

KNOWLEDGE ABOUT CONTRACEPTION AND FACTORS ASSOCIATED WITH PREGNANCY PLANNING IN ADOLESCENCE*

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ABSTRACT: Objective: to evaluate the knowledge of adolescents regarding contraceptive practices and their association with unplanned pregnancies. **Method:** a cross-sectional study, developed with 258 pregnant adolescents in the Family Health Strategy of Teresina-PI. Data collection was performed from January to July 2015. The associations were identified using the chi-square test, with statistical significance being $p < 0.05$. The strength of associations between the variables was measured through odds ratios and confidence intervals (CI=95%). **Results:** the study showed that low knowledge of contraceptive practices was associated with pregnancy planning, increasing the chances of an unplanned pregnancy by 4.5%. **Conclusion:** knowledge is not the only factor responsible, however, it contributes significantly to the outcome of unplanned pregnancy, considering that when the adolescent did not know how to use the morning-after pill, the chance of having an unplanned pregnancy increased by 3.93 times.

KEYWORDS: Adolescent; Contraception; Reproductive Health; Primary Health Care; Nursing.

CONHECIMENTO SOBRE CONTRACEÇÃO E FATORES ASSOCIADOS AO PLANEJAMENTO DE GRAVIDEZ NA ADOLESCÊNCIA

RESUMO: Objetivo: avaliar o conhecimento de adolescentes sobre práticas contraceptivas e sua associação com gravidez não planejada. **Método:** estudo transversal, desenvolvido com 258 adolescentes gestantes na Estratégia Saúde da Família, de Teresina-PI. A coleta de dados foi realizada nos meses de janeiro a julho de 2015. A identificação de associações realizou-se por meio do teste qui-quadrado, e a significância estatística foi de $p < 0,05$. A força de associações entre as variáveis foi medida pelos *odds ratio* e intervalos de confiança (IC=95%). **Resultados:** a pesquisa mostrou que o baixo conhecimento das práticas contraceptivas está associado ao planejamento de gravidez, aumentando em 4,5% as chances de uma gravidez não planejada. **Conclusão:** o conhecimento não é o único fator responsável, mas contribui significativamente para o desfecho da gravidez não planejada, considerando que o fato de a adolescente não saber utilizar a pílula do dia seguinte aumenta em 3,93 vezes a chance de ter uma gravidez não planejada.

DESCRIPTORES: Adolescente; Anticoncepção; Saúde Reprodutiva; Atenção Primária à Saúde; Enfermagem.

CONOCIMIENTO ACERCA DE LA CONTRACEPCIÓN Y FACTORES ASOCIADOS AL PLANEAMIENTO DE GRAVIDEZ EN LA ADOLESCENCIA

RESUMEN: Objetivo: evaluar el conocimiento de adolescentes acerca de prácticas contraceptivas y su asociación con gravidez no planeada. **Método:** estudio transversal, desarrollado con 258 adolescentes gestantes en la Estrategia Salud de la Familia, de Teresina-PI. Se recogieron los datos en los meses de enero a julio de 2015. La identificación de asociaciones se realizó por medio del test chi cuadrado, y la significancia estadística fue de $p < 0,05$. La fuerza de asociaciones entre las variables fue medida por los *odds ratio* e intervalos de confianza (IC=95%). **Resultados:** la investigación apuntó que el poco conocimiento de las prácticas contraceptivas está asociado al planeamiento del embarazo, aumentando en 4,5% las chances de una gravidez no planeada. **Conclusión:** el conocimiento no es el único factor responsable, pero contribuye de modo significativo para el desenlace de la gravidez no planeada, considerando que el hecho de que la adolescente no sabe utilizar la píldora del día siguiente aumenta en 3,93 veces la chance de tener un embarazo no planeado.

DESCRIPTORES: Adolescente; Anticoncepción; Salud Reprodutiva; Atención Primaria a la Salud; Enfermería.

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● INTRODUCTION

The adolescent population today is sexually active and requires preventive care in relation to reproductive health, mainly due to the need to reduce the negative consequences of unsafe sexual practices. Therefore, the health services should be adequately prepared to receive and solve the needs of young people. Increasingly early sexual initiation raises concern for the health of this group, especially those with low levels of education and younger ages, who, when they start their sexual lives early, have less knowledge about contraceptive methods⁽¹⁻³⁾.

