

Teenage Pregnancy: An Ecological Study of a State in Northeastern Brazil

Gravidez na adolescência: um estudo ecológico em um estado do nordeste brasileiro

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ABSTRACT

Introduction: The World Health Organisation defines adolescents as individuals aged 10 to 19 years, and a teenage pregnancy is considered a complex event. In Brazil, in 2022, there were more than 28 million adolescents, representing 13.8% of the population. Risk behaviours, such as unprotected sexual activity and alcohol and drug use, are common in this group. This article aims to describe the epidemiological profile of pregnant adolescents in Alagoas between 2019 and 2023. **Method:** this study is ecological and descriptive, using secondary data from the Live Birth Information System (SINASC). Data collection took place between November and December 2024. **Results:** in the period from 2019 to 2023, 45,518 (19%) births occurred in the 10-19 age group, with a predominance of self-declared brown (92.40%), and single marital status (58.46%). Most pregnancies lasted between 37 and 41 weeks (82%), with prenatal care rated as more than adequate (52.90%), vaginal delivery the most common mode of delivery (64.25%), and 62.58% having 7 or more prenatal visits. **Conclusion:** the results show that teenage pregnancy remains associated with weaknesses in sexual and reproductive planning policies, aggravated by contexts of sexual violence and early unions. Despite this, prenatal care was mostly adequate, highlighting its protective role against maternal and fetal risks. It is essential to strengthen intersectoral actions and protection networks to guarantee rights and reduce the incidence of pregnancies in this age group.

Keywords: Teenage pregnancy; Nursing; Epidemiology; Health policies.

Resumo

Introdução: A Organização Mundial de Saúde define como adolescentes indivíduos de 10 a 19 anos, e a gravidez na adolescência é considerada um evento complexo. No Brasil, em 2022, havia mais de 28 milhões de adolescentes, o que representava 13,8% da população. Comportamentos de risco, como atividade sexual desprotegida e uso de álcool e drogas, são comuns nesse grupo. **Objetivo:** descrever o perfil epidemiológico de adolescentes grávidas em Alagoas, entre 2019 e 2023. **Metodologia:** este estudo é de caráter ecológico e descritivo, e utiliza dados secundários do Sistema de Informações de Nascidos Vivos. A coleta de dados ocorreu entre novembro e dezembro de 2024. **Resultados:** no período de 2019 a 2023, foram registrados 45.518 (19%) partos de adolescentes, na faixa etária de 10 a 19 anos de idade, com predominância da autodeclaração de cor parda (92,40%) e situação conjugal solteira (58,46%). A maioria das gestações durou entre 37 a 41 semanas (82%), e o pré-natal foi considerado como mais do que adequado (52,90%). A via vaginal foi registrada na maioria dos nascimentos (64,25%), e 62,58% das adolescentes realizaram sete ou mais consultas de pré-natal. **Conclusão:** os resultados evidenciam que a gravidez na adolescência permanece associada a fragilidades nas políticas de planejamento sexual e reprodutivo, agravadas por contextos de violência sexual e uniões precoces. Apesar disso, o pré-natal se mostrou majoritariamente adequado, destacando seu papel protetivo frente aos riscos maternos e fetais. Torna-se imprescindível fortalecer ações intersetoriais e redes de proteção para garantir direitos e reduzir a incidência de gestações nessa faixa etária.

Palavras-chave: Gravidez na adolescência; enfermagem; epidemiologia; políticas de saúde.

INTRODUCTION

The World Health Organisation (WHO)¹ defines adolescence as the age range of 10 to 19 years, a period marked by intense physical, emotional, and social transformations. When a pregnancy occurs within this interval, it is characterised as an adolescent pregnancy, recognised as a complex, multifactorial event profoundly

influenced by biological, social, cultural, and economic aspects. This phenomenon demands special attention from health services, as it involves specific vulnerabilities and significant repercussions for the adolescent's life and her family context¹.

In Brazil, estimates indicate that in 2022 the country had more than 28 million adolescents, representing approximately 13.8% of the national population, highlighting the relevance of this topic for the planning and implementation of public health policies¹.

