

Pregnant adolescent victims of intrafamilial violence in Brazil: Psychological and social consequences

Adolescentes embarazadas víctimas de violencia intrafamiliar en Brasil: consecuencias psicológicas y sociales

Paula Orchiucci Miura

Federal University of Alagoas, Brasil.
paulamiura@hotmail.com

Leila Salomão de la Plata Cury Tardivo

University of São Paulo, Brasil.
tardivo@usp.br

Dora Mariela Salcedo Barrientos

Federal University of São Paulo, Brasil.
dorabarrientos@usp.br

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Abstract

Adolescence pregnancy is a complex issue that must be studied, considering the social, economic, family and the psychological aspects of each adolescent. There is more complexity when these adolescents have suffered domestic violence. Domestic violence is a serious public health problem because affects the physical and psychological integrity of the victims. Many women who become pregnant have been victims of some form of domestic violence by their partners along the married life. This paper presents data of research as is part of a larger project entitled 'Domestic Violence Study against Adolescents Pregnant Attended at the University Hospital of São Paulo: Basis for Intervention'. The objectives are to identify the accumulated incidence and the experience of pregnant adolescents in face of domestic violence, in special he psychosocial vulnerability, understanding and comparing the lived experience on the pregnant adolescents victims and not victims of domestic violence. Forty pregnant adolescents have participated in this study, being 20 victims of domestic violence (Group 1) and 20 non-victims (Group 2) attending the University Hospital of São Paulo and another institutions partner of Psychology Institute of USP. This is an exploratory and descriptive research, quantitative and qualitative. The instruments used were: a form to characterize the profile of production and social reproduction, semi-structured interview. The qualitative data analysis was performed according to Bardin proposal (2013). How results were found: In the group 1 drug use during pregnancy, and lack of trust in health professionals. The showed lack of confidence and support of family, partner abandonment and violence, insecurity, low self esteem and hopelessness. In the group 2 were found: high self-esteem; confidence and family support; security in the relationship with the partner; good prospects for the future; some unfavorable aspects were found in group 2 that were related to the fragility and vulnerability of pregnancy, as well as the inherent immaturity to the period of adolescence. This study deepened knowledge about the reality of this population, as well as contributed to the debate on the needs of pregnant adolescents victims of domestic violence. Therefore, it was observed that the group of higher risk and psychological vulnerability is that of pregnant adolescents victims of domestic violence and requires greater attention and availability of health professionals.

Key words: Adolescence Pregnancy, Psychosocial Vulnerability, Domestic Violence.

Resumen

El embarazo adolescente es un tema complejo que debe ser estudiado considerando los aspectos sociales, económicos, familiares y psicológicos de cada adolescente. Existe mayor complejidad cuando esos adolescentes han sufrido violencia doméstica. La violencia doméstica es un serio problema de salud pública porque afecta a la integridad física y psicológica de las víctimas. Muchas mujeres que se quedan embarazadas han sido víctimas de alguna forma de violencia doméstica por parte de sus parejas durante su vida marital. Este artículo presenta datos de una investigación surgida de un proyecto más amplio titulado "Estudio de violencia doméstica contra adolescentes embarazadas atendidas en el Hospital Universitario de São Paulo: bases para la intervención". Los objetivos son identificar los incidentes acumulados y las experiencias de adolescentes embarazadas que sufren violencia doméstica, en especial la vulnerabilidad psicosocial, entendiendo y comparando las experiencias vividas de las adolescentes embarazadas víctimas y no víctimas de la violencia doméstica. En este estudio han participado 40 adolescentes embarazadas atendidas en el Hospital Universitario de São Paulo y en otras instituciones colaboradoras del Instituto de Psicología de la Universidad de São Paulo, siendo 20 víctimas de violencia doméstica (Grupo 1) y 20 no (Grupo 2). Esta es una investigación exploratoria y descriptiva, cualitativa y cuantitativa. Las técnicas de investigación utilizadas fueron: un formulario para caracterizar el perfil de producción y reproducción social y entrevistas semiestructuradas. El análisis de datos cualitativos ha sido desarrollado de acuerdo a la propuesta de Bardin (2013). Los resultados obtenidos. En el grupo 1 se encontró uso de drogas durante el embarazo y una falta de confianza en los profesionales de la salud. Mostró falta de confianza y apoyo de la familia, abandono de la pareja y violencia, inseguridad, baja autoestima y falta de esperanza. En el grupo 2 se encontró: alta autoestima, confianza y apoyo familiar, seguridad en las relaciones con la pareja, buenas expectativas de futuro. Algunos aspectos desfavorables encontrados en el grupo 2 se relacionaban con la fragilidad y vulnerabilidad del embarazo, también como la inmadurez inherente al periodo de la adolescencia. Este estudio profundizó en el conocimiento acerca de la realidad de esta población y contribuyó al debate sobre las necesidades de las adolescentes víctimas de violencia doméstica. Por tanto, se observó que el grupo con un mayor riesgo y vulnerabilidad psicológica es el de las adolescentes víctimas de violencia doméstica que requieren mayor atención y disponibilidad de los profesionales de la salud.

