



MATERNITY: MEANINGS ATTRIBUTED BY PRIMIPAROUS ADOLESCENTS

MATERNIDADE: SIGNIFICADOS ATRIBUÍDOS POR ADOLESCENTES PRIMÍPARAS

MATERNIDAD: SIGNIFICADOS ASIGNADOS A LOS ADOLESCENTES PRIMÍPARAS

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ABSTRACT

Objective: to understand the meanings attributed by primiparous adolescents about being a mother during adolescence. **Method:** exploratory and descriptive study, with a qualitative approach, performed with 14 primiparous adolescent mothers. The data was produced through semi-structured interviews, recorded, transcribed and analyzed using the Content Analysis Technique. **Results:** Maternity in adolescence generates feelings of ambiguity, since it is related to a positive moment in the life of the young, but also accompanied by challenges that produce insecurity through the maternal act. **Conclusion:** it is necessary to develop strategies of effective interventions directed to the group of adolescent mothers, in order to guarantee quality assistance and contribute to the autonomy and empowerment of this girl as a teenager and mother. **Descriptors:** Women's Health; Mothers; Adolescent Health; Postpartum Period.

RESUMO

Objetivo: compreender os significados atribuídos por adolescentes primíparas sobre o ser mãe na adolescência. **Método:** estudo exploratório e descritivo, com abordagem qualitativa, realizado com 14 mães adolescentes primíparas. Os dados foram produzidos por meio de entrevistas semiestruturadas, gravadas, transcritas e analisadas mediante Técnica de Análise de Conteúdo. **Resultados:** a maternidade na adolescência gera sentimentos de ambiguidade, uma vez que está relacionada a um momento positivo na vida das jovens, mas que também é acompanhada de desafios que produzem insegurança mediante o ato de maternar. **Conclusão:** é necessário que se desenvolvam estratégias de intervenções eficazes direcionadas ao grupo de mães adolescentes, a fim de que se garanta uma assistência de qualidade e que se contribua para a autonomia e empoderamento dessa menina enquanto adolescente e mãe. **Descritores:** Saúde da mulher; Mães; Saúde do Adolescente; Período Pós-Parto.

RESUMEN

Objetivo: comprender los significados asignados para primíparas adolescentes acerca de la maternidad en la adolescencia. **Método:** estudio descriptivo y exploratorio con un enfoque cualitativo, se realizó con 14 madres adolescentes primíparas. Los datos fueron producidos a través de las entrevistas semiestructuradas, grabados, transcritos y analizadas a partir de la técnica de Análisis de Contenido. **Resultados:** la maternidad en la adolescencia genera sentimientos de ambigüedad, ya que se relaciona con un momento positivo en la vida de los jóvenes, sino que también es acompañada de desafíos que producen la inseguridad acerca del acto materno. **Conclusión:** es necesario desarrollar estrategias de intervenciones efectivas dirigidas al grupo de madres adolescentes, con el fin de garantizar una asistencia de calidad y que se contribuya a la autonomía y el empoderamiento de esa chica como una adolescente y una madre. **Descriptores:** Salud de la Mujer; Madres; Salud de los Adolescentes; El Post-Parto.

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INTRODUCTION

Adolescence is conceptualized as a transition period between childhood and adulthood with an age group between ten and 19 years of age.¹⁻² This moment is characterized by biopsychosocial transformations that occur in parallel to the onset of sexual maturation and reproductive capacity.³

Among the events associated with sexuality in adolescence, pregnancy is often highlighted as a risk situation, especially, in primiparous women.⁴ These risks are related to school dropout and difficulty in accessing the labor market, contributing to the Reproduction of the poverty cycle and social vulnerability.⁵

In the world, annually, about 16 million girls between 15 and 19 years of age become mothers. One in ten births is by adolescents, which corresponds to 11% of all births.⁶⁻⁷

In Brazil, in 2013, 19.3% of live births were adolescents aged 19 or younger. The Northeast region, between the years of 2009 and 2013, presented the highest percentage, approximately 33.3%. Pernambuco appears as the third State where there are the most children born of adolescent mothers, behind only the States of Bahia and Maranhão.

