

Feelings, Satisfaction and Trust in Health Services of Pregnant Adolescents Under Prenatal Control

Research article

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Abstract

Introduction: The need for prenatal control is increased in adolescent pregnant women, because they are highly susceptible to risks of obstetric and neonatal complications. Sociocultural barriers, lack of family support, social stigmatization, economic and educational limitations hinder their access to regular consultations, especially in rural or marginalized communities.

Objective: To describe the feelings, satisfaction and confidence in health services of pregnant adolescents who regularly attend prenatal check-ups in a public institution of first level of care. Material and methods: Exploratory-descriptive, qualitative study using discourse analysis. A semi-structured interview was applied to 11 pregnant adolescents under 19 years of age who attended prenatal care from January to March 2022.

Results: Two main categories of analysis were identified: feelings arising from pregnancy and satisfaction and confidence in the service. The adolescents mainly expressed five feelings about pregnancy: fear, rejection, shame, insecurity and depression. Satisfaction with the service is heterogeneous and is related to the treatment received, the empathy of the staff and comprehensive health care. Trust is related to the information received from health personnel and treatment.

Conclusion: Adolescent mothers face situations of insecurity and lack of support, they have doubts about how they will be attended, they go through periods of depression and frustration due to unwanted pregnancy. It is necessary to improve prenatal care, but it is essential to establish social programs to prevent adolescent pregnancy.

Keywords: Adolescent Pregnancy, Feelings, Prenatal Care

Introduction

Pregnancy occurring in women nineteen years of age or younger is classified as adolescent pregnancy, it is considered a public health problem due to its high incidence, high health cost and vulnerability to

be avoided through education [1]. Prenatal control is essential to prevent adolescent pregnancy [2]. Prenatal control is essential to prevent adolescent pregnancy.

Prenatal control is indispensable to ensure the well-being of mothers



and their children, especially when the mother is an adolescent, because she faces higher risks of obstetric and neonatal complications. Adolescent pregnancy is associated with anemia, preeclampsia, preterm delivery and low birth weight, thus maternal and infant mortality is more prevalent in this population group, especially in low-income settings [2,3], as it allows early identification of obstetric risks and the implementation of interventions to prevent complications, promotes self-care, improves maternal nutrition and strengthens psychological preparation for motherhood, which is essential to reduce anxiety and promote the emotional security of the adolescent mother [3].

Globally, World Health Organization (WHO) reports significant variations in prenatal care for adolescents, depending on the region of the world. Low- and middle-income countries have lower coverage rates, while in developing regions, 65% to 85% of pregnant adolescents have at least one antenatal care visit. In rural and marginalized communities, where factors such as stigma, poverty and lack of education play a significant role, coverage is lower. In Latin America and the Caribbean, although average coverage is higher, inequalities persist within countries [4-6]. In countries with greater economic resources, such as those in Europe and North America, prenatal coverage for adolescents usually exceeds 90%. Prenatal care for adolescents is relevant, given that adolescent pregnancies are associated with a higher risk of complications during delivery and maternal mortality, as well as increased health complications in the products of gestation [7].

In Mexico, the rate of prenatal care for adolescents varies according to the region and local policies, but in general, health services have improved their accessibility to this population group. According to recent data, approximately 70% of pregnant adolescents receive prenatal care, although the figures may fluctuate depending on factors such as access to health services and the socioeconomic level of the population.

Several factors influence adherence to prenatal care, both institutional and personal. Among the former are the quality of care, the treatment of the health personnel, the environment, and the waiting time. [8] Adolescents value dignified treatment and the elimination of paternalistic attitudes on the part of the medical personnel. Being treated as adults in prenatal care strengthens their confidence and increases their level of satisfaction [9]. Pregnant adolescents face sociocultural barriers, such as lack of family support or social stigmatization, economic and educational limitations that hinder their access to regular consultations, especially in rural or marginalized communities [10]. Likewise, some adolescents experience embarrassment due to the lack of privacy during consultations, especially if male medical staff [11] attends them. The perception of quality is linked to the treatment received by the staff; when the staff is not very empathetic, adolescents have difficulties in adhering to prenatal care [12].

The purpose of this research was to describe the feelings, satisfaction and confidence of pregnant adolescents who regularly attend prenatal care in a public institution of first level of care in the town of Tetecala, Morelos, Mexico in 2022.

Material and Methods

An exploratory-descriptive qualitative study was conducted through discourse analysis. The information was obtained by the application of a semi-structured interview with 11 pregnant adolescents between 15 and 19 years of age, between the first and eighth month of pregnancy, who attended prenatal care from January to March 2022. The participants were approached at the prenatal visit by means of convenience sampling. The interviews were audio-recorded, with prior informed consent. They were transcribed into Word software for analysis. Participants were identified with a code to maintain anonymity.