Palabras clave: Embarazo adolescente, violencia doméstica, vulnerabilidad psicosocial.

Sumario

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1. Introduction

The adolescence can only be understood if we consider both the psychological and sociological factors involved, besides the biological, (Tardivo, 2007). The relationship between personality and socialization is essential in any study or reflection on human beings and their conduct

Adolescence is a particular and unique period in the life of an individual who is between childhood and adulthood. The word Adolescence derives from e *adolescere* that means grow. The experience of this moment depends on how was the emotional development. Every teenager carries his childhood experiences, i.e, the boy or girl reaches puberty with all predetermined standards by childhood experiences, much remains stored in the unconscious. Winnicott (2005). The environment is "good enough" when the child can experience his aggressive impulses and the environment can survive the attacks of the child. When a child must be accepted (holding), care (handling) and the environment can offer her what she needs. Thus, the period of adolescence will be most tranquil and less disruptive

The World Health Organization (1997) considers pregnancy in adolescence how a risk pregnancy due to the potential impact on maternal and fetal health, and psychosocial damage. From the biological point of view, the risks are: bleeding, problems during childbirth, long-term complications, prematurity, perinatal death and low birth weight. From the psychosocial point of view, the risks are: drop out of school, early participation in working life, mismatch in psychosocial integration, little preparation for the development of a satisfactory relationship with the children... (Barbón Pérez, 2011).

But the number of adolescent mothers has increased considerably in lower social classes (Novellino, 2011). 40.7% of pregnant adolescents were functionally illiterate and between adolescents with 12 or more years of study no case of pregnancy was identified. There are relationships between adolescent pregnancy, where education and poverty are related to increased pregnancy in this age group (Brasil, 2008a). Thus, motherhood can be the unique perspective of life for these young people from the lower classes, where the most important social role they play is to be a mother (Doering, 1989).

From a psychodynamic point of view, pregnancy and maternity in adolescence may indicate difficulties in the girl's psychosexual development due to unresolved childhood conflicts (Blos, 1998). However, early pregnancy does not contribute to the development of true maternity and also causes "a greater inhibitory effect" (Deutsch, 1983).

The motherhood, as biopsychosocial phenomenon, causes primitive emotional experiences. This means that it may predispose to maternal sensitivity to properly care for the child, but it can also trigger a mental disequilibrium, a maternal collapse, resulting from a regression to primitive psychic state (Granato & Aiello-Vaisberg, 2009).

The intrafamily violence (violence between family members) refers to excessive physical force, sexual, verbal against each other, but also to the absence of an investment in the care, concern for others in need of emotional and physical care (Shrader & Sagot, 1998). Child abuse (physical, sexual and emotional) becomes a risk factor for victims throughout disorders and social adaptation (Pinto Jr. & Tardivo, 2010).