Although studies highlight a high percentage of contraceptive use in Brazil, unplanned pregnancy still persists, which is considered to be an indicator of failure in reproductive healthcare, since women must be able to decide whether they want to have children, the best time to get pregnant and the desired frequency of pregnancies⁽⁴⁻⁷⁾.

Early pregnancy negatively affects educational and economic opportunities. In addition, women with lower levels of education are at higher risk of adverse outcomes during pregnancy, as well as less experienced in health prevention and family planning activities, with their children being at greater risk of mortality. Several social and biological factors influence the chances of pregnancy in adolescence, such as exposure to adverse conditions during childhood and adolescence, family history of adolescent pregnancy, family instability and low levels of education. It is also considered that adolescent mothers are less likely to attend prenatal consultations, increasing the risk of premature birth⁽⁸⁻¹⁰⁾.

The occurrence of unplanned pregnancy is an indicator of reproductive health failure, which may be due to multiple factors, such as unprotected sex, incorrect and discontinuous use of contraceptive methods, difficulties in negotiating with the partner for condom use and precarious access to information and contraceptive methods⁽⁶⁾. Thus, the aim of this study was to evaluate the factors associated with the pregnancy planning in adolescence. From this, it was hypothesized that knowledge about contraceptive methods may influence pregnancy planning in adolescence.

● METHOD

This was a quantitative, cross-sectional study carried out in the Primary Health Units (PHUs) of the city of Teresina, Piauí, with 91 PHUs, which have 256 Family Health teams, divided into three health regions, center/north, east/southeast and south. Of the 91 PHUs, 39 were selected through a draw to compose the study, with 15 belonging to the center/north region, 13 to the south region and 11 to the east/southeast region. Data collection was performed from January to July 2015, the year the study was conducted.

The participants of the study were 258 pregnant adolescents, in the age group of 13 to 19 years, who were performing prenatal monitoring in the PHUs drawn for the collection. Inclusion criteria were: adolescents under 20 years of age, who were able to answer the questions of the instruments and who freely agreed to participate in the study or had authorization from the parents or those responsible, confirmed through the signing of the Consent Form and Term of Assent. The exclusion criteria were: puerperal and non-literate adolescents, the latter due to the completion of one of the instruments, which was self-completed.

Two instruments were used to collect data: a questionnaire for the measurement of unplanned pregnancies, known as the London Measure of Unplanned Pregnancy (LMUP), and a form constructed by the researcher and based on specialized literature, containing open and closed questions. The form consisted of 44 questions, and after data collection, those referring to the adequacy of the knowledge of the adolescents, from the 25th to the 44th, were recoded, with the value of 0.5 points attributed for each correct response, adding 10 points to the instrument. The knowledge was classified as low, medium and high, according to the mean value of points obtained by the adolescents: low - 1 to 4 points; medium - 5 to 6 points; and high - 7 to 8 points.

The LMUP is an instrument composed of six items, which score from 0 to 2 each, totaling a possible score of 12 points, with higher scores indicating a higher likelihood that the pregnancy was planned. Regarding the type of pregnancy, the measurement is made as follows: 10 - 12 (planned pregnancy), 4 - 9 (ambivalent when planning the pregnancy) and 0 - 3 (unplanned pregnancy)⁽¹¹⁾.

The dependent variable of the study consisted of the classification of the pregnancy planning. The independent variables were the sociodemographic, obstetric and gynecological characteristics, the contraceptive methods and the adequacy of adolescents' knowledge of contraceptive methods. Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS) program, version 20.0. The univariate analysis was performed through descriptive statistics: mean and standard deviation for the quantitative variables and percentage for the qualitative variables. In the bivariate analysis of the data, Pearson's chi-square test was used to identify associations. Multivariate analysis was performed through Multinomial Logistic Regression (MLR), which was used to obtain estimates of odds ratios (OR) and confidence intervals (Woolf method) adjusted for the confounding variables. The analysis was made by comparing the young women who had the pregnancy classified as planned (reference category) and the young women whose pregnancies were ambivalent or unplanned.

The project was submitted to the Research Ethics Committee of the Federal University of Piauí and obtained approval through process N°. 890.514.

