## **DISCOVERING PREGNANT: TEENAGE EXPERIENCES**

Gilvânia Patrícia do Nascimento Paixão\*
Nadirlene Pereira Gomes\*\*
Aisiane Cedraz Morais\*\*\*
Ariane Cedraz Morais\*\*\*\*
Climene Laura Camargo\*\*\*\*\*

### **ABSTRACT**

Teenage pregnancy has been shown by many studies as a difficult experience, revealing consequences as family conflicts, violence against women, low self-esteem, stress and depression. The objective of this study was to describing the experience of unplanned pregnancy for teenagers. This is a qualitative study through interviews with 06 pregnant adolescents who attended at the Family Health Unit of the city of Juazeiro, Bahia, Brazil. The data were organized based on content analysis. The study shows that the experience of unplanned pregnancy is permeated by feelings of rejection and lack of support of the most significant figures for teenagers, parents and boyfriend. Given such circumstances, the teens decide to abort, even without knowing accomplishing it, as none of the interviewed succeeds in stopping. Health professionals need to be alert to the need to recognizing the group's vulnerability on unplanned pregnancy, for abortion complications and the risk of death. Nursing, especially, by acting in the Family Health Strategy, can perform actions and encourage health education.

Keywords: Pregnancy in Adolescence. Unplanned Pregnancy. Family Conflict. Gender and Health. Abortion.

### INTRODUCTION

According to the United Nations Fund for Children<sup>(1)</sup>, the adolescent population is around 21 million, which equates to 11% of the Brazilian population. The age range of this group, which is from 12 to 18 years old (incomplete), meets that recommended by the Statute of the Child and Adolescent<sup>(2)</sup>.

Considered a time of transition between childhood and adulthood during adolescence several biological changes occur in the individual, which involve changes in the physical, psychological and social level. Thus, the fact that the teenager implement important steps in terms of development inherent in this phase due to a pregnancy, it constitutes a difficult experience, especially because pregnancy at this stage of the life cycle cannot be seen as an isolated event, but as an event that occurs in a social historical context in which the life of the young mother or young family unfolds<sup>(3)</sup>.

A study conducted in São Paulo (SP), Brazil, revealed that pregnancy occurred in these

circumstances caused major hassles in the relationship with parents. In some families, the teenage hides the pregnancy, because it was feared a possible punishment<sup>(4)</sup>. A research conducted with adolescents in Juazeiro, Bahia, Brazil also saw adolescence as an early stage for the woman to have children and associating it with the experience of family violence<sup>(5)</sup>. Other studies also address teenage pregnancy as a risk factor for family conflicts and, therefore, violence against women<sup>(6,7)</sup>.

In respect to psychological impairment, it noted that the prevalence of depressive symptoms during pregnancy can vary between 44,0 and 59,0%, being common in pregnant presence adolescents. Besides the depressive symptoms, low self-esteem, lack of family support, the experience of high stress and low expectations toward the future influence the way that the relationship between the teen mother and her baby will be<sup>(8)</sup>. Therefore, sexual activity in this phase is a risk behavior for teenagers and configures itself as a problem that should be referred to health professionals.

<sup>\*</sup>Nurse. Doctoral Student in Nursing at School of Nursing Federal University of Bahia - UFBA. Auxiliar Professor at University of Bahia State. E-mail:gilvania.paixao@gmail.com

<sup>\*\*</sup>Nurse. PhD in Nursing. Adjunct Professor at School of Nursing UFBA. E-mail: nadirlenegomes@hotmail.com

<sup>\*\*\*</sup>Nurse. PhD in Nusring. Asistant Professor at State University of Feira de Santana. E-mail: aisicedraz@hotmail.com

<sup>\*\*\*\*</sup>Nurse. MS in Nursing. Assistant Professor at Federal University of Recôncavo Baiano. E-mail: enfarianecedraz@hotmail.com

<sup>\*\*\*\*\*</sup>Nurse. Post Doctorate in Nursing. Adjunct Professor of School of Nursing UFBA. E-mail: climenecamargo@hotmail.com

Considering the implications of unplanned teenage pregnancy, we ask ourselves: How adolescents experienced unplanned pregnancy? Faced with such a caring, we outlined as the study object the unplanned pregnancy in adolescence and the purpose of describing the experience of unplanned pregnancy for teenagers.