Risk behaviours are practices or attitudes that increase an individual's likelihood of experiencing outcomes

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detrimental to their health. Such behaviours significantly increase the chance of illness, complications, disabilities, and even death, producing repercussions that profoundly affect both physical health and mental well-being. Furthermore, these behaviours tend to generate cumulative impacts over time, contributing to vulnerabilities that require continuous attention from health services and health prevention and promotion policies².

These risky practices are frequently observed among adolescents, since this period of life is marked by intense transformations, a search for autonomy, and experimentation that can result in unsafe choices. Among these practices, unprotected sexual activity, alcohol and other drug use, as well as school absenteeism and dropout, stand out as factors that can significantly compromise the healthy development of young people. Furthermore, the practice of unsafe sex not only increases the likelihood of unplanned and often unwanted pregnancy in adolescence, but also raises the risk of exposure, infection, and illness from various sexually transmitted infections, posing a significant challenge to the promotion of health and comprehensive protection of this population group³.

Côrrea and colleagues⁴ highlight that, among different population groups, adolescents have the highest rates of notifications related to Sexually Transmitted Infections, evidencing their vulnerability to these conditions. In this context, health education actions play a fundamental role, constituting essential tools to expand knowledge, promote preventive practices, and reduce the incidence of STIs. Such actions should be developed continuously and in an integrated manner across school environments, social spaces, and health services to reach adolescents in their diverse life contexts.

However, despite the relevance of these strategies, studies and evidence indicate that important challenges persist, especially related to failures in access to quality information and health services. Many adolescents face barriers that include misinformation, structural difficulties, lack of adequate support, and social stigmas, which compromise their search for guidance and care, fueling a cycle of vulnerabilities that directly impacts their health and well-being⁴.

Among the Sustainable Development Goals (SDGs)⁵, target 3.7 of goal 3 aims to ensure universal access to sexual and reproductive health services and supplies by 2030, including reproductive planning, information, and education, as well as the integration of reproductive health into national strategies and programs. To achieve this, sexual and reproductive health policy must be implemented within the territory, so that primary care can reach girls and women of childbearing age, providing them with access to safe contraception and preventing unwanted pregnancies.

A survey conducted by the United Nations Children's Fund (UNICEF) on the scenario of school exclusion in Brazil shows that pregnancy is among the main reasons why girls aged 11 to 17 interrupt or stop attending school. This data

reinforces the idea that early pregnancy directly affects the continuity of studies, limiting educational opportunities and contributing to the maintenance of cycles of social vulnerability⁶.

On the other hand, as sexual and reproductive planning proves to be ineffective, prenatal care has shown satisfactory adequacy. This finding is particularly relevant for this age group, considering the potential complications and adverse maternal-fetal outcomes that can, in extreme situations, culminate in mortality. Thus, well-conducted prenatal care becomes an essential strategy to reduce risks and promote greater safety during pregnancy in adolescence⁷.

In 2019, Law No. 13,798 was enacted, officially establishing the National Week for the Prevention of Pregnancy in Adolescence. The main purpose of this initiative is to promote and disseminate reliable information on educational and preventive measures to reduce the incidence of pregnancies during this period of life. The law's proposal goes beyond the simple transmission of knowledge: it seeks to sensitise adolescents, families, health professionals, and society as a whole about the risks, challenges, and implications of early pregnancy, encouraging safer practices and expanding access to reliable information⁸.

Given the data presented, this study poses the following guiding question: What is the epidemiological profile of pregnant adolescents in a state in northeastern Brazil? To answer this question, the following objective was developed: to analyse the epidemiological profile of pregnant adolescents in a state in northeastern Brazil between 2019 and 2023.

METHOD

This is an ecological, descriptive study conducted using secondary data from the Live Birth Information System (SINASC), provided by the Department of Informatics of the Unified Health System (DATASUS). This type of design allows analysis of population indicators at the aggregate level, enabling the identification of patterns, trends, and characteristics related to births registered during the investigated period.