● RESULTS

The sample consisted of 258 pregnant adolescents, aged 13 to 19 years (mean=17.3, *SD*=1.7), of whom 212 (82.2%) self-declared themselves to be brown/black and 133 (51.6% %) were married. With respect to education, 147 (57%) adolescents presented High School Education or more. Regarding family income, 111 (43%) had up to one minimum wage. A prevalence of the Catholic religion was observed among the young women in this study, 158 (61.2%). The gynecological-obstetric data revealed early menarche, between 9 and 12 years (mean=12.2, *SD*=1.5) and predominance of sexarche between 15 and 18 years (mean=14.8, *SD*=1.6), with 181 (70.2%) participants experiencing their first pregnancy and 77 (29.8%) having had two or more pregnancies.

When correlating socio-demographic and gynecological-obstetric characteristics with pregnancy planning, factors associated with age ($p=0.038$), marital status ($p<0.001$), education ($p=0.022$), income ($p=0.025$) and sexarche ($p=0.037$) were considered (Table 1).

Table 1 - Sociodemographic and gynecological-obstetric characteristics of the pregnant adolescents according to the London Measure of Unplanned Pregnancy classification ($n=258$). Teresina, PI, Brazil, 2015. (continues)

Sociodemographic and gynecological-obstetric variables	LMUP						P
	Planned		Ambivalent		Unplanned		
	n	%	n	%	n	%	
Age group							0,038
13-15 years	05	12.5	29	72.5	06	15.0	
16-19 years	69	31.7	116	53.2	33	15.1	
Color							0.391
Oriental	09	36.0	13	52.0	03	12.0	
White	04	19.0	11	52.4	06	28.6	
Brown/Black	61	28.8	121	57.0	30	14.2	
Marital status							<0.001
Married	69	51.9	43	32.3	21	15.8	
Not married	05	7.3	43	62.3	21	30.4	

Education							0.022
Elementary	22	19.8	69	62.2	20	18.0	
High School or more	52	35.4	76	51.7	19	12.9	
Religion							0.340
Catholic	44	27.8	86	54.4	28	17.8	
Non-catholic	30	30.0	59	59.0	11	11.0	
Income							0.025
Up to ½ MW	14	21.6	32	49.2	19	29.2	
Up to 1 MW	35	31.5	64	57.7	12	10.8	
1 to 2 MW	19	30.6	38	61.3	05	8.1	
> 2 SM	06	30.0	11	55.0	03	15.0	
Menarche							0.952
9-12 years	45	29.4	85	55.6	23	15.0	
13-17 years	29	27.6	60	57.1	16	15.2	
Sexarche†							0.037
Before 15 years	23	20.5	69	61.6	20	17.9	
15 to 18 years	51	34.9	76	52.1	19	13.0	

*Pearson's chi-square test; MW: Minimum wages (½ MW = R\$394.00, 1 MW = R\$788.00, 1 to 2 MW = R\$788.00 to 1,576.00, >2 MW = >R\$1,576.00). †Variable selected for multivariate analysis ($p < 0.20$).

The classification of the knowledge showed that 118 (45.7%) (95%CI 39.6-51.9) adolescents had low knowledge about the methods, with a mean of 3.1 points (± 1.1). An medium knowledge level was predominant, with 132 adolescents (51.2%) (95%CI 45.0-57.3), with a mean of 5.5 points (± 0.7). However, six adolescents (3.1%) (95%CI 0.09-5.2) presented a high knowledge level, with a mean of 7.9 correct responses (± 0.3). The knowledge factor was found to be associated with pregnancy planning ($p = 0.045$) (Table 2).

Table 2 - Classification of knowledge about contraceptive methods of the adolescents participating in the study according to the London Measure of Unplanned Pregnancy classification ($n = 258$). Teresina, PI, Brazil, 2015

Classification of the knowledge	LMUP-VB						P
	Planned		Ambivalent		Unplanned		
	n	%	n	%	n	%	
Low	25	21.2	72	61.0	21	17.8	0.045
Medium/High	49	35.0	73	52.1	18	12.9	

*Pearson's Chi-square test

Table 3 highlights the methods that the adolescents were aware of and the responsibility for their use associated with the planning of the pregnancy. The result showed a significant association with the use of injectable contraceptives ($p = 0.019$). It was observed that 44 (37.3%) adolescents who reported knowing how to use the injection had their pregnancy determined as planned.