#### MATERIALS AND METHODS

This is a qualitative approach study, conducted in a Family Health Unit (FHU) of the public health system in Juazeiro, Bahia, Brazil. The subjects were six adolescents (10-19 years old) who were pregnant at the time of the survey and who resided in the neighborhood study, which is a peripheral and poor socioeconomic location.

As a strategy of rapprochement with the subject and taking into account the specificity of the topic, particularly involving teenagers, there were held 03 (three) workshops before the interviews, in order to allow a greater integration researchers and interviewees, between addressing the following themes: care in pregnancy; newborn care; and genre. It had not been previously stipulated the number of workshops, taking into consideration that the same would be carried out until the teens were participative, interacting researchers who are responsible for conducting all activities.

The technique for data collection was the interview, where was applied a semistructured guiding, with the following How was the discovery of questions: pregnancy for you, your family and your boyfriend? The individual interviews were performed by one of the researchers, in an office that was in disuse in the Family Health Unit, to ensure the privacy of the adolescents.

The interviews were recorded and performed with consent from adolescents and their guardians. Confidentiality, privacy and anonymity were guaranteed, as defined in Resolution 466/12 of the National Health Council to guide practices in human research. To ensure the confidentiality and privacy of the adolescents interviewed was adopted as the name of flowers identification codes.

This research was apreciated and approved by the Ethics Research Committee of the State University of Feira de Santana (CEP/UEFS) opinion with approval registered under **protocol number 099/2008** (CAAE 0097.059.000-08). After approval in the CEP, began the data collection that took place in December 2008 to January 2009.

The technique for systematization of data was the content analysis proposed by Bardin<sup>(9)</sup>, which allows making sense of the data from the collected following steps: transcription interviews ofthe and subsequently thorough reading of the material, identification of core meanings and delineation of categories, interpretation of results and support from scientific literature on the topic, using the theoretical framework of gender.

### Presentation and discussion of the results

The categories and sub-categories below allow unveiling the experience of unplanned pregnancy for teens, which express their feelings on the discovery and report on the reactions of their parents and boyfriends.

# The discovery of the pregnancy by the teenager

Considering the experience of unplanned pregnancy in this category, we present the feelings expressed by the adolescents on the discovery and the discourses which reveal the attempted termination of pregnancy.

## Feelings of the adolescent girls

In this subcategory was discoursed about the feeling of teenagers after they discover the pregnancy. Only one interviewee showed up in happy discovery, the others being expressed rejection of unplanned pregnancy, as the illustrated statements below:

It was good because I wanted to (get pregnant). Then when I did the blood test, I told my parents. Meand my husband, we already dating for four years. I was looking to get married. I liked it because we got married. Then I moved in with my husband in a house that his father has in the neighborhood. I was happy! (FLeur-de-lis).

God! It was the worst day of my life. I wanted to die! I wished to take it away from me. I got distressed, scared, a pain in the heart (Grass pink).

- [...] When menstruation did not come, I already knew. I got angry [...] I did not want (Jasmine).
- [...] I did the blood test and was given that I was pregnant. I was crying because I do not want kids now. I did not even wanted not. I want to give that child to someone who wants to create (Violet).

The experience of unplanned pregnancy for adolescents was marked by feelings of rejection before the discovery of the pregnancy, signaling that occurs in a context of not planning. A research conducted in Juas, Ceará, Brazil, revealed that for many teens, pregnancy is not presented as a rewarding act, but as something that brings displeasure, insecurity, fear and distress. These feelings arise because, often, adolescents are excluded from social life and therefore feel unloved and insecure<sup>(10)</sup>.

