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PERCEPTIONS ABOUT PREGNANCY AND HEALTH EDUCATION EXPERIENCES: PERSPECTIVE OF TEEN PREGNANCY

PERCEPÇÕES SOBRE A GESTAÇÃO E EXPERIÊNCIAS DE EDUCAÇÃO EM SAÚDE: PERSPECTIVA DE ADOLESCENTES GRÁVIDAS

PERCEPCIONES SOBRE EL EMBARAZO Y LAS EXPERIENCIAS DE EDUCACIÓN EN LA SALUD: PERSPECTIVA DE LAS ADOLESCENTES EMBARAZADAS

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ABSTRACT

Objectives: examining the significance of pregnancy for teens and recognizing their experiences related to health education. **Method:** a qualitative study conducted with 13 pregnant women less than 20 years old who underwent prenatal care at a Basic Health Unit of a medium-sized municipality in southern Brazil. The data was produced through semi-structured individual interviews and analyzed by content analysis technique in the thematic analysis mode. The project was approved by the Research Ethics Committee, CAAE: 0045.0.243.000-09. **Results:** there were identified feelings, such as happiness, fear, anxiety and insecurity. Experience in health education was given through lectures and guidelines, which were insufficient for adolescents feeling safe, aware and empowered to making decisions. **Conclusion:** there is still a gap between the proposal and the effectiveness of a policy which addresses assistance, care and health education to adolescents. **Descriptors:** Nursing; Health Education; Adolescent; Teenage Pregnancy.

RESUMO

Objetivos: analisar o significado da gravidez para adolescentes e conhecer suas experiências relacionadas à educação em saúde. **Método:** estudo qualitativo realizado com 13 gestantes com menos de 20 anos que realizavam pré-natal em uma Unidade Básica de Saúde de um município de médio porte do sul do Brasil. Os dados foram produzidos por meio de entrevistas individuais semiestruturadas e analisados pela Técnica de Análise de conteúdo na modalidade Análise temática. O projeto foi aprovado pelo Comitê de Ética e Pesquisa, CAAE: 0045.0.243.000-09. **Resultados:** identificaram-se sentimentos como felicidade, medo, ansiedade e insegurança. A experiência em educação em saúde deu-se por meio de palestras e orientações, as quais foram insuficientes para que as adolescentes se sentissem seguras, conscientes e com autonomia para tomar decisões. **Conclusão:** ainda existe lacuna entre a proposta e a efetivação de uma política que contemple a assistência, o cuidado e a educação em saúde ao adolescente. **Descritores:** Enfermagem; Educação em Saúde; Adolescente; Gravidez na Adolescência.

RESUMEN

Objetivos: analizar el significado del embarazo para adolescentes y conocer sus experiencias relacionadas con la educación para la salud. **Método:** un estudio cualitativo conducido con 13 mujeres en el embarazo menores de 20 años que se sometieron a la atención prenatal en una Unidad Básica de Salud de un municipio de tamaño medio en el sur de Brasil. Los datos fueron obtenidos a través de entrevistas individuales semiestructuradas y analizados por la técnica de análisis de contenido en la modalidad de análisis temático. El proyecto fue aprobado por el Comité de Ética en Investigación, CAAE: 0045.0.243.000-09. **Resultados:** se identificaron los sentimientos como la felicidad, el miedo, la ansiedad y la inseguridad. La experiencia en educación para la salud se dio a través de conferencias y directrices, que eran insuficientes para las adolescentes se sienten seguros, conscientes y capacitados para tomar decisiones. **Conclusión:** todavía no hay diferencia entre la propuesta y la eficacia de una política que se ocupa de la asistencia, la atención y la educación para la salud a los adolescentes. **Descriptores:** Enfermería; Educación Para la Salud; Los Adolescentes; El Embarazo en la Adolescencia.