Table 3 - Distribution of pregnant adolescents regarding the methods they knew and responsibility for use according to the London Measure of Unplanned Pregnancy classification ($n=258$). Teresina, PI, Brazil, 2015

Contraceptive methods	LMUP-VB						P
	Planned		Ambivalent		Unplanned		
	n	%	n	%	n	%	
Known*							
Pill	56	30.9	97	53.6	28	15.5	0.394
Injection‡	44	37.3	59	50.0	15	12.7	0.019
Male condom	60	29.1	117	56.8	29	14.1	0.649
Female condom	11	29.7	21	56.8	05	13.5	0.955
Morning after pill‡	38	30.6	62	50.0	24	19.4	0.091
Diaphragm	00	0.0	05	83.3	01	16.7	-
Rhythm‡	11	47.8	09	39.1	03	13.0	0.100
Spermicide	01	16.7	04	66.7	01	16.7	-
Interrupted intercourse	20	24.4	52	63.4	10	12.2	0.278
None	02	16.7	10	83.3	00	0.0	-

Pearson's chi-square test; - Lower than expected frequencies, which made it impossible to apply the test; ‡Variable selected for multivariate analysis ($p<0.20$).

The desire to become pregnant ($p<0.001$) and the belief that she would not become pregnant ($p<0.001$) were associated with reasons for not using contraceptive methods and pregnancy planning (Table 4).

Table 4 - Reasons the pregnant adolescents did not to use contraceptive methods according to the London Measure of Unplanned Pregnancy classification ($n=161$). Teresina, PI, Brazil, 2015

Reasons	LMUP-VB						P
	Planned		Ambivalent		Unplanned		
	n	%	n	%	n	%	
Reasons							
Wanted to get pregnant‡	42	52.5	35	43.8	03	3.8	<0.001
Did not have access‡	01	11.1	05	55.6	03	33.3	0.170
Did not know about methods	01	20.0	04	80.0	00	0.0	-
Did not have money to buy	00	0.0	02	100.0	00	0.0	-
Did not want to use	08	19.0	27	64.3	07	16.7	0.207
Thought would not get pregnant?	01	2.2	33	71.7	12	26.1	<0.001
No guidance/advice	00	0.0	05	71.4	02	28.6	-
Did not know which to use‡	01	11.1	05	55.6	03	33.3	0.170
Partner did not want to use‡	02	11.8	13	76.5	02	11.8	0.165
Fear of losing partner	00	0.0	03	75.0	01	25.0	-
Religious reasons	01	100	00	0.0	00	0.0	-
Others	02	28.6	04	57.1	01	14.3	-

Pearson's chi-square test; - Lower than expected frequencies, which made it impossible to apply the test; ‡Variable selected for multivariate analysis ($p<0.20$).

Table 5 presents the variables that had a significant association with the pregnancy planning. Concerning the ambivalent pregnancies, a statistically significant association was found between this and the fact that the adolescent was married or not ($p=0.034$), did not want to become pregnant ($p=0.003$), did not think she would become pregnant ($p=0.011$) and low level of knowledge ($p=0.030$). The unplanned pregnancies were found to be associated with the fact that the adolescent was unmarried ($p=0.001$), did not know how to use the morning-after pill ($p=0.045$), did not want to become pregnant ($p<0.001$), did not think she would become pregnant ($p=0.020$) and had a low level of knowledge ($p=0.023$).

The results show that the young woman being unmarried increased the chance of having an unplanned pregnancy by 13.14 times (95%CI 2.75-22.89), in relation to the married women. Not knowing how to use the morning-after pill increased the chance of the young woman having an unplanned pregnancy by 3.93 (95%CI 1.01-15.91) times when compared to the young women who know how to use this contraceptive measure. In addition, not wishing to become pregnant increased the chance of the adolescent having an unplanned pregnancy by 22.50 (95% CI 4.24-39.28) times, compared to the young women who wanted to become pregnant. Regarding the knowledge classification, the young women with low knowledge were 4.5 (95%CI 1.24-16.60) times more likely to have an unplanned pregnancy than those with medium/high knowledge (Table 5).