Data collection was carried out between November and December 2024. The study included sociodemographic variables related to maternal age, age range, marital status, and race/colour, as well as obstetric variables related to gestational age, adequacy of prenatal care, type of delivery, and number of prenatal visits. After extraction, the data were organised, systematised, and analysed in Microsoft Excel, and subsequently presented in tables to facilitate visualisation and interpretation of the results.

Because this research is based on secondary data from DATASUS, which does not include any individual identification of subjects, the study falls within the exceptions provided for in Resolution No. 510 of 2016 of the National Health Council. Therefore, there was no need for submission to or review by the Research Ethics Committee/

National Research Ethics Council (CEP/CONEP), since the investigation uses publicly available information and does not involve direct risks to the participants.

RESULTS

From 2019 to 2023, a total of 238,745 live births were registered in the Information System on Live Births (SINA-SC) in the state of Alagoas. Among these records, 45,518 (19%) corresponded to mothers aged 10 to 19 years, highlighting adolescents' significant contribution to the state's birth rate indicators. It is also observed that the highest birth rate occurred among adolescents aged 15 to 19, who accounted for 94.31% of this age group (Table 1).

Table 1. Number of live births registered in SINAN in Alagoas from 2019 to 2023 according to the mother's age group.

Local	10 a 14 years		15 a 19 years	
	N	%	N	%
Alagoas	2.587	5,68%	42.931	94,31%

Source: SINASC, DATASUS 2024.

There is a significant predominance of self-declaration of brown colour/race, accounting for 92.40% of adolescents. Regarding marital status, a higher proportion of single adolescents was observed, corresponding to 58.46%, as shown in Table 2.

Table 2. Characteristics of mothers according to sociodemographic variables by age group from 10 to 19 years during the years 2019 to 2023 (N = 45,519).

Characteristics	10 a 19 Years	
	N	%
Race/colour		
White	1.940	4,26%
Black	433	0,95%
Yellow	116	0,25%
Brown	42.060	92,40%
Indigenous	281	0,61%
Unknown	688	1,51%
Marital Status		
Single	26.613	58,46%
Married	2.437	5,35%
Widowed	17	0,03%
Separated	41	0,09%
Common-law marriage	15.900	34,93%
Unknown	510	1,12%

Source: SINASC, DATASUS 2024.

The obstetric variables analysed indicate that most pregnancies lasted between 37 and 41 weeks (82%). It was also observed that prenatal care was predominantly classified as "more than adequate" (52.90%). Regarding the mode of delivery, vaginal deliveries were more frequent (64.25%). In addition, 62.58% of pregnant women had seven or more prenatal visits, as shown in Table 3.

Table 3. Characteristics of mothers according to obstetric variables by age group from 10 to 19 years during the years 2019 to 2023 (N = 45,519).

Characteristics	10 a 19 years	
	N	%
Duration of gestation		
Less than 22 weeks	35	0,07%
22 to 27 weeks	279	0,61%
28 to 31 weeks	567	1,24%
32 to 36 weeks	4.905	10,77%
37 to 41 weeks	37.326	82%
42 weeks or more	2.004	4,40%
Ignored	402	0,88%
Adequacy of prenatal care		
No prenatal care	392	0,86%
Inadequate	10.237	22,49%
Intermediate	4.544	9,98%
Adequate	4.077	8,95%
More than adequate	24.083	52,90%
Not Classified	2.185	4,80%
Type of delivery		
Vaginal	29.247	64,25%
Caesarean section	16.249	35,69%
Ignored	22	0,04%
Prenatal visits		
None	632	1,38%
1 to 3 visits	3.558	7,81%
4 to 6 visits	12.593	27,66%
7 or more visits	28.486	62,58%
Ignored	249	0,54%

Source: SINASC, DATASUS 2024.

DISCUSSION

Pregnancy is one of the main health problems among adolescents, especially in developing countries like Brazil. In this group, pregnancy can become an intense period of crisis, leading to school dropout, financial and family difficulties, and costs to the public health system, impacting health indicators such as maternal and infant mortality due to complications and negative outcomes for the mother-child dyad in the short, medium, and long term¹⁰.