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INTRODUCTION

According to the World Health Organization, the teenager is a person aged 10 to 19 years old, and adolescence the transition period between childhood and adulthood.¹ A period of profound biopsychosocial changes related to sexual maturation, search adult identity and autonomy from the parents. In this context, the loss of child paper creates restlessness, anxiety and insecurity due to the discovery of a new world.²⁻³

The adolescent process requires from health professionals an in-depth knowledge about the characteristics and factors affecting the lives of adolescents. Among the aspects related to living conditions and health, pregnancy is a major event, and therefore deserves attention in the planning of activities with teenagers.

The occurrence of pregnancy in adolescence is uneven in relation to the territory and social class, showing the present social vulnerability in this condition.⁴⁻⁵ There is also multifactorial cause contributing towards the teens start to early sexual life, thus increasing the chances of a pregnancy or always planned.

This includes the lack of leisure, family disintegration, resistance to recognizing the teenager how to be sexually active, including educational activities in schools addressing sexuality and condom use, where some parents and educators believe that talking about sex can encourage teens to practice it, ignoring the need for proper guidance.⁶

Considering the direct effects of teenage pregnancy is to be noted the gender difference, that for girls, is often the abandonment of the studies and the lower insertion of opportunity in the workplace.⁷ However, the pregnancy for them may also have other meanings, such as the possibility of a relationship of affection, affection and joy.

In this context, it confirms the need for a reflection about the world of adolescence and on health education interventions with adolescents, through dialogue, exchange experiences, space for expression of feelings and concerns in the teens, realizing the importance of performing the transformation of their reality, with a change of behaviors towards healthy habits and positive attitudes.⁸

It is believed that health education enhances the development of autonomy and co-responsibility of individuals and social groups in health care, assuring them the right to decide which strategies are most

appropriate to promote, maintain and restore their health.⁹

The practice of health professionals should be based on the development of human potential in the transformation of reality of desire and respect the rights of persons, allowing, in this direction, adolescents, the opportunity to choose to become pregnant or not, aware of the implications that choice and accountability in the complex process of generating a new life.¹⁰

It is understood that the adoption of educational practices and liberating action, without domination or imposition of knowledge, can provide an effective health education, which is a promoter of changes in attitudes. Given the above objective is to analyze the meaning of pregnancy for teens and know their experiences related to health education.

METHOD

This is a qualitative study¹¹ conducted in a Basic Health Unit (BHU) in a medium-sized municipality in southern Brazil. There were invited to participate in the study pregnant women enrolled in prenatal BHU, with the following inclusion criteria: perform prenatal consultations at BHU, being a teenager and being in the first trimester of pregnancy or in the middle of the second quarter. They agreed to sign the Consent Form, when less than 18, and their parents or guardians also signed the Consent and Informed.

The instrument used for data collection was the semi-structured interview, consisting of the pregnant woman's identification data-nine open questions. The interviews were recorded and performed from June to October 2009. In addition to the data obtained in the interview was used, also, the observation. Thus, during the interview were observed posture and attitudes of adolescents in relation to their perceptions about pregnancy and health education, with the aim of seizing the nonverbal aspects existing in the context of adolescents. Therefore, took advantage of an observation script, which are recorded in a field diary.¹¹

There were interviewed 13 pregnant women in a room reserved at BHU itself, at the option of the same, which took advantage of the day of prenatal consultation to talk to the researcher, without needed to leave their homes at another time.

To analyzing the data we used the thematic content analysis, which broke from reading the lines to reach a deeper level of analysis, surpassing the obvious way. This type of analysis consists of three steps: pre-analysis, material exploration and treatment

of results and interpretation.¹¹ Data analysis yielded the following categories: Perception of adolescents in relation to pregnancy and experiences related to health education. The categories will be presented and discussed together in the results and discussion section of this article.

Regarding the ethical aspects, we considered the guidelines for research with human beings, as protection of the rights of those involved in the study, identified by Resolution 196/96 of the National Health Council.¹² For the identification of 13 pregnant women we used the names A1, A2, A3 and so on, in order to preserving their identities.

The survey was sent to the Research Ethics Committee of the Federal University of Santa Maria to be appreciated and approved with the file number: 23081.004368/2009-36; Presentation and Certificate for Ethics Assessment (CAAE): 0045.0.243.000-09.

