

*EATING BEHAVIOR OF ADOLESCENTS DURING PREGNANCY FROM THE
PERSPECTIVE OF NURSING*

**COMPORTAMENTO ALIMENTAR DAS ADOLESCENTES DURANTE A GRAVIDEZ
SOB ÓTICA DA ENFERMAGEM**

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ABSTRACT

Objective: understand the eating behavior of teenagers during pregnancy. **Method:** this is a descriptive study of a qualitative nature, the research was carried out in a specialized outpatient clinic for teenager care in a Maternity of reference in the city of Fortaleza in March and April 2018, through recorded interviews. **Results:** teenagers continued with most of their eating habits before pregnancy, even though they were led to change it due to improved quality of life and health and socioeconomic and cultural reasons, as well as the family are the main influences for teenagers to maintain inadequate eating habits during pregnancy. **Conclusion:** for the guidelines for prenatal care, but with some cases worsening from ideal weight to overweight, an interdisciplinary follow-up would be needed.

Key-words: Teenage; Food; Pregnancy; Nutrition in Pregnancy.

RESUMO

Objetivo: compreender o comportamento alimentar das adolescentes durante a gravidez. **Método:** Método: trata-se de estudo descritiva de natureza qualitativa, a pesquisa foi realizada em um ambulatório especializado no atendimentos das adolescentes grávidas em uma Maternidade de referência da cidade de fortaleza no período de março e abril de 2018, por meio de entrevistas gravadas. **Resultados:** os fatores socioeconômicos e culturais, bem como a família são os principais influenciadores para as adolescentes manterem hábitos alimentares inadequados durante a gravidez. **Conclusão:** é fundamental o papel do enfermeiro nas orientações dos cuidados na alimentação durante o pré-natal, mas com o agravamento de alguns casos passando do peso ideal para sobrepeso, necessitaria de um acompanhamento interdisciplinar e multiprofissional de um profissional da nutrição, para esses casos mais graves

Palavras-chave: Adolescente; Alimentação; Gravidez; Nutrição na Gravidez.

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INTRODUCTION

Teenage years can be a very troubling stage in an individual's life, as it is a transition from childhood to adulthood, in which they are subject to great changes at biopsychosocial levels independent of gender. The biological changes of puberty are universal and visible, modifying children, giving them height, shape and adult sexuality. At first glance, adolescence is linked to age, therefore, referring to biology - the state and capacity of the body⁽¹⁾.

In Brazil, the age range of 12 to 18 years is considered adolescent according to the Statute of the Child and Adolescent². It is of great importance to monitor the 10 to 19-year stage because, from the age of 10 onwards, various transformations in the body, growth, emotional and social life and affective relationships of the young person begin⁽²⁾.

In Brazil, the number of teenage pregnancies fell is what is shown in the preliminary data presented in SINASC (Information System for Live Births), which shows that teenage pregnancies had a 17% drop in Brazil. The reduction was from 661,290 live births of mothers between 10 and 19 years of age in 2004 to 546,529 in 2015. The region with the most children of teenage mothers is the Northeast with 180,072 or 32%, followed by the Southeast with 179,213 or 32%. The North region comes in

third with 81,427 or 14% born alive from mothers between 10 and 19 years of age, followed respectively by the South region (62,475 or 11%) and Center-West (43,342 or 8%)⁽³⁾.

Both teenage and pregnancy can bring great metabolic changes to women and many times these young women do not change their eating habits or seek to have a healthy diet and one of the main factors that act for this fact is social reason⁽⁴⁾ which greatly influences and can cause future risks and complications if they do not have an intervention that can change this routine.

The feeding of teenagers is something fundamental not only for her but also for her unborn child because that is where all the nutrients will come from so that pregnancy can proceed. However, they are often unable to eat healthily because of the environment, as is the case in schools where young girls spend a large part of their day and often choose to eat sweets and fry In which there is no adequate nutritional value for a good diet⁽⁵⁾.

In addition to social reasons, there are still issues that prevent teenagers from having regular healthy habits, because in adolescence most of the food chosen is for the pleasure of eating, that is, the taste and not for the nutritional value that that food carries, which makes them prefer foods such as

sweets, fried foods and even foods based on trans fats⁽⁶⁾.

