

Adolescents' Perception of the Risks and Consequences of Early Pregnancy in Mozambique Case Study: General Secondary School of the 1st and 2nd Cycle-Nicoadala

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Abstract:- The sexual and reproductive health of adolescents has generated much concern in NGOs due to its physical, psychological and social repercussions. Early pregnancy is one of the most common consequences of premature unions that culminate in school dropout, negatively influencing literacy and probable health risks. The problem arises, what is the perception of the students of the Secondary General School of the 1st and 2nd cycle of Nicoadala about the risks and consequences of early pregnancy? The general objective is to analyze the perception of students at Escola S.G. of the 1st and 2nd cycle of Nicoadala on the risks and consequences of early pregnancy. The study becomes relevant because of the attempt to minimize early teenage pregnancy, as it is one of the Public Health problems. This is a qualitative study based on exploratory and descriptive research. Convenience sampling of 40 adolescents aged 15 to 19 years was used. Bibliographic research, semi-structured interview and indirect observation were used for data collection, the content analysis technique was applied in the data analysis. As a result, it was noticed that about 77.5% of the interviewed individuals showed some knowledge about the risks and consequences of early pregnancy, despite not being solid and lacking more clear and objective information and some adolescents adhere to unsafe sex due to pressure. of peers and family members. It is concluded that the School must create sustainability mechanisms and increasingly potentiate SSRD programs and adolescents must use contraceptive methods.

Keywords:- *Adolescents; Sex Education; Sexual Health; Early Pregnancy.*

I. INTRODUCTION

This article addresses adolescents' perception of the risks and consequences of early pregnancy at the General Secondary School of the 1st and 2nd cycle of Nicoadala. It is proposed to analyze students' level of knowledge about contraceptive methods, the causes and consequences of early pregnancy in the school and social environment, and strategies students adopt to avoid peer and sociocultural pressure. The research covers the reproductive health of adolescents and young people respectively.

For many years, health problems related to adolescence were little understood and in some cases ignored. However, this scenario tends to change now with new approaches. It follows that the health and development of adolescents were part of the Global Strategy for the Health of Women, Children and Adolescents from 2016 to 2020. According to statements by the United Nations Secretary General, adolescents are the key to achieving of the 2030 agenda (WHO, 2017).

The WHO (1989) defines adolescence as a transition phase between childhood and adulthood, in which different transformations occur, both in the physical part of the human body and in the psychological component. Therefore, this phase covers the period between 10 and 19 years of age.

Adolescents are part of a stage of development in which changes in behavioral patterns have some consequences for the discovery of sexuality, including the increase in cases of pregnancy in communities, which has culminated in a certain way in dropping out of school (Cabral, Lima and Correa, 1985; Takiutt 1986; Vitielo, 1981).

Sexual education for adolescents still constitutes a dilemma in the school environment in Mozambique. There have been several opposing opinions on this topic that is of most concern and affects the sustainable well-being of adolescents' lives. Literature as well as popular knowledge has already demonstrated that episodes of early pregnancy are, in part, related to traditional practices relating to habits and customs occurring in the sphere of sexuality in communities, the issue of lack of knowledge and failure to use it effectively and efficiently. of modern contraceptive methods, which are influenced in part by myths and taboos in communities.

II. THEORETICAL FOUNDATION

➤ *Adolescence*

Adolescence is considered a stage of development (physical, moral, spiritual and social). It is a period of physical, psychological and social maturation from childhood to adulthood" (WHO, 1989, p.7).

According to Dias, Matos and Gonçalves, (2007) and Dias (2009), in the contemporary world, adolescence is marked by physical development, maturation of sexuality, psychological and cognitive maturation and the necessary skills of adult life such as: autonomy and independence from parents, negotiation in sexual relationships with peers.

➤ *Teenage Pregnancy*

Although teenage pregnancy is a contemporary and worrying issue because it is a social and public health problem, in the world in Mozambique data indicates that teenage pregnancy is still a challenge.

According to Campos (2000), teenage pregnancy is linked to a certain social situation that combines with a lack of education in matters of reproduction and sexual behavior, a lack of age-related awareness and other factors such as poverty.

Data from several countries point to a strong association between education indicators and teenage pregnancy (Wodon et al., 2018).

According to Stoner et al., (2019) state that over time, it is observed, the drop in fertility indicators in adolescence is associated with the increase in enrollment in secondary education. This relationship results both from the fact that remaining in school can postpone the occurrence of pregnancy and from the fact that postponing pregnancy leads to a reduction in school dropouts.