RESULTS AND DISCUSSION

The participants were 13 pregnant adolescents aged 14 and 19 years old; 11 of them were in the first pregnancy, two had no partner and living with their families, 11 lived with a partner, 10 stopped studying, two continued to study and just one finished high school.

♦ Perceptions of adolescents in relation to pregnancy

Among the various meanings indicated by the adolescents, there were identified feelings as happiness, excitement, responsibility, fear, anxiety, maturity, insecurity, among others.

[...] I'm quite happy [...]. I was pretty excited, I wanted enough [...]. (A2, 19 years old)

I'm enjoying it... I started getting an anxiety to see grow up my belly and now see the baby. (A1, 17 years old)

It's because he wanted too, so he told me and [...]. (A8, 18 years old)

The feeling of joy and happiness appeared in several answers, as some teenagers were eager to get pregnant, pregnancy programmed for various reasons ranging from the desire to be a mother to the desire to please the partner, leaving him happy with the prospect of being a father.

As a review article¹³ on the phenomenon of teenage pregnancy, pregnancy can be desired by young and perceived as a gateway to a new status of identity and recognition through the maternal role, a role that gives meaning to life. It could be a way to recognizing herself, to mark her own space in the family and to be recognized in environments in which lives.

The desire to be a mother can be seen in this speech:

I was happy, because I wanted to get pregnant. I wanted to have children, but I thought it was too early, when I married sixteen years old waited a bit because I thought it was too early. I was a couple of years taking that shot to not get pregnant. After I stopped I did a treatment to get pregnant, just that it didn't work and I thought I couldn't get pregnant. From there, I made a few votes in the Church and I managed to get pregnant. I was very happy. (A12, 19 years old)

This statement reveals the concern not achieve the dream of motherhood and demand in religion as support for the care of a need judged impossible by the deponent. This statement also shows that pregnancy for many teenagers is a dream or a perspective of life, and natural and expected for them that after finding a partner with this form a family.

For these teens, pregnancy means experiencing the social role of mother, and this in turn portrays a way to put the world as social subjects, since for them the pregnancy brings sense related to social status. In trabalho¹⁴ carried out with adolescent street residents, it was found that pregnancy for them meant a reorganization of their lives through the life and the child's needs, enabling a personal achievement to assess the development of their children and to be recognized by them as mothers.

Joy mixed with anxiety to discover the gender of the baby and to understanding its development was observed in consultations and visits of adolescents to BHU. These feelings have also been perceived at times when the researcher sought to inquire about the bodily changes that were happening, ask questions and talk about pregnancy and care for the future baby.

Other teens reported difficulties related to pregnancy, while they felt the commitment and responsibility to the new situation:

Means one more son, I didn't want to, but since it has come, we're going to create [...]. But what has changed in my life is fairly thing [...]. I have my little boy still, I'm going to have to change a bit, drop him to stay with the other. (A3, 18 years old)

Much has changed. Now you have to have attitude, responsibility, and a lot of things. (A7, 19 years old)

I can't explain right, but being a mother is different, the first thing you think about is your son. (A9, 16 years old)

[...] changed everything [...]. The way my dad treat me, my mother, the whole family ... gotta take care now. (A11, 17 years old)

These statements show that pregnancy brought to the adolescents the need to

assume a new role, a change in attitudes in the form of action, the organization and structure of their lives. It was observed that these changes made many aspects of their lives, since their commitments now refer to the baby they were expecting. It is noticed that there is a recovery of motherhood and being a mother confirming the findings presented earlier, which is taking on a new social status, which is to be a woman¹⁵, appearing then the teen-mother-wife triad, in which pregnancy is an access road to maturity.