One-fifth of the world's female population has suffered at some point in their lives, sexual or physical violence, considering this a public health problem of serious dimensions (WHO, 1997). Pregnant adolescents can be affected by psychological violence, followed by physical abuse, they can be humiliated, broken down and battered (Monteiro et al., 2007).

2. Objectives

The objectives are to identify the accumulated incidence and the experience of pregnant adolescents in face of domestic violence, in special he psychosocial vulnerability, understanding and comparing the lived experience on the pregnant adolescents victims and not victims of intrafamily violence.

3. Method

It is a prospective, exploratory, descriptive and comparative quantitative and qualitative study. Domestic violence is a risk factor for the development of children and adolescents with effect from the identity, personality disorders and social adaptation (Pinto Jr. & Tardivo, 2010).

One-fifth of the world's female population has suffered at some point in their lives, sexual or physical violence, considering this a public health problem of serious dimensions (WHO, 1997). Pregnant adolescents can be affected by psychological violence, followed by physical abuse, they can be humiliated, broken down and battered (Monteiro et al., 2007)

Forty pregnant adolescents have participated in this study, being 20 victims of domestic violence (Group 1) and 20 non-victims (Group 2) attending the University Hospital of São Paulo and another institutions partner of Psychology Institute of USP. The instruments used were: a form to characterize the profile of production and social reproduction, semi-structured interview. This work is part of a larger project entitled "Domestic Violence Study against Adolescents Pregnant Attended at the University Hospital of São Paulo: Basis for Intervention".

4. Results

4.1. GROUP 1: 20 Pregnant Adolescents Victims of Violence

a) Profile of Pregnant Adolescents

The average age of the adolescents in the group 1 was 16.7 years, and 55% of them had between 17 and 18 years old.

Race/color: the same amount of white adolescents (35%), black adolescents (35%) and 30% were parda. Marital status: 65% were single and 35% legally married or living with a partner. 35% of adolescents residing in institutions (by family violence). Education: 95% of adolescents stopped studying due to pregnancy and 5% had completed high school.

Use of alcohol or other drugs: 50% have experienced alcohol or other drugs; 30% reported to be using alcohol or other drugs in early pregnancy; and 5% continued to use drugs and alcohol during pregnancy, 15% continued smoking cigarettes, 5% continued drinking alcohol and 5% stopped using any kind of drug.

Residence, 40% owned their own home, 35% lived in institution, 20% lived rental and 5% lived in courtesy residence. All had access to light, water, sewer and garbage collection services.

Prenatal: 5% of the adolescents could not answer, 50% started in the 1st quarter, 40% in the 2nd quarter and 5% in the 3rd quarter.

b) Experiences lived by adolescents pregnant and victims of violence: intrafamily violence

Based on the speeches of the 20 pregnant adolescents victims violence was possible to identify the empirical categories. Several adolescents have talked about psychological violence they suffer practiced by their families during pregnancy.

She (mother) cried, swore at me. But it was horrible. She (mother) kicked me out have a couple of months. Because of the child ... Simply she took my clothes from the fourth floor and dropped the window. Simply. (G1, E10, 17 years).

The lack of support from family and/or from partner promotes a disruption in the woman's maturation process regarding the development of child care, affecting the emotional health of both mother and baby.

There were cases of physical violence committed by family members of adolescents. The speeches show their suffering.

She (grandmother) beat me a lot and I would rather stay on the street than at home because at least in the street she was not going to beat me. So every time she drank I was going to the street. (G1, E9, 18 años).

My father is very violent, he would beat on us all, for anything. Beat, beat for everything. Beat by beat. (G1, E 10, 17 years).

Some participants reported situations of abandonment and neglect by the family to receive the information that they were pregnant.

My grandmother put me out of the house, as I had nowhere to go I went to a shelter of the City Hall (G1, E16, 17 years).

In other cases the family negligence is earlier than the pregnancy, these adolescents have never had a family care.

I never had contact with my mother and my father, my mother is a user of crack. My mother lives in the street I had more contact with my grandmother and now my husband, who helps me. He is next to me, because he cares for me. (G1, E9, 18 years).

c) Violence and/or partner abandonment

Some adolescents, in addition to their own family violence, reported having experienced physical violence from their partner.