In Alagoas, 19% of live births registered between 2019 and 2023 originated from pregnancies during adolescence, with a marked predominance in the 15-19 age group, which accounted for 94.31% of cases. This scenario confirms trends noted in other research, indicating a higher concentration of adolescent motherhood among 17- to 19-year-olds. These findings reinforce the need for special attention to this age group, considering its vulnerabilities and specific demands¹¹.

Although the occurrence of pregnancy among girls aged 10 to 14 was lower in the study (5.68%), this data should not be minimised. It is an indicator that raises an important alert, as several lines of evidence point to a worrying association between pregnancy in this age group and situations of abuse or sexual violence. This scenario reveals profound vulnerabilities that go beyond

the field of health, reaching social, legal, and comprehensive protection dimensions. Thus, it is essential that public bodies, at their different levels, treat this problem seriously, implementing effective actions for prevention, early identification, support, and accountability, in order to guarantee the protection and rights of these girls¹².

The Brazilian Penal Code, through Law No. 12,015/2009, establishes that any act of carnal conjunction or lewd practice involving a person under 14 (fourteen) years of age constitutes rape of a vulnerable person, regardless of the partner's age, the type of affective bond existing between them, or the apparent consent of the victim¹³. This legal provision recognises the incapacity for full discernment in this age group and aims to protect children and adolescents from situations of exploitation, abuse, and coercion.

Sexual violence, often silent and invisible in the context of affective relationships and sexual practices, deprives girls of healthy experiences of their sexuality and compromises their integral development. The consequences of these episodes can be profound and lasting, manifesting themselves through both physical and psychological trauma. Among the most frequent impacts are feelings of fear, guilt, anxiety, depression, as well as difficulties in establishing affective relationships and a future sexual life based on safety, autonomy, and pleasure. These harms reinforce the need for effective public policies, protection actions, and support networks capable of identifying, preventing, and addressing all forms of sexual violence against minors¹³.

Pinto and his collaborators, when investigating the marital status of girls aged between 10 and 14 years, highlighted a particularly worrying fact in the municipality of Maceió, in the State of Alagoas. The study found that between 2009 and 2017, approximately 20% of girls in this age group reported being married or living in a stable union. This finding exposes an alarming scenario, as it demonstrates the persistence of early unions, a practice associated with various sociocultural and economic factors that directly affect the development, health, and rights of these adolescents¹³.

Furthermore, such unions represent an additional risk for the occurrence of violence, interruption of studies, social vulnerabilities, and early pregnancy, reinforcing the need for integrated public policies, protection actions, and awareness strategies aimed at preventing child unions and guaranteeing the rights of this population group¹³.

The predominance of self-declaration as mixed-race among the study participants is consistent with findings from several national surveys, which indicate that most pregnant adolescents identify as mixed-race. This pattern not only reflects the demographic composition of the country but also reveals the persistence of structural inequalities that affect Black and mixed-race women more intensely. These inequalities influence access to opportunities, resources, and health services, highlighting

how racial and social factors intertwine to determine the vulnerabilities experienced by this group¹⁴.