According to a survey carried out in 1015 two young people from low socioeconomic status from Porto Alegre, Rio Grande do Sul, positive feelings related to pregnancy were expressed by the majority of young people interviewed identified as important (74,5%) and pride producer (56%). Analyzing the contextual factors of risk and protection of ecological transition imposed by pregnancy force the girl to take another role in interpersonal relationships and promotes their engagement in new activity: being a mother and keep the attention of her child, increasing the transition process to adulthood.²

The transition to adulthood, although it seems a positive aspect for some adolescents, can be a difficult condition to others. The rapid transition from daughter to mother situation, their role, still in training, for the woman-mother, can be painful. There is an absence of physical, emotional, psychological, social and economic conditions affecting the preparation to properly take on this new role;³ however, the presence and participation of the family, as supporters in this event, will have a positive effect on pregnancy and behavior the adolescents in relation to pregnancy.

The reactions that family demonstrated to have knowledge of pregnancy, evidenced during interviews with teenagers, were by surprise, joy, disgust, depending on factors like already with partner knowledge or family ignorance about the sexual life of adolescents, among others.

These reactions were different depending on the context in which the teen was. For those adolescents who had a stable relationship with their partners, pregnancy meant an expected event, awaited by the family:

My mother was happy, because it is the first grandson, and his mother too... everyone was happy. (A1, 17 years old)

Where was the family disapproval, the teenager did not have a marriage or a boyfriend who was of knowledge and acceptance of all. Thus, for the family the

news was a shock, for it meant the discovery of sexual debut of adolescents and the unexpected pregnancy:

Oh, her reaction [mother] was in shock, she thought how could I possibly be pregnant because I told her that I was a girl and it was in that first time I got pregnant and. .. She didn't believe me, stood stunned, then over time believed [...]. (A4, 17 years old)

In the answer above it is clear that family failure is directly related to the fact that the teenager does not have a union as stable or even a boyfriend who was of knowledge and acceptance of all. Thus, for the family the news was really a shock, for it meant the discovery of early adolescent sexual life and also of a pregnancy.

According to a survey¹⁶ related to values and reactions of pregnant teen family members, the fear of judgment on the part of the components of the social group in which they live is very strong. In this case, pregnancy symbolizes the evidence of the existence of premarital sex, behavior considered inappropriate and even immoral.

This finding, despite all the changes in social rules relating to dating and dissociated sex marriage, do not exclude the need to formalize a relationship with the discovery of pregnancy¹⁶, corroborating with the findings in the present study in which parents of adolescents with relationship stable accepted better the condition of pregnancy.

During the interviews it was realized that the way to deal with pregnancy and feelings expressed between the participants were different, for those who waited for the pregnancy and had the support of family and partner, and those who did not have family support and had no officially accepted partner with the family. In the social context in which the study was developed, the impact on the adolescent life caused by pregnancy tends to be enhanced if there is no steady partner. Being a single mother is still a loaded burden of prejudices and difficulties. Therefore, we emphasize the importance of family in the context of adolescent pregnancy, not only in personal relationships but also in the support and care necessary to the teenager.

Studies¹⁶⁻¹⁷ underscore the need for a strengthening of support ties and bond with pregnant teenagers, both families as many health professionals, contributing to an affection and security environment.

On this family support, the answer about who was next to them in the first moments, helping to care for the baby, it was that it would be the mother, as can be seen:

My mom, she's always there, when can she's always near. Until going to do her house

next to get better now when I win the baby to help me handle. (A5, 14 years old)

It's going to be my mother. She said that when I win baby, she will leave the service to stay with me. (A1, 17 years old)

Beyond mother, there were met references to other people who would be next to the teenager after the baby is born, to offer support and help so important. Some pregnant women mentioned that would help sister, grandmother and mother in law:

I think it's going to be my mother and my mother-in-law that they two are drooling [...]. (A12, 19 years old)

My mother and my sister. (A13, 18 years old)

I think who will help will be the mother, the grandmother, because he doesn't have a lot of experience ... He doesn't know, I barely know, and then she will help me a lot. (A6, 17 years old)

These statements demonstrate the importance of forming a family support network to support the new mom and her baby. The mother's help, companion, mother in law or other related persons in the early days of home, forming a network of social support, enables the development and construction of the young mother's skills, even though at first she was put in a dependent in relation to them.¹⁸

Thus, it can be inferred that the greater the support and the support network and affection that the teenager has, bigger and better the learning and safety conditions to develop their potential and take with responsibility, dedication and quality of care your child.