Although some of the pregnancies are planned and maternity, something desired by the adolescent, this context is a worrying scenario, since this experience coincides with the process of constructing their identity as an individual, of physiological and mental maturation and of insertion and strengthening of social bonds, which contributes to the fact that adaptation to motherhood becomes even more complex.⁶⁻⁹

Generally, the occurrence of teenage pregnancy is influenced by poor maturity, financial dependence, and lack of support from family, companion, and / or friends. Primary Health Care (PHC) should act as a tool for winning and support for these young women to provide care that inspires confidence, respect, and is free from value judgments.¹⁰

With this, health professionals must contribute and participate effectively in the process of building autonomy of this adolescent as a mother, corroborating with the strengthening of mother and child.¹¹

In order to deepen the knowledge about the impacts and feelings of the mother being still in her adolescence and, in view of the need of studies that explore the thematic of the maternity experienced in this stage, in order to extend to the health professional, subsidies to improve their performance, this study aimed at understanding the meanings

attributed by primiparous adolescents about being a mother in adolescence.

METHOD

A descriptive and exploratory study, with a qualitative approach,¹² that took place in the municipality of Petrolina, located in the interior of the State of Pernambuco, 714 kilometers from the capital, Recife. The city is recognized in the country for being the second largest producer of grapes and for exporting tropical fruits. It has an HDI of 0.697, ranking 6th in the state ranking of municipalities.¹³

The municipality has 41 Health Units. Of these, 30 are Basic Health Units (BHU) and 11 are Specialized Multiprofessional Care Units (MCU).¹⁴ The survey occurred between October and December 2015 in five micro areas, two belonging to BHU and one the MCU and that fit the profile of the study.

This scenario was intentional, because BHU is the place where the puerperal follows the growth and development of her child soon after their birth.

The study consisted of 14 primiparous adolescent mothers, who were between the end of the puerperium phase and six months postpartum and who were between ten and 19 years old, according to the World Health Organization classification criteria.² It was chosen to work with the primiparous because it is the first experience of motherhood experienced by these adolescents, which is accompanied by insecurities, conflicts and inexperience.¹¹

For the collection of data, a semi - structured interview script was developed, covering socio-demographic and economic data and guiding questions, which addressed themes related to the experience of motherhood by adolescents who had given birth for the first time.

The detection of these youths occurred from the search of records in the Child Care Nursing reference book. From then on, a direct approach was made with the adolescents with the purpose of searching for those that, even if they met the inclusion criteria, would like to participate in the research. The interviews were carried out in a reserved room at the BHU or at the adolescent's own residence, according to the choice of the participants, and the ones performed at the residence were assisted by the Community Health Agents, which was extremely important in establishing a bond of trust with the researchers.

Researchers were properly trained to participate in the data collection process to

avoid loss of important information that could arise during the interviews and that would be relevant to achieving the study goal.

The interviews began only after signing the consent form for the adolescents, and in the case of girls under the age of 18, the Informed Consent Form was also signed by the person in charge. A new interview was only carried out when the previous one had already been transcribed in its entirety. The search for new interviews was terminated when the data obtained presented redundancy or repetition and, therefore, adding no new data in relation to what was obtained, obeying the Saturation Sampling Technique¹⁵.

The analysis of the data was based on the technique of content analysis of Bardin, obeying three stages: floating and exhaustive reading of the material; synthesis of the findings; and identification of implicit contents.¹⁶

In order to guarantee the anonymity and confidentiality of the information, fictitious identifications were attributed to the interviewees from the initial letters AM (Adolescent Mother) and the number corresponding to the interview, comprising from one to 14.

In accordance with the ethical precepts of Resolution 466 of 2012, the National Health Council for human research, this project was approved by the Research Ethics Committee of the University of Pernambuco (UPE) with CAAE: 47982315.8.0000.5207.