Although it is difficult to estimate causality in this literature, Masuda and Yamauchi (2020) explore the expansion of primary education in Uganda to assess how increased education contributes to reducing teenage pregnancy. Furthermore, they find evidence that mothers with higher education use vaccination and health systems more, and their children are less likely to die before 18 months.

According to Galvão (2000, p.14), "Sexual Education is understood as a proposal for preparation for personal, social, community and particularly family life, which is based on values of life, civility, love and responsibility and human dignity and respect."

As part of the discussion about investing in access for adolescents and young people to comprehensive sexual education, UNFPA (2013) demonstrates that:

“Sexual education is more likely to be effective in protecting health and preventing pregnancies. The potential of education to increase knowledge, attitude and interpersonal communication skills (e.g. delaying the onset of sexual activity, reducing the number of partners, increasing the use of contraceptive methods and reducing risky sexual behaviors) is recognized” (p .21).

Sexual education must be guaranteed in the community, family and even in schools, making good practices known towards preparing for adult life. And this can be understood as a means that empowers students to have the ability to make considered decisions and seek necessary support when they are in a problematic dilemma about sexuality.

Efficient and effective sexual education contributes significantly to the social well-being of adolescents who aspire to a prosperous and better future. This approach is relative and varies from region to region, for example, Lekgetha (1985, cited in Kau, 1991, p.37) says that: "according to the traditional customs of the people of Botswana, sexual practice must be consummated after the wedding. And in the past this practice was common in many tribes in the south of the African continent".

Bankole & Malarcher (2010, cited by UNFPA, 2013), state that, in a study covering four African countries, it was shown that teenagers generally like sexuality education programs in schools.

➤ *Causes and Consequences of Early Pregnancy in the School Environment*

Teenage pregnancy is usually considered risky, inappropriate and inappropriate for young people, particularly as it preferentially affects girls who live in poverty or in disadvantaged families, in less developed countries such as Mozambique.

According to Leite (2011), teenage pregnancy is influenced by some factors such as: lack of knowledge about contraceptive methods; the difficulty that girls often have in negotiating the use of condoms with their partners; naivety and the desire for motherhood with expectations of changes in "social status".

According to UNFPA (2013), in all regions of the world, poor girls with low education and living in rural areas are more likely to become pregnant than richer, urban girls with more education, living in deplorable conditions, as well

as girls living in ethnicities that do not have access to sexual and reproductive health.

The main cause of teenage pregnancy is the early onset of sexual activity, which means that teenagers begin sexual activity very early and often without protection. This action is associated with male and female puberty, and occurs increasingly earlier at the age of 10 to 11 in some girls. Consequently, these adolescents run several risks, not only of unwanted pregnancies, but also of contracting some infectious diseases, which, if not treated in advance, run the risk of harming their future, even leading to neonatal deaths.

• According to UNFPA (2013), addressing infectious diseases says that;

“Worldwide, there are 340 million new sexually transmitted infections, or STDs, each year, and young women ages 15 to 24 have the highest rates of STDs. Although they are not a consequence of teenage pregnancy, they are a consequence of sexual behavior. If left untreated, STDs can cause infertility, pelvic inflammatory disease, ectopic pregnancy, cancer, and debilitating pelvic pain in girls. They can also lead to low birth weight babies, premature births, and lifelong physical and neurological conditions for children born to mothers living with STDs” (p.21).

Sexually transmitted diseases often appear in adolescents when they have sexual intercourse without using a condom correctly, this action also leads to unwanted pregnancies.

➤ *Abordagem Sobre a Gravidez Precoce em Moçambique*

The UNICEF report (2015) highlights the country's provinces that record the highest rates of early marriages. In the province of Niassa, 24.4% (around 13,865 girls) aged between 20-24 years were married before the age of 15. The provinces with the highest number of girls married in adolescence are Zambézia with 95,525 and Nampula with 129,604 girls who married before the age of 18.

• According to MISAU (2001), Mozambique ratified the CIPD Action Program which recognizes the following:

Adolescents have the right to correct and honest information, from a reliable source, on all aspects related to reproductive health, so that they can better understand their sexuality and can make correct and responsible decisions about their sexual life and reproductive.