◆ Experiences related to health education

When analyzing the educational experiences in health of adolescents and its relation to the current pregnancy, it was found that most teenagers have memories of lectures or guidance received at school:

[...] one time they were talking of the ailments that man has and wife, also because of those broadcast, gonorrhea [...]. And it was horrible to see [...]. They showed the photos [...]. And they spoke, it was pretty cool, interesting. (A9, 16 years old)

I received guidance in lectures at school, but not very well. About pregnancy but more about the use of condoms, birth control pills [...]. I think they were teachers. It had sometimes Lecture with General Custer. (A4, 17 years old)

These activities were developed by health professionals and teachers. The topics mainly referred to sexually transmitted diseases, and teenage pregnancy was not treated as a priority. Still, for some adolescents, there was the memory of participating in activities that

condom use was brought as a resource to prevent an unwanted pregnancy. These activities were mainly in the form of lectures and adolescents were unable to identify with certainty who were the speakers.

However, these actions do not seem to have a weight or meaning in the lives of adolescents, since it was necessary to ask several times and even change the way of questioning, to remind them of having participated in the same. Also it was not clear if those who performed were the teachers themselves or the health team of basic units close to the school.

Guidelines or talks should be based on listening, in welcome, an approach that encourages teenagers to talk about themselves, their body, desires, wants and needs. It is essential to encourage and foster the development of self-esteem, respect and co-responsibility. Health professionals must conduct a proper sexual orientation to adolescents, favoring the participation of the family, school, health professionals and society in general in the education process, encouraging adolescents to recognize and claim their right to exercise sexuality that stage of life.¹⁹

It is also for professionals rethink the values, ethics question, overcome difficulties, invent and reinvent new ways and creative able to enhance the health and building citizenship among adolescents, turning the territory of daily practice in a dynamic space for exchange, learning and strengthening linkages.²⁰

It is noteworthy that the process of educating covers actions, attitudes and gestures that go beyond the transmission of knowledge or information. After all, teaching is not transferring knowledge or content to the subjects involved, despite the differences that connote, it cannot be reduced to the condition of each other object, because to teach you learn and learn to teach.²¹

In addition, the need for effective government policy becomes evident that enables continuous education of health professionals and educators, enabling them to work and discuss issues related to ethics, citizenship, human development, health, sexuality, vulnerability and autonomy.

The equity objectives such as the Health and Prevention Program in Schools (SPE) are, among others, trigger new work processes generating permanent, innovative designs and integrators around the same goal. For this to happen, it is essential to the common interest to put into practice learning through health promotion actions in different work environments, enabling

intersectoral action and enabling the development of actions to reduce inequalities in access to political and care programs and health education.²²

The survey aimed at identifying familiarity or property of teenagers about adopting some method of contraception, and the importance or relevance given to the issue of preventing a pregnancy. In the speeches of some of them, it was realized the knowledge and the use of contraceptive methods, such as using condoms and oral or injectable contraceptives before the current pregnancy. However, for some reasons, stopped using.

Several explanations for the discontinuation of the contraceptive method are presented as forgetfulness, lack of suitable job and wanting to get pregnant:

[...] I wore the contraceptive Microvlar. I recently was in early use, was when I was failing the pill and got pregnant. A little because I forgot and a bit because I really wanted to [...] (A2, 19 years old)

[...] first I went to the doctor to try and take the pill. Then he said that I was a girl and didn't need to take ... Then I had not. I took a few days, and then I did not take the pill. I was gaining weight too much, hence I stopped taking and happened. (A4, 17 years old)

Now don't [use of birth control], because when I consulted with a gynecologist, she told me to stop taking it, because I had varicose veins in the legs. (A7, 19 years old)
I took the Nociclin; think about four years and six months the Diminut. My doctor [prescribed]. Then she told me to stop a little bit, which was taking since 14 years old. Then I stopped and got pregnant. (A13, 18 years old)

It was evident the improper use of contraceptive methods, as well as the influence of information received related to contraceptive use, as the possibility of weight gain, varicose veins, the need for a break and stop using oral contraceptives for a period. Some of this information was reported as received from health professionals and other seemingly a perception or own information of adolescents.