RESULTS AND DISCUSSION

Among the 14 interviewees, the ages ranged from 13 to 19 years, with the age group between 17 and 18 being more prevalent (n = 8). Concerning the marital situation, eight declare to be married or to live in consensual union and the others affirm to be single.

As for the average time of study, this was nine years. Three adolescents had completed elementary school; six, incomplete middle school; four, incomplete highschool and only one had completed high school.

The family income was guaranteed by another family member, since none of the interviewees had any kind of paid work. Thus, the majority presented income less than a minimum wage (seven), between one and three wages (six) and more than three wages (one).

The analysis of the data allowed the understanding of the meanings that the adolescent mother attributes to the experience of motherhood, allowing for the construction of four categories, namely:

meanings of being a mother and the challenges; the maternal figure in confronting the insecurity of motherhood; impacts experienced in everyday life; and future Prospects.

♦ Meanings of being a mother, her fears and challenges

In evaluating the meanings that the word mother represented for the primiparous adolescents, it was possible to infer that for them, being a mother is synonymous with love, protection and care.

Mothers are everything [...] love. (AM1)

Being a mother is a very pleasant experience [...] It is good, you know that there is that person there by your side [...] that you have to care for, educate, help, adjust. (AM3)

These feelings are also described in the literature, where the contact with the child strengthens the bond established in the gestation and the adolescent starts to begin the construction of the meanings coming from the motherhood from her point of view.¹⁷

The experience of this process ends up transforming the young woman, who begins to understand the act of mothering, in an odd moment in her life and which brings up feelings of positive character.¹⁸

It was possible to verify in the expressions, a concern of the adolescents to provide to the child everything that they were deprived of receiving by their families at some moment of their lives, in the attempt to guarantee that nothing is lacking for them.

The deprivation referred to by the mothers was related to the financial question, which enters this scenario as a hindering element, as well as the sentimental aspect related to the lack of communication between parents and children, emphasizing the need for dialogue as a fundamental part for the closer relations and establishment of bonds of trust.

To give her what my parents could not give me [...] to sit with my child, to talk [...] Because a child always needs the complicity of a father and a mother. I did not have complicity on my father's part, but from my mother I always had [...] my father was always farther away from his children. (AM6) I had a very difficult childhood because my parents got separated ... it is a trauma that we had ... my mother had to take care of us seven [...] We could not have good toy [...] could not have good clothes [...] you want to give everything that you did not have. Of course love, the most important, and education, comes in the first place. (AM12)

Corroborating these findings, a study developed in West Africa, with eight focus groups involving 54 adolescent mothers

identified financial difficulty as the main concern regarding the innumerable challenges faced by them.¹⁹

This problem can be justified by the arrival of the child, which awakens, in the adolescents, the feeling of apprehension about the creation, the future of the child and the resources necessary for this, to be guaranteed and to occur in the best possible way.¹¹⁻²⁰

Another situation reported by young people is related to the negative experiences had in the past and the feeling of guilt for not following the advice of the parents..

[...]what happened to us, we do not want to happen to her in the future ... our mother gave us lots of advice: "Oh, do not do this." And we always thought it was wrong, but no. When I became a mother, I came to know [...] she said theses things for my own good, it was not bad for us. (AM2)

It has to be good for him, to teach what is best, always the word of God ... and to teach that when they marry they must be good for a woman and not doing what many men do: They get girls pregnant and often abandon them, like a dog [...] I went through it and I do not want anyone else to. (AM5)

In this way, motherhood is seen as an opportunity to teach their children, what is "right or wrong", understood by the mothers as a way to prevent them from reproducing such actions in the future.

When questioned about the experience of maternity care, the discourses revealed that the condition of being a mother imposes challenges, which in the first place, cause the feeling of insecurity. This can often be directly associated with the inexperience of girls who had never been mothers.

