

THE SELF-CARE IN THE PREGNANT TEENAGERS' SPEECHES¹

Nayara de Araujo Brazil Barbosa*

Edir Nei Teixeira Mandú**

ABSTRACT

Aim: The study aims to analyze the social construction and the political meanings of the self-care expressed by teenagers who undergo pre-natal in the Family Health Strategy. **Method:** A qualitative explanatory study was performed with 12 pregnant adolescents who are from 15 to 18 years-old. The focal group, semi-structured interview and data collection of medical records were used. In the analytic-interpretative process the precepts of the Critical Analysis of the Discourse of Fairclough focused the discourses as constituents of the social practice and politics of communication. **Results:** Among adolescents, taking care of themselves in pregnancy presented the sense of caring for the child's well-being, especially through the adoption of new eating behaviors, possible by the disposition to be responsible for the health of the child and the discipline of incorporation or dispensation of certain feeding practices. **Final considerations:** The senses of the adolescents about the care of themselves revealed a strong incorporation and reinforcement of preventive ideas of the biomedical model and the culture of gender that delineates the subjectivities and responsibilities of the woman in regard to the maternity.

Keywords: Pregnancy in adolescence. Self-care. Communication. Pre-natal care.

INTRODUCTION

The notion about Care⁽¹⁾, which seeks to clarify ways of improving professional health practices in general and applied in particular in the prenatal care, is important in the approach and understanding of the experiences, senses and life projects of the people in care, since they influence the health-disease and the needs-demands of these people, as well as in their insertion-participation in care, especially in self-care.

In the pre-natal care in the country, the women's life and feelings are not considered, including the adolescents', regarding reproductive experience and related health care, what limit their participation in the care of their own health. Pre-natal care models constructed in the country confirm this characteristic. It prioritizes biological and medical aspects of pregnancy⁽²⁻³⁾ in a pre-defined and generalized way, to the detriment of other aspects of the life and subjectivity of those involved in its health⁽³⁻⁴⁾.

This technical and historical-social way of assisting in pre-natal care is based on the scientific knowledge of biomedicine, applied in particular to reproductive health. More than this, it is based on a communication based on

knowledge and with implications for its reinforcement⁽³⁾. The interaction between professionals and adolescents in pre-natal care supports a communication in which the teenager's discourses and their meanings are valued as they are subordinated to the privileged knowledge and practices. Moreover, the political-social meanings of the discourses and senses mobilized in the meetings are disregarded.

In order to understand this, it is necessary to consider that the discourses about something and their meanings have particular and contextualized ways for the people or groups to perceive, to classify and to intervene about the world. That is, they are means of representation and action in the world and it is constituted⁽⁵⁾ as situated social practice. All discourse has, in such a way, a political nature, since it expresses the characteristic of power struggle of social relations⁽⁶⁾. That is to say, the discourses constructed and mobilized through the processes of communication reveal not only the interpretation given to things by individuals and groups, but also the modes of structured social relations, the assertion and contestation of power and social hegemonies.

In different societies, contexts, and among distinct social groups, there are many

¹Extracted from the thesis: Adolescents and the network of production of meanings about self-care during pregnancy. Presented at the Programa de Pós-Graduação em Enfermagem, Universidade Federal de Mato Grosso (UFMT) in 2015, part of the matrix research - Adolescents health: discourses, practices and critical reflections.

*Enfermeira. Mestre. Universidade Federal de Mato Grosso, Cuiabá, MT, Brasil. E-mail: naybueno@hotmail.com ORCID ID: <http://orcid.org/0000-0001-8228-2897>

**Enfermeira. Pós-doutora. Universidade Federal de Mato Grosso, Cuiabá, MT, Brasil. E-mail: enmandu@gmail.com ORCID ID: <http://orcid.org/0000-0002-2820-0747>

competing discourses and social meanings in circulation regarding health, reproductive process, and necessary related care. And when accessing or not these discourses and senses, or fragments of them, people and groups construct theirs, according to existential conditions, interactional contexts and, also, assumed perspectives on what they accept or reject, amid the ideological force of them⁽⁶⁾.