On the other hand, as sexual and reproductive planning proves to be ineffective among adolescents, prenatal care has shown better performance, being classified as adequate. This finding is particularly relevant, as qualified prenatal care plays a fundamental role in the early identification of risks, in the prevention of complications, and in the reduction of possible negative maternal and fetal outcomes, including those that can culminate in mortality. Thus, even in the face of preventive failures, the effectiveness of prenatal care represents an essential protective element for this age group¹⁵. The same report also highlights that factors such as food insecurity, hunger, and the prevalence of informal work are more present in families headed by black or brown women. These socioeconomic elements contribute to the perpetuation of vulnerabilities and have repercussions on the living conditions, health, and rights of this group. Thus, it is observed that race, gender, and social class are intertwined, producing structural inequalities that need to be addressed through effective, intersectoral, and equity-oriented public policies^{14, 15}. Obstetric variables allow us to assess the care provided during prenatal, labour, and delivery. In the study, most births occurred at 37-41 weeks of gestation. According to the literature and as noted by the Ministry of Health, those born with a gestational age of 37 to 42 completed weeks, or 259 to 293 days, are considered term babies. This period is considered safe for birth, given that babies born below 37 weeks of gestation are considered premature. Prematurity, in turn, is considered the leading cause of death in children under 5 years of age¹⁶. The birth of term babies can reflect good prenatal care, which in turn aims to ensure the development of a healthy pregnancy and a safe birth, free from harm and with positive outcomes for the mother-child dyad. Scientific evidence suggests that when prenatal care is well-conducted, it not only allows pregnancies to reach 37 weeks or more, but also reduces negative perinatal outcomes, such as low birth weight, and reduces complications for women such as pre-eclampsia, eclampsia, and maternal death¹⁷.

Studies show a relationship between premature births and low birth weight babies associated with pregnancies of adolescent mothers. Premature babies are those born with a gestational age of less than 37 weeks. A study indicated that 60.7% of premature births in Brazil occurred spontaneously and are related to risk factors such as social vulnerability, low levels of education, and teenage pregnancy¹⁸.

Another study, whose findings corroborate existing literature, highlights that the occurrence of pregnancy during adolescence may be associated with higher risks of obstetric complications. Among these complications, premature rupture of membranes stands out, a condition that frequently triggers premature labour and increases the likelihood of adverse maternal and neonatal outcomes¹⁹.

To assess the adequacy of prenatal care, this study found that it was considered more than adequate. This data is very important for evaluating the organisation and functioning of health services, as it reflects early user recruitment within the area of primary care coverage and the provision of the appropriate number of consultations throughout the pregnancy, in such a way that the results found in the evaluation of this item directly reflect the outcomes of pregnancy and birth¹⁹.

The adequacy of prenatal care is associated with early initiation in the first trimester of pregnancy and a minimum of 6 consultations. This data is obtained by analysing the fields of the Live Birth Declaration (DNV), the number of prenatal consultations, and the month of gestation in which prenatal care began, corresponding to items 33 and 34 of the DNV, respectively. When classified as “more than adequate,” it means that pregnant women began prenatal care before or during the third month and had 7 or more consultations²⁰.

On the other hand, although sexual and reproductive planning is still not very effective in preventing unplanned pregnancies in this age group, prenatal care showed good adequacy. This result is especially relevant when considering that adolescents are more susceptible to clinical and obstetric complications, as well as negative maternal and perinatal outcomes, which can even lead to mortality. Thus, the quality of prenatal care is an indispensable protective factor, capable of reducing risks and promoting better health conditions for mother and baby¹⁹.

CONCLUSION

The findings of this study show that teenage pregnancy in a state in Northeast Brazil remains a significant public health problem, reflecting persistent weaknesses in sexual and reproductive planning policies and in the comprehensive protection of girls and adolescents. This scenario is linked to contexts of sexual violence, often silent and invisible, and to the persistence of early unions, which compromise physical, emotional, and social development, violate rights, and increase the vulnerability of this group. The repercussions of these factors are profound and lasting, affecting the mental health, autonomy, and possibilities of building life projects for these adolescents.

Although sexual and reproductive planning is still proving to be ineffective for this population, the results indicate that prenatal care was mostly classified as adequate, demonstrating the relevance and protective potential of monitoring during pregnancy, especially in adolescence, a phase marked by higher risks of complications and negative maternal and fetal outcomes, including morbidity and mortality.

Given this, it is essential that government agencies and health services develop more structured and effective strategies, expand intersectoral actions, and strengthen protection networks capable of preventing sexual violence, addressing early unions, and improving sexual and

reproductive planning policies. Only through integrated interventions will it be possible to reduce the incidence of teenage pregnancies, guarantee rights, promote autonomy, and ensure a healthier and more promising future for these girls.

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