Furthermore, it is important to note that pregnancy per se, triggers a release of emotions, making the women emotionally vulnerable, so that, in adolescence, about the emotional commitment tends to give more intensified form, requiring greater attention to this group<sup>(11)</sup>, especially by health professionals. Within the Family Health Strategy, health professionals, especially nurses, to integrate reference teams and often occupy management positions, can perform educational activities with adolescents to better work on issues related to sexuality in order to prevent unplanned pregnancies and, consequently, the implications of these.

## **Attempted termination of pregnancy**

Given the feeling of rejection in the discovery of pregnancy, some teenagers tried, in vain, the abortion:

I took Cytotec to take out the child. Then, I started feeling a lot of cramping and it hurt a lot and also leave a lot of blood [...] thought until it had drawn (Grass pink).

I had already tried to get the other and now also tried to take out this one [...] but it did not work. I'm already four months. [...] Tried to take Cytotec with it, but I think this drug has no effect (Jasmine).

I hit seed cone and have taken very Boldo tea [...] but I felt nothing. Not down, not (Rose).

The discovery of an unplanned pregnancy during adolescence resonates as an unforeseen event, which could mean the loss of youth and assimilation of large responsibilities. In this context, an unexpected teen pregnancy requires certain autonomy that teens do not always have. Thus, abortion may appear in this situation as an immediate resolution to "correct" this condition usually seen as "problematic" (12), which was also revealed in our study.

A survey performed with young of both sexes, between 18 and 24 years old, revealed that abortion is considered a way of resolving a pregnancy that was not planned, revealing be increasing the occurrence of abortions in adolescence<sup>(13)</sup>. When a pregnancy occurs in this age group, the guilt of the pregnant woman carries unconscious conflicts, reflected in the acceptance of the child<sup>(11)</sup>.

It called our attention to the acceptance of pregnancy with naturalness "Fleur de lis", which may be associated with the fact that this is a pregnancy that although unplanned, was desired by her, he wanted to fulfill the dream wedding. Study with pregnant teens Rio de Janeiro, Brazil, precisely addresses the perception of pregnancy as a catalyst for the wedding, as well as the possibility of the teenager leaving home, realizing the dream wedding and achieve economic and emotional autonomy from family origin<sup>(14)</sup>. In this sense, the search for a breakup of the family network by marriage is perceived often as achieving their freedom.

# The discovery of pregnancy by parents and the boyfriend

The adolescents reported fear of pregnancy talk to their parents and boyfriend and, in fact, the reaction of these confirmed that the pregnancy was not accepted, sometimes turning on parental/affective relationship in a cold and hostile relationship, as illustrated in subcategories follows:

# I fear the lack of support from my parents and my boyfriend

The teens express fear to reveal pregnancy to parents and/or boyfriend. The statements below provide evidence of such experience:

It was horrible! I agonized, nervous, crying [...] afraid my boyfriend and my parents quarrel with me (Tulip).

[...] I already suspected when menstruation did not come. Then I was in agony because I thought

my father would take me out of the house. He always said that if we caught tripe (get pregnant), he would put us out. So, I did not. Mother knew because my sister saw me knocking seed cone and told mother and mother told my father (Rose).

It realizes that the decision to terminate the pregnancy is related to the fear of taking pregnancy to parents and/or boyfriend. In agreement with our findings, a study of pregnant teenagers<sup>(10)</sup> showed that they perceive pregnancy as an unwanted event and they're afraid to share their discovery by the family or the partner. Still backing our study, research with pregnant adolescents identified that, upon discovering pregnancy, family and colleagues revealed feelings of perplexity, shame and heartbreak (15).