It is understood that working with teenagers is a great challenge for the health team, as this age group hardly looks for the health service, the lack of resources hinders the process of developing educational actions aimed at the promotion and prevention of teenage pregnancy. The nurse of the Family Health Strategy must receive the support that involves all participants of the multi-professional group⁽⁵⁾. Within this problem, the question is: How was the feeding behaviour of teenagers during pregnancy?

This research is justified because, in Brazil, the incidence of cases of pregnant teenagers is still high, mainly in the northeast region, as well as the way they feed themselves, considering that most of them are found in large urban centers and peripheries, and it was thinking about these cases that we were concerned about getting to know more about this subject. This research will contribute directly to future academic studies, which will be developed with the same theme, besides stimulating the production of contents related to the theme. This research aims to understand the eating behavior of teenagers during pregnancy .

METHODS

This is a descriptive study, with a qualitative approach. The research was carried

out in a reference maternity ward in the city of Fortaleza, in the state of Ceará, where it has specialized outpatient support for pregnant women and teenage babies over 30 years of age, with activities aimed at assisting both mothers and newborns.

Inclusion Criteria: Pregnant Teenagers under the age of 18 who are in the outpatient service for pre-natal consultations during the data collection period and who was accompanied by a legal guardian who authorized and signed the informed consent form for those legally responsible. **Exclusion criteria:** All those teenagers who were not at the place of the consultation with an appropriate companion were excluded.

The data were collected in March and April 2018 through semi-structured interviews , with objective and subjective questions, with information identifying the socio-demographic profile, *gynecobstometric*, diet and eating habits, pregnancy and biopsychosocial outcomes of pregnancy. The Bardin method was used to analyze the data found, in which it seeks to describe the content obtained technically in the process of communicating by oral or written means, incorporating meaning into the social acts of the human constitution⁷.

The research is within the ethical precepts according to resolution 466/2012, which clarifies us about the guidelines that involve research with human beings,

respecting its integrity and its characteristics, with the free consent of participants or legal representatives. The research data were only collected after the approval of the ethics committee, being submitted soon after the confirmation in the Brazil platform. The study was approved by the Ethics Committee with the opinion nº 2,310,918.

RESULTS

Sociodemographic and gynecological profile characterization

Through transcribing the interviews obtained during the data collection, it is possible to identify the socio-demographic and gynecological profiles of the 10 teenagers interviewed in which is explained below.

It can be seen that the age range did not have much difference being 50% of the age range from 14 to 16 and 50% composed of the age range from 17 to 18 when asked about their color/race, most of them consider themselves brown. As for religion, 70% said they were Catholic, the majority have only an incomplete primary education of 60%, the majority say it is very difficult to reconcile study, home and child.

When asked who they live with 70% reported living with their partner; and concerning income, 80 said that their income is composed of up to 1 minimum wage. It is

worth noting that 1 of the teenagers interviewed was put on a warning factor, because it refers to the very low level, receiving less than one wage.

Regarding the *gynecological* profile of teenagers, taking into account the following determinants: age of the menarche, age of the first sexual relation, the number of partners, orientation regarding sexual protection by a health professional, if any contraceptive was used, when it was the beginning of prenatal, acceptance of the family towards pregnancy and the age of the baby's father.

When questioned about the period of the first sexual intercourse, 60% of them claim to have had the first relationship in the age group of 13 to 14 years, and 80% of them reported having 1 to 2 partners.

When asked about contraceptive use, it was found that only 60% used some method and that only 10% of them received contraceptive counselling from a health care provider, and the other 90% were not counselled.

The difficulties of maintaining healthy habits

When asked about the diet, the teenagers informed the difficulties of maintaining healthy habits, where we can see the following lines.

*Ah, as we are poor,
we can't change much,
so I eat what I have.
(A6)*

*I was always a little
bad at eating, I just
wanted to eat bullshit,
now with the
pregnancy, I had to
change a little, but I
didn't stop eating
everything I like not.
(A4)*

When asked what they liked to eat, the vast majority reported consuming the same group of foods such as bread, pasta, snacks and sweets.

*I used to eat a lot of
bullshit, snacks,
candy, stuffed. (A1)*

*Before I ate a lot of
pasta and soda, now
it's not like that
anymore. (A2)*

*I'd like to eat a lot of
salty stuff like pizza
and pastel. (A3)*

When asked about the family's support of food, teenagers reported that yes, family members understand the importance of staying on a more regimented diet.