Thus, improving pre-natal care from the perspective of care⁽¹⁾ requires the construction of comprehensive communication practices that overcome the existing generalizing and coercive orientation - disregarding the wide competition of discourses and senses to which the assisted adolescents are exposed, as well as their social and political implications, given the fact that these aspects will influence the care for pregnant adolescents, as well as how they are placed in front of the built assistance.

Theoretically, the Self-Care⁽⁷⁾ understands what people think, want, assume and do for themselves, as a social and political exercise. That is, it is part of a culture of general scope, which encompasses attitudes and ways of behaving, permeating ways of living and is translated into procedures, practices and social revenues, including also the perspective of the subject about what they accept, reject and want to change.

In this sense, when the professional care of pregnant adolescents considers and understands the practices of Self-care, as they are thought, valued, felt and fulfilled, the professional references are no longer exclusive. It opens a place for the apprehension and understanding of who the teenagers are, what matters to them in their lives, how they move and what they need and do for their own health. Thus, there is a greater possibility that the care meeting occurs on a humanized basis, such as Care⁽¹⁾, and that it contributes to the growth of those people involved, especially to increase the degree of teenagers' autonomy, for decision-making and the care of themselves and the baby, besides giving them greater power to influence the social construction of comprehensive care practices.

In this article we contribute to these necessary understandings, focusing on adolescents' discourses on self-care, based on a

research whose objective was to analyze the social construction and political meanings of the senses of adolescents on Care of themselves in gestation.

With the debate here, it is specifically contributed to the understanding of the social construction of senses related to self-care among adolescents to be considered critically by nurses in their pre-natal practices. It also cooperates in the remodeling of communication traditionally adopted in pre-natal care, that is, the substitution of authoritarian relations, centered only on technical aspects and the transfer of information, through dialogue, respect for adolescents and support their greater role in caring for themselves.

METHOD

This is a qualitative, explanatory study, since it is characterized and analyzed qualitatively the object in its constituent elements and reasons⁽⁸⁾, in which 12 adolescents who were in pre-natal care in four basic units of Family Health participated (FH) of the Southern Region of Cuiabá, Mato Grosso. The following criteria were adopted in the eligibility of the units: to be located in the same region, to have a doctor and nurse in pre-natal care; to have at least five pregnant adolescents in follow-up (at the time, the maximum found was ten in the FH units of the municipality). On the other hand, the attributes of the participants were: age between 15 and 18 years-old, assuming a certain homogeneity in this phase; being in pre-natal care for at least two consultations, to capture his point of view about him; being at the maximum with seven months of gestation, so that the collection of data did not coincide with the birth; and to reside in the territories linked to the units and the regional selected. In the definition of the total of participants the sufficiency of the data was considered for the scope of the proposed objective, after the thematic classification of the collected material⁽⁹⁾.

Field activities and analysis took place from April to September 2014. In the contextualization of the adolescents' life scenario, social characteristics of the four elected districts were observed and

socioeconomic data were consulted. In the socioeconomic and health characterization of the adolescents, the family life scenario was directly observed, her pre-natal records were consulted and a supplementary individual interview was conducted.

In the collection of specific data the interview was used in the group and individual modalities. There were two group meetings, one hour each, per unit, with the participation of two to four pregnant adolescents who agreed to participate. The first meeting aimed to build relationships of trust among those involved and to outline, in general terms, the trajectory/life history of the adolescents; the second exploratory meeting on pregnancy and health care. For each objective, a specific dynamics was performed. The individual interview took place after a partial analysis of the material of the group meetings and served to deepen, to confirm and to clarify issues that emerged during this stage, in addition to expanding contextualization data.

The analytical process was based on the precepts of Critical Discourse Analysis and on the interrelationship between discursive practice and social practice. The analytical categories were used: social senses, interdiscursivity/social voices, existential context, ideology and hegemony⁽⁵⁻⁶⁾. The interpretive work focused on the following questions: What themes, ideas, and practices on care do they manifest in discourses? What senses, voices, reconstructions, and ideological positions do they express? The analysis was carried out by means of: organization of the analysis corpus; interpretive reading and highlighting of statements and data of interest; classification of the findings, based on empirical-theoretical inference and articulation.