He punched me in the stomach in my first pregnancy, so I was very worried about me and the child. Then two months later I lost (aborted). And he was with another girl, who was my friend. (G1, E10, 17 years).

Another form of violence that adolescents of the group 2 suffer is the partner's abandonment.

When I told him (boyfriend), he even at the time was happy. I thought ... I thought it was going to be okay. Then after he said he did not want to, that the pregnancy was so much responsibility and then he left me! (G1, E7, 18 years).

d) Use of legal and illegal drugs

Some adolescents Some adolescents reported the use of legal and illegal drugs in early pregnancy.

I was is with Vava (boyfriend). We used cocaine. I think in early pregnancy I was using. I think until the fourth, fifth month After I learned about the pregnancy stopped it. So I do not use anymore. (G1, E7, 18 years).

Other adolescents even knowing they were pregnant continued using lytic and / or illicit drugs.

When I was 15 years old, I started with marijuana. Sometimes so I wonder: Why do not I stop? I'll be honest know, it is too much temptation. (G1, E9, 18 years).

e) Life projects

Many adolescents have no life projects, others expect a better life for them and their babies. And many know they need a lot of help.

4.2. Group 2: 20 pregnant adolescents non-victims

a) Profile of Pregnant Adolescents

The average age of the adolescents in this group was 17.15 years old, and 75% of them had between 17 and 18 years old.

Race / color: most adolescents were white (50%), parda (45%) and only 5% black. Civil status 55% legally married or living with a partner, 40% were single and 5% brides. Education: 70% of adolescents stopped studying. Work 30% were working

Use of alcohol or other drugs: 20% had smoked cigarettes, but during pregnancy did not use any drugs.

Residence: 55% owned their own house and 45% lived rental, all had access to light, water, sewer and garbage collection services

Prenatal care, 80% of adolescents started in the 1st quarter, 15% in the 2nd quarter and 5% in the 3rd quarter.

b) Pregnancy in adolescence

Based on the speeches of the 20 pregnant adolescents victims violence was possible to identify the empirical categories. 15% adolescents reported that the pregnancy was planned by the couple, who are married or living together for at least 3 years.

Ah... we planned, and when I found out was pregnant we was very happy (G2 E1, 18 years).

Some adolescents said they had not planned, but were happy with the news of pregnancy (25%).

Ah, I'm enjoying being pregnant (G2, E19, years).

The news of pregnancy is not always received from tranquil and acceptable way, 60% of adolescents reported having been difficult in the beginning, became frightened, but with time came to accept.

Oh, it was a shock, right!!! Because I had no idea, so new... Pregnant! (G2, E16, 17 years).

Some teens say that it was difficult to accept the pregnancy at first, and also their families felt the same difficulty

c) Family support

All adolescents in this group talked about the importance of family relationships in the development of pregnancy and their ripening process.

I had support, my husband was happy, I always had the support of my family (G 2, E2, 18 years).

I did not want at first. I cried. So, I told to my mother, and she said that I should not to worry because pregnancy is not a disease, this is normal. (G2, E11, 17 years).

The results show the importance of social context under way to experience a pregnancy in adolescence.

d) Partner support

The partner support is also important in this moment in the life of adolescent.

His biggest dream was to be father, he was thrilled and began to cry (when I told about the pregnancy) (G2, E9, 16 years).

He is very kind! He gives me what I ask. He 's worried, loving. (G2, E11, 17 years).

The environmental support, from *the* family, and also from the baby's father, from *the* mother's partner is very important (Winnicott,1980).

e) Maturing with Pregnancy

In this group occur changes in behavior, ripening in front pregnancy.

It was a lesson that life offered me and this lesson brought me wonderful fruits (G2, E6, 18 years).

f) Life projects

Some adolescents do not demonstrate professional ambitions, the want to work and care for children.

Ah for now I prefer to take care of my daughter. Then further ahead I want to work, want to get married and have my house, né? (G2, E3, 18 years).