*My famil supports me,
my husband, if he sees
me eating something I
shouldn't he fights
with. (A8)*

*Back home, my
husband stopped
drinking and eating
the things I like in
front of me because he
knows I can't and if I
see him eating, I will
want to too. (A9)*

The family as a base nucleus must be of common support to the teenage girl because it is this support that makes the teenage girl feel stronger and can face the challenges of pregnancy with more security and responsibility.

DISCUSSION

The majority being 60% in a stable union and 80% of them are with the baby's father. Teenagers do not get pregnant alone, so teenage men must participate in the whole process of pregnancy and childbirth and are present at the necessary moments of

care that must be taken during and after pregnancy⁽³⁾.

According to the Ministry of Health, precarious living conditions and psychological and social pressures contribute to the delay in starting care and low prenatal adherence by teenagers, a profile that was experienced during the data collection, where he noticed that some of the pregnant women present there had no prospect of quality of life for their child who would come to the world⁽⁸⁾.

We can observe the variables, which shows us that 70% of those investigated had menarche between 11 and 12 years. The menarche event, as a rite of passage, is experienced by the teenager during the period of her development, considered of extreme relevance, which must be thoroughly experienced by the teenagers. Through the menarche, the girl discovers her social role, acquiring subsidies such as values, attitudes, beliefs, principles and wills that will be organized and assumed by them serving as a basis for the consolidation of her natural process of psychic development⁽⁹⁾.

Based on the data, we have observed that there is a lack of professional follow-up in dealing with contraceptive methods since these teenagers begin sexual activity early and maintain the sexual act without protection or even professional guidance on how to use the contraceptive

method, using it on their own, thus causing a possible unwanted pregnancy. According to the Ministry of Health³, it is recommended to guide teenagers on the double protection, informing them of the need to use, at the same time, the male or female condom and another contraceptive method.

When asked about the acceptance of the family with pregnancy 70% of them answered yes, the family accepted and welcomed what is very important, because the family serves as extra support, because it acts fundamentally in the system of social solidarity, being able to change as a family nucleus by introducing new members, even another family that is formed and included as a family extension residing in the same home and sharing other resources of the main family that already existed⁽¹⁰⁾.

Concerning the age of the baby's father, 60% stated that the partners were between 15 and 18 years old. It is worth noting that having sexual relations with children under 14 is a crime in the Brazilian Penal code decree No. 12.015/09 that talks about the rape of vulnerable⁽²⁾.

It is noted that in addition to the socioeconomic factor, the behavioral reason is of great importance to influence poor nutrition, which in the long run can aggravating problems that contribute to increased perinatal morbidity and mortality⁽¹¹⁾.

Poor eating habits as cited by teenagers if consumed in excess and recurring as in the case of less nutritious foods that contain a trans-fat and sugar content can lead to excessive weight gain as well as changes in fetal growth and development ⁽¹²⁾.

When questioned about whether they were accompanied by a nutritionist, only 1 of them did so, but it was not in the aforementioned maternity ward, because the specialized outpatient unit for the teenagers did not offer, during the period of data collection is a specialty, and the Nurse of the sector is responsible for guiding and referring these pregnant teenagers to the Basic Health Unit to be accompanied by a Nutritionist Professional. This shows us this deficit in the multi-professional care framework which would be of great importance for those adolescents who are in an overweight situation.

CONCLUSION

Teenage pregnancy is a barrier of great transformations for the girl, who is in the transition from childhood to adulthood, in which she is loaded with many responsibilities, which among them can be mentioned pregnancy, the care of a being that has not even been born yet.

In Brazil, even with the reduction of rates, it is still very common in the peripheries to identify pregnant teenagers for

lack of education and favorable socioeconomic opportunities. In this study, it was observed that teenagers, when questioned about their food care, report being aware of maintaining healthy habits, but due to reasons as mentioned above, they interfere in the quality of food and consequently in their quality of health.

The role of the nurse in the orientation of care in prenatal nutrition is fundamental, but with the worsening of some cases from ideal weight to overweight, it would require an interdisciplinary and multi-professional accompaniment of a nutrition professional, for those more serious cases.

In this study, it was seen that dietary habits and food composition during meals were the same among teenagers, and the family's help in supporting the teenager in maintaining healthy habits is proportionally positive for them. Because of all this, the importance of this work in contributing to the improvement of the quality of the services offered remains, as well as contributing to future research.

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