What was hardest for me was when it was time for the bath, that the ear could not get water in it, it was kind of dangerous ... he had something in his navel that could not get wet, so I had to be very careful. My fear, always the first time mother has, right? Suddenly slip up (laughs), and fall. Thank God not (laughs). (AM5)

[...] while she had a navel without being healed, I was afraid to wash it in the water ... because I was afraid it woud rot ... Everyone said, "It can only get wet after a month" . Then I got scared. (AM6)

The part that I had the most difficulty was breastfeeding [...] after I left the hospital my breasts dried up. [...] Sometimes, I did not even have enough milk to give it to him and he was still hungry crying [...] at first it was all me. It was difficult, you know? (AM7)

Similar results were found in the literature and confirm the findings of this study. Adolescent mothers find themselves in a

situation of adaptation to the new conditions that arise with motherhood, its demands and obligations.¹¹⁻⁷⁻¹⁹

We emphasize here the importance of caution to the care practices carried out by adolescents who, when performing an action based on the experience and observation of others, that this is linked to scientific knowledge, thus, avoiding harm to the mother and/or child.

♦ The figure of third parties in confronting maternal insecurity.

Through the difficulties encountered, it was noticed, in most of the reports that the adolescents point out the help of their mothers as essential in helping the first care with the newborn. This support triggers the development of security by the youths, giving them self-confidence to perform activities, previously considered by them, as a risk or difficult to perform.

The first few days were normal [...] the person is learning, right? Little by little. We have our mother to help, because if I did not I think I would not have done it [laughs]. (AM8)

I was afraid (to give baths) because I did not know how to. Until she was a month old, my mother gave her baths [...] she said, "You have to learn." Then I got caught up in the practice and today I'm great at it [laughs]. (AM9)

[...] the first month was very difficult, because, if she cried I did not know what she wanted. If she was sick I did not know [...] when I had my son I came here to my mother's house. Then she helped me a lot. There it was quiet. What he felt she knew how to give medicine, these things. (AM12)

Normal. At first when I was in hiding I lost a lot (night of sleep), but now I do not lose anymore. She sleeps soundly, but it was bad at first [laughs]. My mother came here and helped me. Teaching me how it was. Then she did not even need to come here anymore, because I already knew. (AM13)

The study points out that, after the birth of the child, most adolescents receive help at that first moment, usually, linked to a female figure, which, in most cases it is the mother herself.¹⁹

This is probably because some young women admit that they are unprepared and lack skills due to their young age and consequent inexperience, which leads to insecurity causing anxiety, fears and uncertainties. The support of mothers is understood as essential and they are seen as a model to be followed.¹⁷

Sometimes the presence of the mother is not always possible. Some adolescents, still in the hospital environment, experience learning

the first care from the observation of other women in the care of their children. In this way, they reproduce the actions independent of the adequacy of these to what is established as correct or appropriate.

She had an infection [...] I stayed in the hospital for eight days with her. Then I learned to take care of her, watching others and learning. (AM10)

Rosseto, in a study of 431 adolescent mothers, observed that there was a prevalence of two times more psychological distress in the group of adolescents who did not have good relationships with their mothers than those who had a good relationship. This high prevalence is interpreted as a worrying event and requires actions that act in the management of emotional aspects.²¹

The mother of the adolescent is perceived as an essential factor for adaptation and help in the face of difficulties, since the absence of assistance and early support to the puerperal woman is seen as harmful, and can lead to losses in the mother-child relationship. This initial aid has many benefits, in particular, the promotion of autonomy and the development of self-confidence of adolescents in maternity.¹⁸

◆ Impacts experienced in everyday life

In this category, it was extracted, from the discourses, the condition of undergoing a process of maturing faster than they would imagine going through. The main change in the routine of the young women was the decrease in the frequency of exits to places, of which they had the custom of always being present.

This change is seen, by some women, as something natural, thus evidencing, the occurrence of this process of maturation, which leads to decision making aimed at the welfare of the child. Such choices are interpreted as a positive point acquired even during gestation or at the time of puerperium..