The research complied with Resolution of the National Health Council 466/2012; it was authorized by the ethical opinion 624.671/2014 of the Júlio Muller-Cuiabá University Hospital; and obtained authorization from the participants and their caregivers, respectively, through the Assent Term and Free and Informed Consent Term. The adolescents were identified through fictitious names to preserve their anonymity.

RESULTS

The participants had a mean age of 16.3 years-old and resided in peripheral neighborhoods of the urban area of the capital. Four of them were in high school, one was in elementary school and six had dropped out of school, two before and four after the pregnancy. Only one of them had finished high school. None of them had a paid job, and all of them depended financially on their partner or family. Four participants lived with their parents, and among them one had broken off the relationship with the boyfriend from whom she had become pregnant. Eight teenagers had a stable relationship and lived with their partners. Before they became pregnant, their relationship ranged from three months to six years, and their average age was 24 years-old (ranging from 20 to 29 years-old).

All adolescents regularly attended the local antenatal clinic. None had a history of health problems, and with the exception of one, all started follow-up in the first trimester of pregnancy. Seven of them were pregnant for the first time, four for the second time and one for the third time, although of these, due to abortion or neonatal death, only two had a previous child.

In the teenagers' speeches, there were varied meanings about health care, necessary gestational experience, related to organic-behavioral aspects. The social conditions of life, the cultural ways of living, as well as the emotional experiences were not articulated to the health and care of them.

For adolescents, self-care in pregnancy requires for changes in food practices. Eating "right" or "healthy" was the most important thing. To do this, they understood that it was necessary to include "pregnancy-appropriate" foods - fruits, vegetables/salad, vegetables, meat, milk - even with effort.

It's more about eating ... Eating right, eating fruits, vegetables, meat, not so much, right? Because we cannot eat very much, too? **(Carla, 17 years-old, 2th pregnancy).**

Food is the essential [...].I eat cornbread, these things I did not use to eat ... [...] So you have to eat everything **(Júlia, 16 years-old, 1st pregnancy).**

Likewise, they thought it is necessary to change nutritional habits, that is, not to exceed the quantity of certain foods (such as meat), to eat what they did not appreciate, as expressed respectively by Carla and Julia, besides eating at the "right time" restrictions: stop eating "junk food" (chocolate, candy, snacks); stop eating or reducing foods that are unfit for pregnancy (salt, fried food, pepper, lemon, guava and salt, bread, rice, pasta, meat) and stop drinking Coca-Cola®.

I eat healthy food more. [...]. Ah ... Fruit. I eat at the right time [...]. Oh, I just do not eat more junk food[laughs] the rest is ok. [...] I miss eating only... that I liked to eat many candies, but I stopped eating them **(Ana, 17 years-old, 1st pregnancy)**.

The legitimacy of such self-care practices in pregnancy was justified for giving up what they liked, even if it was difficult for them.

I used to eat junk food. [...], it's hard for me, but it is worthy for **(Laura, 17 years-old, 1st pregnancy)**.

The expression "junk food" used by adolescents was applied to foods that are considered unhealthy, which were admitted into their routines, but not to pregnancy, since, for them, inadequate nutrition could compromise the child's health.

I used to eat a lot of salt; my food had to be salty... [...]. But I stopped eating it, because I'm scared if ... I do not know, it is harmful for my baby, right? **(Laura, 17 years-old, 1st pregnancy)**.

This concern motivated the acceptance of the food changes that are considered indispensable, due to its relation with the prevention of medical problems of the baby and also with the overcoming of a medical problem related to a specific food care.

I started to eat a lot of beets, which I do not like, because of the anemia. So, every time I have to cook beans, I cook the beets, for me to eat a lot. **(Laura, 17 years-old, 1st pregnancy)**.

In the discourse of the adolescents, it is highlighted the reproduction of charges that were directed to them, with words and senses

possibly used with them, as it *can*, *cannot* and *has to*.

So you have to eat everything... You cannot, "Ah! I do not eat it because I do not like it". Now, it's not dislike! You have to eat it anyway! So ... Anyway, we eat **(Júlia, years-old, 1st pregnancy)**.