### **Parental reaction**

For some adolescents, being pregnant turned affective relationship with the father in a cold and hostile relationship. Change also occurred in relation to the mother, transforming the relationship of mother and daughter before intimate and complicit in a relationship without dialogue. The statements reveal such experiences for teens:

My father says that for him, I died and that it was better than I had died since this grief to him. [...] I did not tell mom but when they took Cytotec to take the child began to bleed profusely. Then my mother took me to the hospital and when we arrived the nurse said. I denied it, but it was hopeless. My mother was screaming that seemed crazy. But also because she was afraid of my father, when she told him, he would turn a beast [...] he was very angry (Grass pink).

My mother got angry. Do not talk like before (Violet).

My mother scolded me [...] only after she got better. Only my father, who does not speak right to me, because he was hurt that I betrayed his trust. [...] Before we always went together to church, walking, and now he does not want to even talk to me. He is ashamed of staff, because I'm pregnant without a husband (Tulip)

One can not deny that motherhood is not just a biological-reproductive act, but a social process that affects the relationship between man, woman and family members, defining new social identities. Thus, the discovery of pregnancy turns interpersonal relationships. Regarding the reaction of parents, study in Jucás, Ceará, Brazil, revealed that after the discovery of the pregnancy of her teenage daughter, the relationship with the family has changed, and not accepting the fact, generated many conflicts<sup>(10)</sup>.

Their discourse show that most react negatively when they perceive the pregnancy of their teenage daughters, and the mother is usually the first to discover, being 'assigned' to break the news to his father. At first there is a reaction of rejection of both, and the mothers in this study accepted better the situation. It is clear that there is a greater fear in breaking the news to his father, which leads to gender issues, since pregnancy in these terms, is to affirm sexual initiation woman, before marriage, before the society, which, in a sexist society is unacceptable.

There is a tendency for naturalization in distinguishing the roles of men and women, particularly regarding the experience of sexuality, with male primacy over the discovery of the body, pleasure and sexual freedom<sup>(5)</sup>. Following this logic, the paternal relationship is explained, still prevails as a patriarchal and sexist society, and pregnancy before marriage an event that contradicts paternal expectations. Compounded by the fact that teenage pregnancy is a concrete proof of the failure following the guidelines given repeatedly by parents or expected by them<sup>(4)</sup>.

Although our findings directed toward family conflicts generated by teenage pregnancy, studies on national and international levels see referring appreciation of family bonding, overcoming and resilience, especially after the end of gestation<sup>(16)</sup>.

In fact, there are few the families who accept the situation of teenage pregnancy and deal with understanding and affection for young mothers and fathers, respecting their limitations<sup>(10)</sup>. In some families, after the discovery of the pregnancy, there is no pressure for marriage. In others, the only possibility that the teenager had recovered her dignity is through marriage, even though it corresponds to a desire of the couple<sup>(17)</sup>. This is because parents believe that marriage is the best to ease the plight of their daughters to society resource.

# Reaction of the boyfriend

The study also reveals that the boyfriends of some teenagers blame them for the pregnancy and oriented toward abortion, confirming fears that these would not be supported by the same:

[...] I was talking to my boyfriend and he said that if I thought my father would take me out of it, I better take (Rose). What more? He turned away? Rank? Said it would not help??

[...] My boyfriend, I mean ex, he broke up with me, I mean, not finished, he disappeared. I was angry because he said I must have had care and wanted me to take a medicine to go down, but I did not, because a cousin of mine have done it and almost died from infection, and is also a sin, right? He never showed up. No league and no answers. I think I even changed the mobile number because it is someone else who answers and says it's not his phone. (Tulip)

When I told my boyfriend, he did not like it much. He said he could not realize because it does not work. (Violet)

Regarding partners, the study showed that some suggest termination of pregnancy, even though speech allow not tell if there is indeed a lack of support for teenagers, or this attitude reflects an economic concern, as most young people do not work .

The study also shows that there is accountability contraception for adolescents, only the woman being assigned responsibility for unplanned pregnancy. In the male perspective, women's duty is to protect themselves from pregnancy and, in this case, the care for the children. There is still a social belief that the woman, it is the care home, the spouse and children, this activity being considered by many as intrinsic to the role of women, as it rises and prepares to be a woman-wife-mother<sup>(17)</sup>.