Adolescents have the right to reproductive health services where they can find a welcoming environment, of trust, of privacy, not of repudiation and disapproval; where he can have access to the means that will allow him to prevent unwanted pregnancies and sexually transmitted diseases, thus preventing all the harmful consequences that arise from these problems.

In one of its studies on early marriage and teenage pregnancy in Mozambique: causes and impacts, UNICEF (2015) demonstrates that the issue of women not using contraceptive methods effectively and efficiently can be

considered one of the primary factors that influence pregnancy. precocious. This variable is made up of four categories:

First – those that use the modern method; Second – those that use traditional methods; Third – those who do not use it, but intend to use it later, and finally the fourth category, which is those who intend to use contraceptives, but cannot due to prohibition by their partner/parents or guardians (p.21).

➤ *Main Reproductive Health Challenges for Adolescents in Mozambique*

In the process of developing the policy and strategy for sexual reproductive health of adolescents in Mozambique, MISAU (2001) demonstrates that:

“The myth that adolescents are apparently healthy, less vulnerable to diseases than children and the elderly, the lack of emphasis on specific problems in this age group due to other priorities, relegate adolescent health to the background. With a total population of 17 million, those under 15 years old represent 46%, teenagers (10-19 years old) represent 23%. The few statistical data available on the health of adolescents and the poor evaluation of interventions aimed at them do not allow us to have a clearer idea of the real situation of adolescents” (p.9).

With little data on the sexual health of adolescents in Mozambique, it is a great challenge to materialize the policy designed by MISAU to promote and actively involve adolescents in actions related to sexual and reproductive health. In schools, for some educators, as well as some parents and guardians, talking about sex with their students/children is still taboo.

“The early onset of sexual activity is a factor that predisposes to early pregnancy and sexually transmitted infections, including HIV/AIDS, as adolescents, especially in the lower reaches of adolescence, have little information about the management of sexuality, including contraception and reduced or no ability and power to negotiate safe sex. Data available in the country indicate that Mozambican adolescents begin sexual activity early” (MISAU, p.9).

Social networks, the media and traditional practices of initiation rites have, in some cases, contributed negatively to the development of adolescents, resulting in the early onset of sexual activity among adolescents without any guidance for its prevention and protection. The poor use of long-term contraceptive methods due to the myths and taboos inherent to them has had serious consequences for the sexuality of adolescents who appear to be active. In the MISAU (2001) approach, although there are few programs and interventions regarding adolescents' sexual health, it is highlighted that many adolescents still do not have the skills and abilities to face and negotiate actions that could lead to sexual intercourse.

III. FINAL CONSIDERATIONS

Based on the testimonies of adolescents and young people, carrying out an analysis based on scientific foundations regarding SSRD, it can be seen and concluded that the disruption that dictates the vulnerability of adolescents' families, the lack of constant dialogue about the wise guidance of their experiences in the field of sexuality, makes adolescents, in their mere naivety, adopt measures that are not very rational regarding SSRD. Furthermore, social pressure, the modus vivendi in extreme poverty, the early onset of sexual activity, the fact that the constant use of contraceptive methods by some adolescents is not acceptable, these facts are considered as potential causes that have influenced to a certain extent the occurrence of early pregnancy.

In this way, the elements described in the work reinforce the concept that some prejudices, myths and taboos still prevail when talking about sexuality both at school and in family life and this constitutes a major challenge in promoting SRHR services at School.

In the case study analyzed, we can see the importance of knowing the consequences of early pregnancy in adolescents, comparing its influence on the birth of children with low birth weight, neonatal mortality, the loss of self-esteem that has culminated in dropping out of school and which can contribute to the genuine marginalization of girls.

It can be said that, based on the analysis of the case study, it was possible to describe data on the socio-demographic context of the study participants and assess the students' level of knowledge about sexual reproductive health actions and rights. As a result, it was found that some adolescents seek knowledge and practical experiences in an unsustainable way.

Furthermore, these adolescents declared that they at least use condoms during their sexual relations, but not constantly. Consequently, around 77.5% of the individuals who participated in the study demonstrated that they had some knowledge about the risks and consequences of early pregnancy, although not solid and thus lacking more clear and objective information on SSRD topics, so that these take rational actions in the field of sexuality with a view to preserving health towards social well-being and ensuring, above all, a better and sustainable future.

Finally, it is concluded that sexual education must be guaranteed in the community, family and even in schools, making good practices known towards preparation for adult life. With a good education, adolescents will have the opportunity to have freedom of rational choice on issues relating to sexual and reproductive health.

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