However, in their discourses there were also senses of contraposition to norms related to food. This is how the professional control was confronted with irony:

[...] "Yesterday, I had an appointment, and then the doctor said that I got a lot of weight, she told me to stop eating a lot [laughs at all]. I said, "How am I going to stop eating? There is no way!" **(Ana, 17 years-old, 1st pregnancy)**.

In the same way, the prohibited and controlled behavior, a domain that affected them, was reinterpreted in new bases. This is as plausible from time to time, if it is inadequately audited and possible to be avoided.

So I used to drink Coke every day. It's getting a lot tougher because everyone's in control, right? I cannot! But I still do it, once in a while, when people don't see me, I go there and have a cup {laughs of all the teenagers} **(Júlia, 16 years-old, 1st pregnancy)**.

For adolescents, their gestational health also depended on the inclusion of practices such as walking, with attention and care to avoid falls and to avoid activities that require more physical effort, such as running, physical exercises at school and playing sports, seen as prohibitions. In this role, they also included excessive rest (much during the day).

Yes, I have to walk, I walk a lot. I walk a lot, I do not sleep much, I do not sleep in the afternoon or in the morning. I wake up every day at 7 o'clock in the morning. I do not sleep **late** **(Ana, 17 years-old, 1st pregnancy)**.

Again, the discourses of the adolescents revealed the sense that in caring for pregnancy, they had to undergo certain prohibitions and give up some activities that are considered improper in their environment for the adolescent mother.

I used to play ball, I cannot play anymore. I used to ride a bicycle, I cannot ride anymore. [...]. Ah, I stopped using high heels because I cannot use

them. **(Ingrid, 16 years-old, 2nd pregnancy, 1st child).**

As for self-care, adolescents also included pre-natal care, such as the use of medications (ferrous sulfate, folic acid, among others) and routine exams, especially ultra-sound.

I've already taken my first ultra-sound I paid for it because it takes a long time to do it right? I could not see the sex in the first ultra-sound, but listening to the heart is the best thing in the world, you hear the heart of your child, right ?! **(Julia, 16 years-old, 1st pregnancy).**

One of the participants, with a history of medical problems in the previous pregnancy, whose first child was a neonatal death, emphasized how self-responsibility was the fulfillment of professional care recommended in pre-natal care:

In the first pregnancy, I did not care; I thought it was normal, it would be normal. For me, I did not need all this, did I? [...]. What was I going to do, coming to the health unit every day? I did not care about it. Now I know it's important, very important indeed. [...]. That's why when I heard that I am pregnant, I went to the doctor to take care from the beginning, for not to happen what happened, right? **(Carla, 17 years-old, 2nd pregnancy).**

Before the incident, for the adolescent, the pregnancy had a sense of something "normal", a routine event in life that do not require special care. With the death of the child, self-care in pregnancy has acquired the sense of adopting pre-natal professional care in a continuous and precocious way, without which pregnancy would be subject to problems.

DISCUSSION

Self-care implies practices, attitudes and occupations to be applied by people, at all times of life, in order to become oneself, to establish a relationship of care and respect for oneself, constituting themselves as subjects of their own actions ⁽⁷⁾.

The senses about self-care expressed by adolescents are based on the individual and social body built around health and pregnancy/maternity issues. That is, they have a configuration of their own, while they are built up in the midst of failing social influences,

around which adolescents have positioned themselves consciously or unconsciously - accepting or refusing and preserving or modifying them. This is because the senses about something, of the various individuals and groups, are formed in the interweaving of the various social voices accessed around the subject, in a shared social process of dispute and negotiation of senses, present in the communicative processes, under the influence of particular contexts of life and contexts of interaction ⁽⁶⁾.

For adolescents, the care of self-health was especially related to certain feeding behaviors adopted by them, and the influence of the hegemonic preventive social discourse on health was examined in the construction of this particular sense.

One of them, carried out with four pregnant women of different ages from an urban community of Santa Maria, Rio Grande do Sul ⁽¹⁰⁾, in order to understand their feeding practices, pointed out that there is an established relationship between gestational health and the quantity and quality of the food consumed, as well as the times of ingestion of it.