Why not accept these roles, many of these situations end up creating conflicts and may even trigger the experience of violence in the marital relationship, so revealing a relationship between pregnancy and experience of violence<sup>(7)</sup>, especially in this age group because pregnant adolescents at risk twice greater of experiencing sexual abuse by intimate partner, compared to adult patients<sup>(6)</sup>.

The risks of interpersonal conflict and lack of support from parents and boyfriend teenagers interfere in the decision of abortion. A research conducted in the state of Ceará also confirms that the problems with the partner and family lead to abortion<sup>(10)</sup>. It should be noted, however, that the psychological damage is extensive uploaded by this women, since the process of abortion is very painful, from the moment they discover the pregnancy, through the hard decision to stop it<sup>(18)</sup>.

The unwanted teenage pregnancy is a global problem. Every year, 7.3 million children under 18 years old give birth to a child, of which two million are under 15. As a result, it happens every year 3,2 million unsafe abortions involving adolescents aged 15 to 19 years old, yet it is estimated that 70.000 die from complications. An interesting finding is that early marriage, due to a pregnancy, which was found in this study, is strongly associated with a new teen pregnancy<sup>(19)</sup>.

In Brazil the numbers are different: approximately 19,3% of Brazilian children born alive in 2010 are sons and daughters of women aged 19 or younger, being also significant issues related to sexual violence and abortion. Besides being a major cause of morbidity and mortality, abortion causes great burden to the public health system, while Brazil fails to adding US\$ 3,5 billion (more than R\$ 7 billion) to the national wealth per year, due to thousands of teenage pregnancy<sup>(19)</sup>.

Thus, it is important to further discussion about this problem, since unplanned pregnancy in adolescence as well as its consequences, citing abortion have serious repercussions. In this work, it was identified that some teenagers tried to abort even if by methods not (re) known; as the use of seeds. Another, used Misoprostol, which is a medicine with prohibited sale and should be used only in hospitals, especially in the obstetric ward, to encourage uterine contractions in cases of retained miscarriage, stillbirth, or to induce labor. These unsafe practices make teenagers take risks, endangering their lives.

The health and education professionals have an important role on preventing pregnancy and its consequences, from educational activities, especially during family planning and schools. Professionals who work in the Family Health Strategy (FHS) cannot

forget the extramural work, given the importance of acting in their own community, in schools, associations and home visits themselves in order to meet the assumptions of disease prevention and diseases and health promotion model advocated by the Primary Health Care should be a reflection on the theme of working beyond the prevention of pregnancy and should seek action strategies with adolescents in order to minimize the risks of unsafe abortion, as we can not close our eyes to the reality of abortion involving young Brazilian, and complications to their physical and mental health, and may even result in death.

### **CONSIDERATIONS**

When discovering pregnants, most adolescents expressed feeling of rejection of pregnancy, deciding to interrupt this. The study also reveals the fear of teenagers revealing about the pregnancy to parents and companion, a situation which has implications for their lives.

The unexpected pregnancy is perceived by parents as a source of shame to society. Soon, the family relationship, before, was full of complicity, becomes cold and shallow. In other situations, the boyfriend refuses to take the pregnancy exclusively assigning to women the role of contraception and wishing that perform abortions.

It is clear, therefore, that the experience of unplanned pregnancy is permeated by feelings of rejection and lack of support of the most significant figures for teenagers, parents and boyfriend. Given such circumstances, the teens decide to abort, even without knowing accomplish it, as none of the interviewed succeeds in stopping. This situation alerts us to the inexperience of this group own adolescence, and the need to recognize the group's vulnerability to unplanned pregnancy, for abortion complications and the risk of death

Although not limiting them to the small number of collaborators, the study of practices by adolescents for purposes of interrupting the unplanned pregnancy show that one has to admit that abortion is configured in a practical everyday Brazilian Girls. Political discussions and actions that take this reality are needed.