I was a mother at a very young age. Stay at home, which I was not accustomed to. Before I used to like it a lot, now I do not [...] There are responsibilities. (AM1) Ah! Before it was totally different from now [...] I liked to go out. Now, my concern is more with her [...] I now do not trust to say, I will go out and I will leave her with someone [...] (AM2) Even if someone wants to be with him, we keep that thought. I do not have fun [...] I keep thinking: "How is it? I someone hurting it? Have they already done this? [...] What are they doing? (AM12)

Maturity is one of the main consequences of being a mother, at a time when young women are in the condition of being responsible for another life, recognizing the

need to change certain behaviors and assume others, which involve care and attention to the child.¹¹

On the other hand, motherhood can be interpreted as a barrier in the freedom of this young woman, who is deprived of performing activities that were once common in her routine. This restriction may be associated with the need to provide comprehensive child care..

It's not the same thing [...] it's complicated even to study. I'm here, I have a math test to study for [...] but I'm already thinking that I have to study and look at it at the same time. There's no way we can concentrate. (AM7)[...] everything has to do with it and study as well. The person gives up early, that's bad, right? (AM8)

The arrival of the newborn implies changes in the routine and in the life of the people who care for it, since the child needs constant care. This requires that all attention be focused on their needs, requiring the commitment, physical and mental effort of the young women, who can interpret this experience negatively, associating it with a moment of renunciation.¹¹⁻²⁰

◆ Future perspectives

After the birth of the child, adolescents are still making plans and dreaming about the future. In the speeches, the desire that was most present was to be financially independent.

My plans have always remained the same, getting a job. That if I get a job, I have a way to buy things for him, I do not have to be asking others. (AM3) My dream is to work, to study [...] last year I left school. And this year I cannot go back because of her [...] next year I will study [...] I wanted to be a doctor. I see them (doctors) and it hurts inside, that I regretted giving up on my school. (AM4) I want to work to be independent, to be able to buy my things, because I think so, the best thing is to have your job and not wait for your husband's money, because it's bad. That's why I want to work, to study to have something in life. (AM6) I'm going to study next year. Work too [...] because the person with this little study does not think it's good. But after I study, something good will come for me. (AM11)

This feeling arouses, in adolescents, the desire to, be able to manage their own income, to build a better future with the child.

As for the possibility of continuing with the studies, difficulties arising from maternity appear as one of the main consequences dropping out of school. Many leave school early in pregnancy and do not associate their studies with an improvement in quality of life,

and consider the puerperium as an even more challenging period..

I stopped. I do not even have the patience to study. When I was pregnant I studied, I stayed a little bit and then I gave up. Because I could not take it, I do not know. I did not even like to study, or anything. (AM10)Look! But from now to then will not have time anymore. To do these things with him, to study, to work. There will not be time anymore. (AM14)

This study shows that one of the most significant losses for the adolescent, in the pregnancy-puerperal cycle, is linked to the school context.¹⁷ The lack of preparation of educational institutions, to receive these young women during pregnancy and puerperium, makes it impossible to continue learning without harm.²²

Low schooling, because of school dropout and failure, contributes to gender and social inequality, reducing their chances of building their financial independence.²³ They are often, forced to postpone their dreams and plans and become dependent on others who ensure the livelihood and that of your child.

Nonetheless, a minority recognizes education as an important tool to achieve its goals, and thus, provide a better life for both the her and the child.²²⁻²⁴

I put it in my head, I'm going to study, because I have to give the best for my son. And to have a permanent job ... because I'm thinking of studying Law, God willing ... but for this I will have to study a lot and give a very good example to my son, that studying is the the best example we can give our children. (AM7)

This confirms the results of Kudlowiez and Kafrouni's research, in which the adolescents claimed to have an interest in returning to school and working. However, attention is drawn to the fact that this desire is devoid of planning that takes into account the reality in which they are inserted, such as reconciling study and the raising of a child, often, deprived of support.²⁵

CONCLUSION

Based on the results, it was identified, from the meanings attributed by the adolescents about being a mother, that this moment generates a feeling of ambiguity, since the young women see motherhood as an odd moment and the presence of the mother as a facilitating agent of this process, on the other hand, accompanied by numerous challenges, arousing insecurity due to inexperience.