Another study carried out with 66 pregnant adolescents in New York, USA, on the knowledge of their beliefs and eating behaviors in pregnancy, pointed out that the majority recognized as a relevant care the adoption of the recommended feeding practice, although this knowledge was not always put it in action ⁽¹¹⁾.

From the biomedical perspective, health and food have been considered interdependent and related to the behaviors adopted by the people. In Brazil, public health policies that address human nutrition stimulate surveillance and food control actions, with a view to the prevention of nutritional disorders and the stimulation of styles life and practices considered healthy ⁽¹²⁾.

In pregnancy this relationship is highlighted. Health services are concerned with the mortality and morbidity of pregnant women and correlate it with nutritional aspects. The pre-natal policy provides for the monitoring of weight, control and nutritional orientation, due to identified risks of exposure to certain health problems ⁽¹³⁾. Thus, the services, under the

guidance of ministerial health policies, by incorporating in their practices biomedical scientific discourse, they continually affirm the relationship between health, food and behavior, established both technically and socially.

The senses in question, further disseminated by health services and by their professionals, are also socialized and reinforced by means of communication (Internet, television, magazines, books) and other social institutions (schools, communities, families), which are social voices disseminating ideas about ⁽¹⁴⁾ and function as a social support for self-care⁽⁷⁾. These, once accessed, directly or indirectly by adolescents and more broadly by the groups in which they are inserted, influence the configuration of the discourses, meanings and practices of the same, in this case, regarding the health in the gestation, the necessary care and the participation of each one in this.

It was seen, then, that the discourses of the adolescents have fragments of the biomedical-scientific voice, accessed from several sources, recognizing the care of oneself with the peculiar sense of adoption of new behaviors to avoid problems. These behaviors were mostly related to food to be consumed, restricted to abdicate, and/or to how to consume them. However, they also included self-management of physical activities - the need to increase them by walking, and/or to avoid physical inactivity, including not sleeping excessively, as well as preventing possible falls.

For the adolescents, before the pregnancy, the physical activities formed leisure and stand out for the benefits occasioned by the moments of pleasure. In pregnancy, however, health care as risk prevention has gained priority over the health and leisure relationship. In the speech delivered, the repertoire of professional orientations seemed to have important influence, although the care in question was also emphasized by the families of the adolescents.

It is known that in professional discourse body exercises are highlighted as part of the repertoire of pre-natal guidelines⁽¹⁵⁾. In the scientific literature, the practice of physical activity is directly related to the quality of life and health of the population and it is indicated as fundamental in all phases of life. Its benefits

are considered extensive and contemplate the physical and mental character of the subject, as well as the prevention of risks to morbidities⁽¹⁶⁾.

In self-care as a body care, various activities have been developed, recommended, detailed and improved over the centuries. They are related to what is known as health regimes and involve care with food, physical exercises, sleep, rest, and others⁽⁷⁾ and manifested themselves in the discourses of adolescents.

In the processed discourses, it was found, in a complementary way to the ideas pointed out, the sense that the behavioral changes were necessary, especially in relation to the protection of the child's health. It was the attention with the vitality and health of that which made the new behaviors indispensable, acceptable and/or imperative for them. In this sense the peculiar influence of the socio-cultural construction of gender is recognized, which attributes to every mother the care and protection of the child, by overcoming their own needs.

This idealization is based on the attainment of the ideal of motherhood, built and affirmed by societies for centuries⁽¹⁷⁾, and still in the present, through which it demands of the "good" mother sacrifices and practices that are inherent to her and that must be made for the well-being of the child⁽¹⁸⁾. It is this idea that is incorporated and legitimized in the discourses of the adolescents and that, as we know, is commonly highlighted by professionals, under the particular health policies applied to the field of reproductive health.

Lastly, on self-care in pregnancy, the importance given by adolescents to their own search and acceptance of the care of health services, and to compliance with the recommendations of their professionals, such as the continuous and early follow-up of pregnancy through pre-school the correct use of medications and the performance of the indicated tests.