Still, it is inferred the need to rethink the inclusion of topics related to sexuality in the school curriculum, pointing to the need for coordination between health and education.

# DESCOBRINDO-SE GRÁVIDA: VIVÊNCIAS DE ADOLESCENTES RESUMO

A gravidez na adolescência tem sido evidenciada por muitos estudos como uma experiência difícil, revelando consequências como conflitos familiares, violência contra a mulher, baixa autoestima, estresse e depressão. O objetivo do estudo foi descrever a vivência da gravidez não planejada para a adolescente. Um estudo qualitativo, através de entrevista com 06 adolescentes grávidas atendidas em uma Unidade de Saúde da Família da cidade de Juazeiro, Bahia, Brasil. Os dados foram organizados com base na análise de conteúdo. O estudo mostra que a vivência da gravidez não planejada é permeada por sentimentos de rejeição e pela falta de apoio das figuras mais significativas para as adolescentes, os pais e o namorado. Diante de tais circunstâncias, as adolescentes decidem pelo aborto, embora não saibam realizá-lo, visto que nenhuma das entrevistadas tem êxito na interrupção. Os profissionais de saúde precisam estar alerta para a necessidade de se reconhecer a vulnerabilidade desse grupo para a gravidez não planejada, para as complicações do abortamento e para o risco de morte. A enfermagem, sobretudo, pela atuação na Estratégia Saúde da Família, pode realizar e incentivar ações de educação em saúde.

Palavras-chave: Gravidez na adolescência. Gravidez não planejada. Conflito familiar. Gênero e saúde. Aborto.

# SI DESCUBRIENDO EMBARAZADA: EXPERIENCIAS DE LAS ADOLESCENTES RESUMEN

El embarazo adolescente se ha demostrado por muchos estudios como una experiencia difícil, revelando consecuencias como los conflictos familiares, la violencia contra las mujeres, la baja autoestima, el estrés y la depresión. El objetivo de este estudio fue describir la experiencia del embarazo no planificado para las adolescentes. Este es un estudio cualitativo, mediante entrevistas a 06 adolescentes embarazadas que asistieron a una Unidad de Salud de la Familia en la ciudad de Juazeiro, Bahia, Brasil. Los datos fueron organizados sobre la base de análisis de contenido. El estudio muestra que la experiencia del embarazo no

planificado está impregnado de sentimientos de rechazo y la falta de apoyo de las figuras más importantes para las adolescentes: los padres y el novio. Dadas estas circunstancias, las adolescentes deciden abortar, incluso sin saber lograrlo, ya que ninguna de las entrevistadas logró parar. Los profesionales de la salud deben estar atentos a la necesidad de reconocer la vulnerabilidad del grupo con el embarazo no planeado, por complicaciones del aborto y el riesgo de muerte. La enfermería, por la actuación en la Estrategia de Salud de la Familia, puede llevar a cabo acciones y fomentar la educación en salud.

Palabras clave: El Embarazo en Adolescencia. Embarazo no Planeado. Conflicto Familiar. Género y Salud. Aborto.