These situations expressed by adolescents show that, somehow, knew contraception and had access to them. However, there was insufficient information, no understanding of its use or even the conscious and unconscious desire to get pregnant.

Another situation identified in the manifestations of adolescents was accountability for contraception directed to the partner:

He wasn't wearing anything [...] ah, he didn't like ... who wouldn't mind having a baby [...] (A11, 17 years old)

There was a time that we used [condoms]. Just that I wanted to and he also wanted [getting pregnant], he told me. (A8, 18 years old)

I didn't like taking birth control. I never took, because I thought that fattened me. We just used condom [...] except that he lied, he said he wore and wore no. (A9, 16 years old)

These statements show that some teenagers sometimes put as expectators of their lives and what happened to them, banking on their boyfriends or partners the responsibility for the prevention of pregnancy and all that can come following a sexual relationship.

Factors, such as older partners tend to let their partner taking responsibility for preventing pregnancy, as well as the source of information and knowledge relating to this context are fundamental and significant. Improper use or without commitment reflects directly the effect that the methods used present.²³

Despite the access to knowledge and the possibility of contraceptive use, there is still the need for stimulating dialogue between the partners, for the realization of ethical relations, stimulus must emanate from the adults who serve as an example to younger.¹⁹

It is also important that health professionals to performing adequate sexual orientation to adolescents, favoring the participation of the family, school, health professionals and society in general in the education process, encouraging adolescents to recognize and claim their right to exercise sexuality in this stage of life.¹⁹

The actions taken with adolescents should be focused on wellness promotion, incorporating people, process, time and context as reflection basis for a more effective protective practice, especially involving the school and family encouraging the adoption of individual protection strategies and minimizing risks.² in addition, we can see the benefit of integrating teens in the development stages, implementation, monitoring and evaluation of actions and social policies aimed at teens and twenties. Thus, it can be made possible the construction of integrated public policies that truly respond to the demands of this population.²⁴

It is important to remembering that only an egalitarian relationship between adolescents and health professionals; where there is possibility for dialogue and knowledge sharing; fosters the necessary autonomy, with

awareness, freedom and responsibility for the protagonism of adolescence. Dialogue requires listening, exchanges and horizontality in interpersonal relationships. It is noteworthy that emancipatory knowledge considered is one that provides a thought back to a result of acts, replacing the subject-object relationship by reciprocity between subjects, with the presence of participation and solidarity.²⁵

CONCLUSION

During the research it became possible to better understand the pregnant adolescents and understand their perceptions, motivations or feelings related to current pregnancy. Many of them reported feelings of satisfaction and joy to experience a desired situation and sought for them. There were identified, too, fear, insecurity, as well as commitment and responsibility to the new situation. It was noted the importance of family in the context of teenage pregnancy, both in personal relationships and in the support and care for adolescents.

It was considered that health education experiences that were experienced lectures and guidance on the school made by teachers and health professionals. The topics mainly referred to sexually transmitted diseases, and the prevention of teenage pregnancy was not treated as a priority. It was evident, therefore, that they have not had remarkable experiences related to health education, especially with regard to sexuality.

It is noticed that there is still gap between the theory and the realization of a policy which addresses assistance, care and education to adolescents, especially in relation to health education actions, which are still guided by the transmission of knowledge and information, and that take place with no union between education professionals and health.

It is expected that the study developed promote and encourage new perspectives on care practices to adolescent health, valuing aspects little worked by health and education professionals, such as family participation and dialogue with teenagers. It is believed that this study may contribute to the planning of actions and strategies approach between health and education professionals, increasing the promotion of adolescent health.

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