A research carried out in the interior of Rio Grande do Sul, about the meaning of pre-natal care for 12 pregnant women in pre-natal care in the Family Health Strategy, pointed out that they consider this monitoring a fundamental care with regard to the health of the baby and involves a commitment of both the pregnant

woman and the professional. The professional is responsible for carrying out procedures and providing guidelines. It is also up to the pregnant women to follow these guidelines, in view of changes in their daily behaviors (feeding and resting), the use of prescribed medications, the performance of exams and others⁽¹⁹⁾.

Self-care corresponds, at the same time, as an exercise in personal and social practice - an intensification of social relations. It takes form, at various levels, in institutionalized structures, communities, groups, in which there is a recognized hierarchy, and it is the task of professionals to help others in a system of fundamental reciprocal obligation. Although self-care has undergone evolution throughout history, it has a close correlation with medical practice, where attention to bodies and the prevention of ills has come to occupy prominence, power and control in societies⁽⁷⁾.

Thus, with the medicalization and institutionalization of the health care of the woman and her body, the reproduction/gestation is no longer a physiological event, considered normal, to become professional and standardized as a form - still in force - of control and regulation biopolitics^(18,20). In this process, there is increasing appreciation of guidelines and practices based on medical-biological-scientific aspects and with a preventive, body regulation and behavioral approach, which are offered by health services and their professionals, who hold the "most important" knowledge. These orientations and practices are to some extent incorporated and translated as important and the knowledge that supports them are reinforced and replicated particularly by families, among other groups, and thus are accessed, retranslated and reproduced also by adolescents.

An exception to the reinforcement given to the preventive perspective, which is strongly incorporated in the adolescents' discourses on self-care, is found in the importance given to the ultrasound exam, which was mainly

associated with the interest in knowing the sex of the child and listening to his vitality. For the professional, this is a means of identifying risks and health problems, but for the adolescents it had the sense of giving concreteness to the pregnancy.

CONCLUSION

The senses of the adolescents about the care of themselves in the gestation related it to practices that depended, above all, on their own disposition, discipline and initiative, though still on certain care resources. The focus was on health and not on disease, although the concern was with controlling certain risks, facing possible problems with the child.

Caring for each other among adolescents was strongly associated with the idea of risk and prevention. There was the sense to stop doing certain things and to include others to ensure the child's well-being, reproducing in their speeches fragments that reinforce power and the hegemony of the model of health socially valued, as well as the maternal ideal built, influencing the life and in their care and participation practices.

Thus, one of the challenges for improving the health care of pregnant adolescents is in the development of the autonomy and active, critical and conscious participation of the group, with the projection of the remodeling of the attention that predominates in pre-natal care, since this perspective has been continuously reinforced, including, as noted, by those who experience their effects, such as adolescents. It is suggested that new studies are developed in order to find effective mechanisms that help professionals in the care of adolescents.

FINANCING

This study was financed in part by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Finance Code 001.

O CUIDADO DE SI EM DISCURSOS DE ADOLESCENTES GRÁVIDAS

RESUMO

Objetivo: Analisar a construção social e os significados políticos dos sentidos sobre o cuidado de si expressos em discursos de adolescentes em pré-natal na Estratégia Saúde da Família. **Métodos:** Estudo explicativo qualitativo, realizado com 12 adolescentes grávidas de 15 a 18 anos. Nele utilizou-se grupo focal, entrevista semiestruturada e coleta de dados de prontuários. No processo analítico-interpretativo adotou-se preceitos da Análise Crítica do Discurso de Fairclough e focou-se os discursos como constituintes da prática social e política de comunicação. **Resultados:** Entre as adolescentes, cuidar de si na gravidez apresentou o sentido de cuidar do bem-estar do filho, sobretudo por meio da adoção de novos comportamentos alimentares, possível pela disposição para responsabilizar-se pela saúde do filho e pela disciplina de incorporação ou dispensa de determinadas práticas de alimentação antes aceitas. **Considerações finais:** Os sentidos das adolescentes sobre o cuidado de si revelaram forte incorporação e reforço de ideias preventivas do modelo biomédico e da cultura de gênero que delinea subjetividades e responsabilidades da mulher frente à maternidade.