Table 5 - Final multinomial logistic regression model of the adolescents participating in the study ($n=258$). Teresina, PI, Brazil, 2015

	Ambivalent \neq		Unplanned \neq	
	OR _{ajust} (95%CI)	P	OR _{ajust} (95%CI)	P
Sociodemographic variables*				
Marital status\neq		0.034		0.001
Married	1		1	
Not married	4.06 (1.11-14.78)		13.14 (2.75-22.89)	
Contraceptive methods**				
Knew how to use the morning after pill		0.196		0.045
Yes	1		1	
No	0.56 (0.23-1.38)		3.93 (1.01-15.91)	
Reasons for not using the methods				
Wanted to get pregnant		0.003		<0.001
Yes	1		1	
No	4.83 (1.69-13.85)		22.5 (4.24-39.28)	
Thought would not get pregnant		0.011		0.020
No	1		1	
Yes	15.83 (1.88-32.86)		15.83 (1.55-36.28)	
Adequacy of knowledge		0.030		0.023
Medium/High	1		1	
Low	2.66 (1.10-6.44)		4.5 (1.24-16.60)	

*Adjusted for each other; **Adjusted for sociodemographic variables; 95%CI: 95% confidence interval; OR_{ajust}: adjusted odds ratio; \neq Reference category: planned pregnancy.

● DISCUSSION

The age range found in the present study was from 13 to 19 years, with a mean of 17 years, comparable with that found in two other studies, one carried out in Primary Health Units of Teresina-PI, and the other in São Paulo-SP, with 126 adolescents, where the mean age was 17.3 years⁽¹²⁻¹³⁾. Pregnancy, in this age group, predisposes to vulnerability, considering that the history of these adolescents can have different repercussions, according to the socioeconomic level of origin.

Increasingly early sexual practice, which results in adolescent pregnancy, has become a major public health concern, considering that it presents specific manifestations in each region of the country and is characterized as perpetuating low socioeconomic conditions. However, the low age for the initiation of sexual activities is not the only factor responsible for pregnancy, it is also necessary to consider school failure and low quality family relationships^(8,14).

A study conducted in Canada showed how family relationships can influence pregnancy during adolescence. Researchers reported that having a sister who became pregnant during adolescence or a mother who had a child before 20 years of age are predictors of adolescent pregnancy and showed that having an older sister who became pregnant before 20 years of age increased the probability of also becoming pregnant by 3.38 times, compared to adolescents whose older sister did not become pregnant at that age⁽¹⁰⁾.

In this study, it was observed that sexarche prior to 15 years of age increased the probability of an unplanned pregnancy, in the same way as the low level of education, as revealed in another study, in that the higher the level of education, the lower the risk of a unplanned pregnancy⁽¹⁵⁾. The pregnancy outcome is not the same for all adolescents, with the socioeconomic aspect being a factor of high influence⁽¹⁴⁾. While pregnant adolescents of average socioeconomic levels tend not to abandon school and to reside with the family, those of the lower level show greater school absenteeism, associated with the change in marital status. In general, adolescents who drop out of school are more likely to become pregnant, which compromises their future and that of their offspring, since education for many of these adolescents is the only means of social insertion and economic ascension, with their lack of education characterizing a vicious circle of poor instruction and poverty. In addition, it is important to consider that poverty and social exclusion should be seen not only as a cause, but also as a consequence of pregnancy in adolescence^(9,13-14).

The union with partners, in these cases, can be seen as the only alternative to change the life⁽¹⁶⁾. This fact can be justified by the social class of the adolescents interviewed, in which the family sees early marriage as a way to reduce the expenses with the daughter and to make her financially independent, still seen as an exit due to the lack of opportunities, since these cannot be achieved through study and work⁽¹⁶⁾.

In this study, the adolescent being unmarried was a factor associated with a higher occurrence of unplanned pregnancy ($p < 0.001$). Early marital life, when the young woman still does not have her own income, is considered a harmful factor in the life of these adolescents, when they cease to financially depend on the family and depend on their partner, which creates a vicious circle within these families and produces perpetuation of the pregnancy event⁽¹⁶⁾. In a study conducted in Canada, it was observed that the age between 18 and 19 years and the fact of having a partner significantly increase the probability of having an intended pregnancy in adolescence, with having a partner being related to a 2.37 times higher chance of this event happening⁽¹⁷⁾.