Despite all the considerations brought forward, it was observed that the figure of the health professional was not mentioned in the

experience of motherhood in adolescence. Therefore, it is important to point out that this moment needs professional support, which will favor the adaptation of these young people to this process of intense changes of life, considering that the adolescents need a different assistance because it is a group that experiences emotional changes and more intense physical activity than the other groups.

In view of this situation, it is necessary to construct and implement strategies for effective interventions directed at the group of adolescent mothers, such as the strengthening of groups of pregnant women during prenatal care, which also include guidelines for newborn care, corroborating with the development of security and autonomy of these young women.

Another important aspect is the social reintegration of adolescents in school and professional life, allowing them to have the opportunity to continue their life plans concomitant to the role of being a mother.

In this context, the findings of this study may contribute to the improvement of care provided to adolescent mothers, through a partnership between the Municipal Department of Health and Education, working together to develop public policies directed to this group.

As limitations of this study, we pointed out the scarcity of literature that contemplated the emotional side of being a mother in adolescence; difficulty of access to the collection of data of choice of the interviewees (residences); difficulty of understanding the young women, even with all the explanations given about the questions that guided the research.

REFERENCES

1. World Health Organization. Health for the World’s Adolescents: a second chance in the second decade. Geneva. 2014. [cited 2015 June 13]. Available from: <http://www.who.int>

2. World Health Organization. World Health Statistics 2015. Geneva, 2015. [cited 2015 June 13]. Available from: <http://www.who.int>

3. Vicente AL. Teoría de teorías sobre la adolescencia. Ultim décad. 2014;22:11-36.

4. Rodrigues DP, Bessa MS. Becoming adolescent and being mother: social representations of adolescents in the post partum. Rev Cogitare Enfermagem [Internet]. 2009. [cited 2015 June 13];14(3):455-62. Available from: <http://dx.doi.org/10.5380/ce.v14i3.16166>

5. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção

Básica. Saúde sexual e saúde reprodutiva. 1st ed. (Cadernos de Atenção Básica, n. 26). Brasília: Ministério da Saúde, 2013. [cited 2015 June 11]. Available from: http://189.28.128.100/dab/docs/publicacoes/cadernos_ab/abcad26.pdf

6. World Health Organization. Preventing Early Pregnancy and Poor Reproductive Outcomes: Among Adolescents in Developing Countries. Geneva; 2011 [cited 2015 June 13]. Available from: <http://www.who.int>

7. United Nations Population Fund. Motherhood in Childhood: Facing the challenge of adolescent pregnancy. 2013. [cited 2015 June 13] p.132. Available from: <http://www.unfpa.org/>

8. Sistema de Informações sobre Nascidos Vivos. DATASUS. Ministério da Saúde. 2015. [cited 2015 June 13]. Available from: <http://www.datasus.gov.br>

9. Almeida IS de, Souza IE de O. Gestation in the adolescence with focus on the couple: existential movement. Esc Anna Nery [Internet]. 2011 [cited 2015 June 10];15(3):457-64. Available from: <http://dx.doi.org/10.1590/S1414-81452011000300003>

10. Ministério da Saúde (BR). Orientações Básicas de Atenção Integral a Saúde do Adolescente nas escolas e Unidades Básicas de Saúde. Brasília: Ministério da Saúde; 2013a [cited 2015 June 13]. Available from: http://bvsmis.saude.gov.br/bvs/publicacoes/orientacao_basicasaude_adolescente.pdf

11. Silva LA, Nakano a. MS, Gomes FA, Stefanello J. Meaning attributed by adolescents puerperae concerning maternity: self-care and baby's care. Texto context-enferm [internet]. 2009 [cited 2015 June 14];18(1):48-56. Available from: <http://dx.doi.org/10.1590/S0104-07072009000100006>