Palavras-chave: Gravidez na adolescência. Autocuidado. Comunicação. Cuidado pré-natal.

EL CUIDADO DE SÍ EN LOS DISCURSOS DE ADOLESCENTES EMBARAZADAS

RESUMEN

Objetivo: Analizar la construcción social y los significados políticos de los sentidos sobre el cuidado de sí expresados en discursos de adolescentes en prenatal en la Estrategia Salud de la Familia. **Métodos:** Estudio explicativo cualitativo, realizado con 12 adolescentes embarazadas de 15 a 18 años. Para el estudio fue utilizado grupo focal, entrevista semiestructurada y recolección de datos de registros médicos. En el proceso analítico-interpretativo se adoptaron preceptos del Análisis Crítico del Discurso de Fairclough y se enfocaron los discursos como constituyentes de la práctica social y política de comunicación. **Resultados:** Entre las adolescentes, cuidar de sí en el embarazo presentó el sentido de cuidar del bienestar del hijo, sobre todo por medio de la adopción de nuevos comportamientos alimentarios, posible por estar dispuesta a responsabilizarse por la salud del hijo y por la disciplina de incorporación o dispensa de determinadas prácticas de alimentación antes aceptadas. **Consideraciones finales:** Los sentidos de las adolescentes sobre el cuidado de sí revelaron gran incorporación y refuerzo de ideas preventivas del modelo biomédico y de la cultura de género que demuestra subjetividades y responsabilidades de la mujer frente a la maternidad.

Palabras clave: Embarazo en la adolescencia. Autocuidado. Comunicación. Cuidado prenatal.

