiayobstetricia.org.mx/secciones/articulos-de-revision/embarazo-en-la-adolescencia/>
 32. Quintero R, Rojas B. El embarazo a temprana edad, un análisis desde la perspectiva de madres adolescentes. *Revista Virtual Universidad Católica del Norte* [Internet]. 2015 [accessed September 2019]; 44(1): 222-37. Available at: <https://www.redalyc.org/articulo.oa?id=194238608016>
 33. Ramos R, Borges C. Global self-esteem and maternal self-esteem in adolescent mothers. *Rev Cubana Med Gen Integr* [Internet]. 2016 [accessed December 2019]; 32(4): 1-11. Available at: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21252016000400004&lng=es

34. Niño B, Ortiz R, Solano A, Amaya C, Serrano H. Concepciones del embarazo en adolescentes gestantes de la ciudad de Bucaramanga. Revista Cuidarte [Internet]. 2017 [accessed December 2019]; 8(3): 1875-76. Available at: <http://dx.doi.org/10.15649/cuidarte.v8i3.448>

Copyright © 2020 SANUS

Open Access article distributed under the terms of the Creative Commons License