The speech of shows his adolescent shows that the pregnancy interrupted her projects and she wants to come back soon to realize them.

I do not wait to go back to school. Oh, I hate staying at home doing nothing. Because I can not do now, especially that I can not walk because my feet have swollen. (G2, E13, 18 years).

The pregnancy postponed some projects, but the adolescents continued making plans.

5. Conclusions

In Group 1, there was a high dropout of school and there was greater incompatibility between age and level in school. Only in group 1 there were adolescents living in institutions. In Group 1 there was only pregnancy but also suffered domestic violence at some point in their lives. The problem of domestic violence adds to structural violence.

In Group 1 there were more socioeconomic, cultural, educational, physical vulnerability as well as the experiences in dysfunctional and abusive families. The domestic violence (psychological, physical, neglect, abandonment...) in most cases was present since childhood, affecting the emotional maturation process of adolescents since earliest times of their lives

All these experiences have damaged the psychological development of the adolescents of Group 1. They become immature, vulnerable and fragile and in the adolescence reproduce the lived relations previously, ie become drogadictas, got pregnant early, were abandoned by their partners. The conflicts and anxieties are experienced by most of these adolescents much more turbulent, because they were not and/or not in the present situation a "good enough environment", which can offer them appropriate and healthy conditions to feel welcome. Then these adolescens requires greater attention and availability of health professionals.

References

- Barbón Pérez, O. G. (2011): "Algunas consideraciones sobre comunicación, género y prevención del embarazo adolescente", *Cienc. Enferm*, 17 (1): 19-25. <http://dx.doi.org/10.4067/S0717-95532011000100003>
- Bardin L. (2013): *Análise de Conteúdo*. Lisboa, Portugal: Edições 70.
- Blos, P. (1998 [1962]): *Adolescência: uma interpretação psicanalítica*. São Paulo: Martins Fontes.

- Brasil (2008): Ministério da Saúde. Painel de indicadores do SUS nº 5. Temático Prevenção de Violências e Cultura de Paz III. Brasília, DF: Organização Pan-Americana da Saúde.
- (2010): Brasil acelera a redução de gravidez na adolescência. [01/06/2012]. On web: http://portal.saude.gov.br/portal/aplicacoes/noticias/default.cfm?pg=dspDetalleNoticia&id_area=124&CO_NOTICIA=11137.
- (2012): Saúde Brasil 2011: uma análise da situação de saúde e a vigilância da saúde da mulher. Brasília: Editora do Ministério da Saúde.
- Deutsch, H. (1983 [1067]): Problemas psicológicos da adolescência: com ênfase especial na formação de grupos. Rio de Janeiro: Zahar.
- Doering, K. (1989): "As adolescentes e o início do relacionamento sexual", *Femina*, 17 (3).
- Durand, J. G. (2006): *Gestação e violência: estudo com usuárias de serviços públicos de saúde da Grande São Paulo*. São Paulo: Universidade de São Paulo, Faculdade de Medicina. [Dissertation].
- Fundação Perseu Abramo (2010): *Pesquisa mulheres brasileiras nos espaços públicos e privado 2010*. [24/08/2012]. On web: <http://www.fpa.org.br/o-que-fazemos/pesquisas-de-opiniao-publica/pesquisas-realizadas/pesquisa-mulheres-brasileiras-nos-es>.
- Granato, T. M. M. & Aiello-Vaisberg, T. M. J. (2009): "Maternidade e colapso: consultas terapêuticas na gestação e pós-parto", *Paideia*, 19 (44): 395-401. <http://dx.doi.org/10.1590/S0103-863X2009000300014>
- Minayo, M. C. S. & Sanches, O. (1993): "Quantitativo-Qualitativo: Oposição ou Complementaridade?", *Cadernos de Saúde Pública*, 9 (3): 239-262. <http://dx.doi.org/10.1590/S0102-311X1993000300002>
- Monteiro, C. F. S., Costa, N. S. S. C., Nascimento, P. S. V. & Aguiar, Y. A. (2007): "A violência intrafamiliar contra adolescentes grávidas", *Revista Brasileira de Enfermagem*, 60 (4): 373-376. <http://dx.doi.org/10.1590/S0034-71672007000400002>
- Novellino, M. S. F. (2011): "Um estudo sobre as mães adolescentes brasileiras", *Physis Revista de Saúde Coletiva*, 21 (1): 299-318. <http://dx.doi.org/10.1590/S0103-73312011000100018>
- Organização Mundial Da Saúde (2013): *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. [14/04/2012]. On web: <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>
- Shrader, E. & Sagot, M. (1998): *Violência Intrafamiliar*. S.l.: Organización Panamericana de la Salud
- Tardivo, L. S. L. P. C. (2007): *Adolescência e Sofrimento Emocional: reflexões psicológicas*. São Paulo: Vetor.
- Tardivo, L. S. L. P. C. & Pinto Junior, A. A. (2010): *Inventário de frases no diagnóstico de violência doméstica contra crianças e adolescentes*. São Paulo: Vetor.
- Winnicott, D. W. (2000 [1956]): "A preocupação materna primária", in Winnicott, D. W.: *Da pediatria à psicanálise: obras escolhidas*: 399-405. Rio de Janeiro: Imago.
- (2005 [1961]): "Adolescência: transpondo a zona das calmarias", in Winnicott, D. W.: *A família e o desenvolvimento individual*: 115-127. São Paulo: Martins Fontes.
- World Health Organization (1997): *Violence against women: a priority health issue*. [14/06/14] On web: http://www.who.int/violence_injury_prevention/vaw/infopack.htm
- UNICEF (2011): *O direito de ser adolescente: Oportunidade para reduzir vulnerabilidades e superar desigualdades*. Brasília, DF: UNICEF.
- UNFPA (2014): *Situação da População Mundial 2014: adolescentes, jovens e a transformação do futuro*. New York: UNFPA.