REFERENCES

1. Ayres JRCM. O cuidado, os modos de ser (do) humano e as práticas de saúde. *Saude soc.* [Internet]. 2004 Dez [citado em Set 24, 2016]; 13(3):16-29. doi: <http://dx.doi.org/10.1590/S0104-12902004000300003>.
2. Fernandes RFM, Meincke SMK, Thumé E, Soares MC, Collet N, Carraro TE. Characteristics of antenatal care for adolescents from state capitals in Southern and Northeastern Brazil. *Texto Contexto Enferm.* [Internet]. 2015 [cited Oct 20, 2018]; 24(1):80-86. doi: <http://dx.doi.org/10.1590/0104-07072015001230012>.
3. Melo MM, Soares MBO, Silva SR. Guidance provided to teen pregnancy during the prenatal. *Cienc Cuid Saude.* [Internet]. 2015 Jul/Set [cited Oct 20, 2018]; 14(3):1323-1329. doi: <http://dx.doi.org/10.4025/cienccuidsaude.v14i3.24503>.
4. Parenti PW, Silva LCFP, Sola EPS, Venâncio KCP, Ferreira FM, Camargo JCS. Experiences of primary health care nurses in the prenatal care of adolescents. *REFACS* [Internet]. 2018 [cited Oct 19, 2018]; 6(1):72-82. doi: <http://dx.doi.org/10.18554/refacs.v6i1.2796>.
5. Fairclough N. Análise crítica do discurso como método em pesquisa social científica. *Linhas d'Água.* [Internet]. 2012 [cited Mai 31, 2017]; 25(2):307-329. doi: <http://dx.doi.org/10.11606/issn.2236-4242.v25i2p307-329>.
6. Araújo IS. Contextos, mediações e produção de sentidos: uma abordagem conceitual e metodológica em comunicação e saúde. *RECIIS – R. Eletr. de Com. Inf. Inov. Saúde.* [Internet]. 2009 Sep [cited Oct 23, 2016]; 3(3):42-50. Disponível em: <http://www.brapci.inf.br/index.php/article/view/0000018191/a7f4207f19b6a15635520217878d7b0a>.
7. Foucault M. *História da Sexualidade 3: O cuidado de si*. 8ª ed. Rio de Janeiro: Edições Graal, 2005.
8. Gil AC. *Como elaborar projetos de pesquisa*. 6ª ed. São Paulo: Atlas, 2017.
9. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. *Cad. Saúde Pública* [Internet]. 2011 [cited Jan 22, 2019]; 27(2):388-394. doi: <http://dx.doi.org/10.1590/S0102-311X2011000200020>.
10. Junges CF, Ressel LB, Monticelli M. Amongst wishes and possibilities: eating habits of pregnant women from an urban community in Southern Brazil. *Texto Contexto Enferm.* [Internet]. 2014 Jun [cited Dec 20, 2016]; 23(2):382-390. doi: <http://dx.doi.org/10.1590/0104-07072014000210013>.
11. Whisner CM, Bruening M, O'Brien KO. A brief survey of dietary beliefs and behaviors of pregnant adolescents *Journal of Pediatric and Adolescent Gynecology. J Pediatr Adolesc Gynecol.* 2016 Oct [cited Dec 20, 2017]; 29(5):476-81. doi: <http://dx.doi.org/10.1016/j.jpag.2016.03.002>.
12. Souza LMS, Santos SMC. National Food and Nutrition policy: evaluating the implementation of programs in municipalities of the state of Bahia, Brazil. *Demetra.* [Internet]. 2017 [cited Jun 1, 2017]; 12(1):137-155. doi: <http://dx.doi.org/10.12957/demetra.2017.26371>.
13. Sato APS, Fujimori E. Nutritional status and weight gain in pregnant women. *Rev. Latino-Am. Enfermagem.* [Internet]. 2012 Jun [cited June 2, 2017]; 20(3):462-468. doi: <http://dx.doi.org/10.1590/S0104-11692012000300006>.
14. Serra GMA, Araújo IS, Santos EM. Comer com os olhos: discursos televisivos e produção de sentidos na promoção da saúde nutricional de adolescentes. *RECIIS – R. Eletr. de Com. Inf. Inov. Saúde.* [Internet]. 2012 Dec [cited Set 10, 2017]; 6(4). Disponível em: <https://www.reciis.icict.fiocruz.br/index.php/receis/article/view/586>
15. Surita FG, Nascimento SL, Silva JLP. Exercício físico e gestação. *Rev. Bras. Ginecol. Obstet.* [Internet]. 2014 Dec [cited Jun 2, 2017]; 36(12):531-534. doi: <http://dx.doi.org/10.1590/S0100-720320140005176>.
16. Scheffer MLC, Pilatti LA, Kovaleski JL. Qualidade de vida e atividade física na literatura. *Espacios.* [Internet]. 2015 [cited Nov 29, 2016]; 36(03):7. Disponível em: <http://www.revistaespacios.com/a15v36n03/15360307.html>.
17. Araújo NB, Mandú ENT. Social construction of meanings about pregnancy-motherhood among adolescents. *Texto Contexto Enferm.* [Internet]. 2015 Dec [cited Oct 16, 2016]; 24(4):1139-1147. doi: <http://dx.doi.org/10.1590/0104-0707201500000450015>.
18. Vazquez GGH. Sobre os Modos de Produzir as Mães: notas sobre a normatização da maternidade. *Revista Mosaico* [Internet].

2014 Jun [cited Dec 13, 2016]; 7(1):103-112. Disponível em: <http://seer.pucgoias.edu.br/index.php/mosaico/article/viewFile/3984/2298>.

19. Barreto CN, Ressel LB, Santos CC dos, Wilhelm LA, Silva SC, Alves CN. Prenatal care in the voice of pregnant women. *Revenferm UFPE* [Internet], Recife, 7(5):4354-63. 2013. Available

from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11674>

20. Ferrazza DA, Peres WS. Medicalização do corpo da mulher e criminalização do aborto no Brasil. *Fractal, Rev. Psicol.* [Internet]. 2016 Apr [cited Dec 11, 2016]; 28(1):17-25. doi: <http://dx.doi.org/10.1590/1984-0292/1016>.

Corresponding author: Nayara de Araujo Brazil Barbosa. Rua Castro Alves, 06, Santa Cruz I. Cuiabá, MT. CEP 78068-200.

Submitted: 26/10/2018

Accepted: 30/01/2019