Results

A total of 11 adolescents participated in the study, with a mean age of 18 years and a range of 15 to 19 years. The level of schooling was

mostly incomplete secondary school. 36% were unmarried at the time of the study (Table 1).

Two major categories of analysis were identified: feelings and satisfaction with the service and trust.

Feelings

The participants report a diversity of feelings associated with pregnancy, highlighting fear, shame, rejection, insecurity and depression.

As a result of the discourse analysis, it can be deduced that there are common aspects involving the family and institutional aspects related to the participants' experiences.

In the family environment, the adolescents experience rejection by their parents, which, according to the theory of Halgin [13], has repercussions on their self-esteem.

The category of feelings had five subcategories: fear, shame, rejection, depression and insecurity.

Fear

They expressed fear of various aspects. Around the way they were going to be treated at the health center they express it in the following ways:

"... I was very afraid... breathe,...more because I didn't know how the people working at the health center were going to treat me. A1;

"On the first day I went to the health center I went alone because my partner went to work very early and I was very afraid that they would treat me badly and how they would treat me...A2;

"...because in this health center many people complain that the people who work there are treated badly and I was afraid because if I complained... I would not be treated badly later..." A3;

Similarly, they expressed fear of irregularities or problems with their pregnancy, as can be seen in the following text:

.... "I am afraid every time I go to the health center that they will tell me that my child is not well..... that would make me even more afraid." A7

Shame

Shame was manifested towards their parents and guardians as visualized in the following expressions:

"I was very embarrassed with my parents when they knew I was pregnant..." A1;

... "I feel very ashamed ...more than anything with her (her aunt) because she gave me everything since I was a child..." A6;

A9; ... yes sometimes I feel very ashamed because I failed them (her parents), but I continue studying and that comforts me". A10

Shame is also present towards themselves when they feel that they failed themselves or because of the attitudes of their acquaintances:

"I don't know or understand how I failed and if I am very ashamed that people see me and sometimes people who know me laugh..... and that makes me very ashamed, with myself." A2;

"I still feel ashamed with myself because I frustrated my studies, I went to live with my partner" A4;

Similarly, they express fear towards health personnel, due to the procedures that will be performed on them in the physical examination, especially if the professional is a man, as can be seen in the following sentences:

"I am very ashamed when I go to the doctor... and when they treat me at the health center and even more so when it is a male doctor... I am very ashamed." A8



Table 1: Demographic characteristics of the participants. Tetecala, Morelos, México. 2022

Feature	Number
Age	
15 years old	3
16 years old	4
17 years old	2
18 years old	1
19 years old	1
Level of Education	
Incomplete secondary school	4
Complete Baccalaureate	2
Incomplete technique	1
Complete Technical Career	2
No studies	2
Marital status	
Single	4
Married woman	3
Common-law marriage	3

Rejection

Pregnancy causes them to experience rejection from their relatives, but they also comment that they have received support:

“...Yes, I have felt rejection by my family, from my parents, because they tell me that I failed them...I have had a lot of support from my husband's family and that helps me to continue my pregnancy until my child is born” A5;

Depression

It is a fact that the unexpected, unplanned pregnancy comes to change their plans, affects their life, destroys their illusions and that leads them to depressive states as expressed by the participants:

“...Since I am very young, they cannot take good care of me during my pregnancy and that makes me anxious and depressed...” A4;

“...When I found out that I didn't get my period, I became very depressed, and I wondered what problems I would have with my family...”. A1

Insecurity

Insecurity prevails in their feelings about having to face a process for which they are not prepared, as well as the support they would receive and the health status of their baby:

“I feel insecure, sad when I first went for my prenatal check-up visit...” A2;

“...and that if I would be pregnant where would I go for my care...” A3;

“... and if my boyfriend would support me or if he is going to marry me.” A4;

“...I get nervous when the doctor does not explain my pregnancy properly...” A8;

“I am still worried because the doctor told me that something is not right with my pregnancy when I went to the health center and they don't explain well what can happen with my pregnancy...” A7

Satisfaction and trust

In relation to satisfaction with the care received and trust in the health services, the participants have different perceptions. Some perceive little satisfaction with the care received, referring to doctors and nurses, reflecting unfriendly behavior and long waiting times, as can be read in the following expressions:

“I am going several times, and the truth is that they are very rude at that health center...” A6;

... “the nurse who attended me was very rude to me.” A2;

“...I went to the health center, it is close to where I live, and even though the nurse knows me and I know her, she didn't treat me very well...” A4;

... “Yes, I have had bad experiences with the doctor, especially the first time because you don't know what they might say...” A9;

“When I go to my appointment... I feel very distrustful... there is a lot of indifference, and the doctor is very lazy...” A8;

“...When I am seen in my pregnancy I arrive early and the doctors are very late... And I leave the health center late...and they are also very indifferent and very dismissive when it comes to seeing me..... they don't even look me in the eye and that makes me feel that I don't have much confidence in them...” A5

Other adolescents report receiving good attention, which gives them confidence and security:

“I have not had any problem receiving bad attention from the workers...if they attend me well...” A9.