12. Minayo, M C S. Pesquisa social: teoria, método e criatividade. Petrópolis: Vozes; 2012.

13. Petrolina. Prefeitura Municipal de Petrolina. Programas de Governo: Saúde. 2010. [cited 2015 May 20]. Available from: <http://www.petrolina.pe.gov.br/2010/>

14. Cadastro Nacional dos Estabelecimentos de Saúde. Ministério da Saúde. Estabelecimentos de Saúde segundo localização geográfica, Petrolina, 2015. [cited 2015 June 14]. Available from: http://cnes2.datasus.gov.br/Listas_Municipais.asp?VEstado=26&VCodMunicipio=261110&NomeEstado=

15. Fontanella BJB, Ricas J, Turato ER. Saturation sampling in qualitative health

research: theoretical contributions. Cad Saúde Pública [Internet]. 2008 [cited 2015 June 14];24(1):17-27. Available from: <http://dx.doi.org/10.1590/S0102-311X2008000100003>

16. Bardin, L. Análise de Conteúdo. 4th ed. Lisboa: Edições 70; 2007.

17. Resta DG, Marqui ABT de, Colomé IC dos S, Jahn A do C, Eisen C, Hesler LZ, et al. Maternity in adolescence: meanings and implications. REME rev min enferm [Internet]. 2010 [cited 2016 May 10];14(1):68-74. Available from: <http://www.dx.doi.org/S1415-27622010000100010>

18. Andrade PR de, Ohara CV da S, Borba RIH de, Ribeiro CA. Facing the difficult experience even with support: the underage adolescent experiencing motherhood. Rev Gaúcha Enferm [Internet]. 2015 [cited 2016 May 15];36:111-8. Available from: <http://dx.doi.org/10.1590/1983-1447.2015.esp.56751>

19. Gyesaw N, Ankomah A. Experiences of pregnancy and motherhood among teenage mothers in a sub | IJWH. Int J Women's Heal [Internet]. 2013 [cited 2016 May 15];773-80. Available from: <http://www.dovepress.com/experiences-of-pregnancy-and-motherhood-among-teenage-mothers-in-a-sub-peer-reviewed-article-IJWH>

20. Costa MM de A, Frare JC, Nobre JR da S, Tavares KO. Maternity and paternity: the view of the teenage couple. Rev Bras Promoç Saúde [Internet]. 2014 [cited 2016 May 15];27(1):101-8. Available from: <http://ojs.unifor.br/index.php/RBPS/article/view/2465/pdf>

21. Rossetto MS, Schermann LB, Béria JU. Maternity during adolescence: negative emotional indicators and associated factors in 14 to 16-year-old mothers from Porto Alegre in the State of Rio Grande do Sul, Brazil. Ciênc saúde coletiva [Internet]. 2014 [cited 2016 May 15];19(10):4235-46. Available from: <http://www.scielo.br/pdf/csc/v19n10/1413-8123-csc-19-10-4235.pdf>

22. Menezes JA, Leite MDO, Barbosa ES. Adolescent pregnancy and maternity and its effects in the process of schooling. Rev Percursos [Internet]. 2012. [cited 2016 May 17];13(2):134-54. Available from: <http://www.periodicos.udesc.br/index.php/percursos/article/viewFile/2497/2201>

23. Reis TR dos, Zamberlan C, Grasel JT, Costenaro RGS, Diaz CMG. Profile of Pregnant Women and Obstetric Assistance Habitual risk in a Public Maternity. J Nurs UFPE on line [Internet]. 2016 Jan [cited 2016 May

16];10(1):1-8. Available from:
http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/7993/pdf_9364

24. Watts MCNC, Liamputtong P, Mcmichael C. Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. BMC Public Health [Internet]. 2015 [cited 2016 May 15];15:873. Available from:
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=4566485&tool=pmcentrez&rendertype=abstract>

25. Kudlowiez S, Kafrouni R. Adolescent Pregnancy and Building a Life Project. Psico [Internet]. 2014. [cited 2016 May 16];45(2):228. Available from:
<http://dx.doi.org/10.15448/1980-8623.2014.2.14282>

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