Brief biographical note

Paula Orchiucci Miura has a Degree in Psychology from the State University of Londrina (2002), a Master in Social Psychology from the Catholic University of São Paulo (2004), a PhD in Clinical Psychology from the Catholic University of São Paulo (2012) and a post-doctorate in Clinical Psychology University of São Paulo (2015). He is currently Associate Professor of Psychology Institute of the Federal University of Alagoas. Her research projects are related to psychological distress in vulnerable groups, domestic violence, nets of childhood and adolescence, teenage pregnancy, mother-baby care institutions and the theory of Winnicott.

Leila Salomão de La Plata Cury Tardivo has a Degree in Psychology from the University of São Paulo (1977), a Master in Psychology (1984), a Doctorate in Clinical Psychology (1992) and she is Doctor of Psychology (2004) from the University of São Paulo. Currently she is responsible for international academic agreements with countries in Latin America and Europe. She is President of the Commission of the Institute of Psychology at USP Culture and University Extension. She is a professor of Psychology on the Associate Institute at the University of São Paulo in undergraduate and postgraduate levels. She is researcher of the Latin American Observatory of Health and Citizenship and member and contributor of CINTESIS (Research Center for Health Technology and Information Systems, Faculty of Medicine, University of Oporto, Portuga). She has published articles in national and international journals and she is the author of several books and book chapters. Her research lines are clinical psychology, clinical social factors, psycho-violence against childhood, projective techniques, psychopathology in childhood and adolescence.

Dora Mariela Salcedo Barrientos is Bachelor in Nursing (1990), Master in Community Health in EEUSP (1998) and PhD in Nursing from the School of Nursing at the University of São Paulo. Currently she is professor of Obstetrics in the School of Arts, Sciences and Humanities of the University of São Paulo (EACH-USP) and member of the Ethics Committee on Human Research of the EACH-USP. She is Director of the Research Group on Women and Health: Domestic violence during the pregnancy and after childbirth. Member of the Latin American Council of Social Sciences. Her research lines are Social Epidemiology, Women's Health, Violence on Health, Mental Health and Educational Technological Innovations.