“When I have my appointments that they give me at the health center, and it was necessary to go to the psychologist...it gives me a lot of satisfaction I feel very good because she supports me with my sadness problem and... that I feel that in my pregnancy it will end well so that it will not affect my child.” A9;

“...I trust what they tell me at the health center because they studied, and I feel very satisfied with what the nurse tells me...” A2;



"...The nurse who always attends me is very empathetic...she weighs me...checks my blood pressure, I feel very confident". A9;

"...But I am very happy, and I feel confident when I go to my appointments..." A7;

"...I like the doctor who attends me...I like her because she doubts I have...they satisfy me, and I feel very pleased...because of the information they give me..." A10

Discussion

The WHO establishes that it is necessary to improve the quality of prenatal care to reduce prenatal deaths and complications in pregnant women, especially in adolescents, who, due to their age, present a high risk to their health and that of the unborn child [2,3], the efforts made to provide quality care do not achieve the desired effectiveness due to various factors, such as those related to the level of development of the countries, which affects the educational level of the population, the treatment of women, the socioeconomic level, the availability of resources for the health of the population, economic, cultural and geographic access to health services, among others. In developing countries, where social and economic inequalities exist, health care, including prenatal care, is provided with great difficulty [4-6]. Likewise, in communities with greater economic backwardness, adolescent pregnancy persists, resulting in complications for the mother and the product of conception. The alternative to reducing the risks associated with pregnancy is prenatal care at the first level of care; however, coverage in these regions does not reach 100%. The factors identified in this low coverage correspond to the users and the health services [9]. Adolescent users of the prenatal care program face uncomfortable personal situations due to the precociousness of an unwanted, unplanned and unexpected pregnancy. Embarrassment in front of parents, relatives, acquaintances and friends, parental rejection, fear of going through the discomfort of pregnancy, fear of medical care, insecurity about the health of their baby. At the same time, on many occasions, they fear not having the support of their family or partner. On the other hand, the arrival of a child at a young age frustrates their dreams and aspirations for a better life, prevents them from continuing their studies and achieving higher education that would allow them to improve their living conditions, conditions that limit their decision to have adequate prenatal care [9]. The prenatal care they receive at the first level of care conditions their constancy in their care, determines the level of trust that the pregnant woman perceives in the health services and influences her decision on the institution where her delivery will be attended, thus affecting the health and wellbeing of the mother-child pair. For this reason, it is important for pregnant adolescents to have institutional support, which can give them confidence, dispel their doubts and fears and provide them with complete, reliable and timely information to maintain a good state of health, improve their overall care, prevent complications, as well as the care to be provided to the newborn.

It is therefore essential for adolescents to receive quality prenatal care, with humanized, respectful and empathetic treatment to achieve a high level of adherence to prenatal care.

Conclusions

The feelings, satisfaction and trust in health services of pregnant adolescents who regularly attend prenatal care include feelings of rejection, fear, shame, insecurity, and depression. They report experiencing inconvenient situations, especially when communicating their pregnancy to their parents or guardians, experiencing rejection and having to deal with the pain caused to them. Despite this, all the interviewees reported receiving emotional and economic support from

their parents or partners. At the same time, they feel guilty about the changes that pregnancy generates in their lives, without expressing rejection towards their child. They express feeling ashamed and fearful about the care they will receive during pregnancy, their own health and that of their child. They oscillate between feelings of insecurity, joy and depression, which, although due to the hormonal changes inherent to pregnancy, are increased in their situation because of their young age.

The satisfaction with the care received perceived as good by some and bad by others, with the treatment received from the medical and nursing staff having a considerable influence on their satisfaction with the service. Adolescents feel more satisfied when they receive clear information about pregnancy and their doubts are resolved in a way that is understandable to them, or when they are sent for specialized care with nutritionists, dentists, psychologists or for vaccinations in the same institution, that is, when they are given comprehensive care, considering their state of health and attending to their general health needs as much as possible, not just the gestational aspect.

It is important that the health team at the first level of care provides comprehensive care, trying to maintain empathic communication and provide humanized and individualized treatment throughout the prenatal checkup to promote confidence and security in the client and provide quality medical care.

It is necessary that health professionals maintain attitudes that favor the care of this age group, considering that the prejudices of adolescent pregnant women in prenatal care can be a barrier to seek health care and carry the pregnancy to term, reducing the associated risks.

To provide comprehensive care, it is desirable to have effective programs that provide timely information to adolescents to prevent unwanted pregnancies, as well as to offer social support networks with counseling and specific care for problems that may arise during adolescence.

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