In Brazil, pregnancy planning is not yet a reality for the majority of women. A study carried out in São Paulo showed that women who are more likely to carry out planning are older women, who are in paid work and have a longer time between menarche and the first sexual intercourse. The occurrence of the first sexual intercourse before the age of 16 years is directly related to the unplanned pregnancy⁽¹⁸⁾.

With the present study, it was possible to observe that the majority of adolescents interviewed used contraception in sexarche, with condoms being the main method of choice. Conversely, when asked about contraceptive use prior to the current gestation, only 97 (37.6%) adolescents reported using a method, with contraceptive pills (68, 70.1%) being the most used. The choice of these two methods can

be justified by the age of adolescents, who often receive information about contraception at school and from friends⁽¹⁹⁾.

It was found that the desire to become pregnant was highlighted for the non-use of contraceptive methods. This finding corroborates that of a study that showed that the majority of the adolescents, in the age group of 13 to 19 years, wanted the pregnancy⁽²⁰⁾. Although the desire to become pregnant is the main reason for not protecting oneself, the use of contraceptives is subject to other conditions, such as, in the case of a condom, a personal disposition to use it at that moment and have it with you and determination and/or resistance in the game that is established between partners to use protection or not in the relationship⁽²¹⁾. In this context, there were some adolescents who did not want to use protection (42, 26.1%) without any apparent reason.

Adequate and correct information alone is not able to affect the contraceptive behavior of adolescents, as personal motivations are strong contributors for more or less use of contraceptive methods. Gender also weighs heavily on these choices, with many adolescent women being afraid of being viewed badly by men for wanting to use contraception, increasing their vulnerability for pregnancy⁽²²⁾. In addition, the thought that they would not become pregnant (46, 28.6%) implies the decision to use contraceptive or not, and may have contributed to the young women becoming pregnant in this study.

The study showed the desire to become pregnant ($p < 0.001$) was associated with planning the pregnancy, and, conversely, the belief that she would not become pregnant ($p < 0.001$) was associated with not planning the pregnancy. In a study carried out with puerperal women in Uberaba-MG, the main reasons for not using the method were not wanting to use it, thinking that they would not get pregnant and wanting to become pregnant⁽²³⁾. Although knowledge about the methods is not the only factor related to pregnancy in adolescence, it significantly contributes to decreasing this outcome. Adolescents who are not informed or supported with information from adults learn and disseminate inadequate information and prejudices, which, together with the omnipotent behavior characteristic of adolescence, contribute for sexual experiences that may create risks⁽²¹⁾.

The lack of knowledge about contraceptive methods or their incorrect use are factors related to the occurrence of pregnancy among adolescents. However, studies indicate that adolescents know at least one contraceptive method and know where to access it, although this is not a guarantee that they will use it safely and effectively⁽²⁾.

In analyzing all these factors, it is noticeable that there are still difficulties for the adolescent to put the use of contraceptive measures into practice, even though they often have knowledge. Despite being a key element, information alone is not sufficient for adolescents to use contraceptives, with no translation of knowledge into safe practices⁽³⁾.

This study had as limitation the fact that the LMUP is still not very widespread in the Brazilian context, making comparisons difficult. Considering the international context, the instrument has also been little used with adolescents, being applied more with women over the age of 24 years. In addition, another limiting factor of the study was the exclusive dependence on the responses, which may not always have been true and may have caused some bias.

● CONCLUSION

It was concluded that knowledge is not the only factor responsible, however, it contributes significantly to the outcome of unplanned pregnancy, as the fact that the adolescent did not know how to use the morning-after pill increased the chance of having an unplanned pregnancy by 3.93 times. However, other factors, such as age, sexarche, income, marital status and education were also associated with pregnancy in adolescence and unplanned pregnancy. Therefore, it is fundamental to provide targeted assistance to this public, considering their singularities and the need to prevent harm. Primary care teams cannot avoid the difficulties encountered in working with adolescents, as they are also responsible for this process. The nursing professional must construct a link between the adolescent and the PHU, with the help of schools and family members.

Following this point of view, the nurse's role, in primary care and in programs such as health at school, can contribute by providing clarification and knowledge for this group, since the nurse in public health also has the role of educator and former of opinions.

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