## **REFERENCES**

- 1. Fundo das Nações Unidas para a Infância (Unicef). O direito de ser adolescente: Oportunidade para reduzir vulnerabilidades e superar desigualdades. Brasília (DF); 2011
- Secretaria de Direitos Humanos da Presidência da República (BR). Estatuto da criança e do adolescente. Lei nº 8.069/90. 7a ed. Versão atualizada 2012. Brasília (DF); 2012.
- 3. Mazzini MLH; Alves ZMMB; Silva MRS; Sagim MB. Mães adolescentes: a construção de sua identidade materna. Cienc cuid saúde. 2008 out-dez; 7(4):493-502.
- 4. Hoga LAK, Borges ALV, Alvarez REC. Gravidez na Adolescência: valores e reações dos membros da família. Acta Paul Enferm. 2009; 22(6):41-9.
- 5. Paixão GPN, Santos SMP, Ramos PR. Percepções das diferenças de gênero entre adolescentes do município de Juazeiro-BA. UDESC em ação. 2010; 2(1):12-21.
- 6. Secretaria de políticas para mulheres (BR). Balanço semestral do ligue 180 (janeiro à junho/2012). SPM. Brasília (DF): 2012 [citado 20 dez 2012]. Disponível em http://www.sepm.gov.br/publicacoes-
- teste/publicacoes/2012/balanco-semestral-ligue-180-2012. 7. Silva EP, Ludermir AP, Araújo TVB, Valongueiro SA. Frequência e padrão da violência por parceiro íntimo antes, durante e depois da gravidez. Rev saúde publica [on-line]. 2011. [citado 2013 mar 21]; 45(6):1044-53. Disponível em: http://www.scielo.br/scielo.php?pid=S0034-89102011000600006&script=sci\_arttext
- 8. Barnet B, Joffe A, Duggan AK, Wilson MD, Reepke JT. Depressive symptoms, stress and postpartum adolescents. Revista médica de pediatria. 2009; 11(5):64-9.
- 9. Bardin L. Análise de conteúdo. Trad. Luís Antero Reto e Augusto Pinheiro. Lisboa (PT): Edições 70; 2009. 10. Moreira TMM, Viana DS, Queiroz MVO, Jorge MSB. Conflitos vivenciados pelas adolescentes com a descoberta da gravidez. Rev Esc Enferm USP. 2008; 42(2):312-20.

- 11. Godinho RA, Schelp JRB, Parada CMGL, Bertoncello NMF. Adolescentes e grávidas: onde buscam apoio? Rev latino-am enfermagem. 2010; 8(2):65-81.
- 12. Brandão ER, Heil**b**orn ML. Sexualidade e gravidez na adolescência entre jovens de camadas médias do Rio de Janeiro, Brasil. Cad saúde pública. 2006; 22(7):42-55.
- 13. Alves CA, Brandão ER. Vulnerabilidades no uso de métodos contraceptivos entre adolescentes e jovens: interseções entre políticas públicas e atenção à saúde. Ciênc saúde colet. 2009; 14(2):661-70.
- 14. Sabroza AR, Leal M, Souza JR, Gama SGN. Algumas repercussões emocionais negativas da gravidez precoce em adolescentes do Município do Rio de Janeiro. Cad saúde pública 2004; 20(1):37-50.
- 15. Monteiro CFS, Costa NSS, Nascimento PSV, Aguiar YA. A violência intrafamiliar contra adolescentes grávidas. Rev bras enferm. 2007; 60(4):70-81.
- 16. Maranhão TA, Gomes KRO, Oliveira DC. Relações conjugais e familiares de adolescentes após o término da gestação. Acta Paul Enferm. 2012; 25(3):371-7.
- 17. Gomes NP, Diniz NMF, Gesteira SMA, Paixão GPN, Couto TM. Vivência e repercussões da violência conjugal. Rev enferm UERJ. 2012; 20(1):585-90.
- 18. Pereira VN, Oliveira FA, Gomes NP, Couto TM, Paixão GPN. Abortamento induzido: vivência de mulheres baianas. Saude Soc. 2012; 21(4):257-63.
- 19. Organização das Nações Unidas (ONU). Fundo de População das Nações Unidas (UNFPA). Divisão de Informação e Relações Externas. Situação da População Mundial 2013.. Maternidade precoce: enfrentando o desafio da gravidez na adolescência. ONU. 2013. [citado 2014 fev 13]. Disponível em:

http://www.unfpa.org.br/novo/index.php/669-gravidez-na-adolescencia-e-tema-do-relatorio-anual-do-unfpa-2. Acesso realizado em 13/02/2014.

Corresponding author: Gilvânia Patrícia do Nascimento Paixão. Rua São Francisco, 318, Bloco 11, Apt 101, CEP: 48905-660. São Geraldo. Juazeiro/BA.

Submitted: 31/03/2012 Accepted: 06/03/2014