

# QUANTITATIVE ANALYSIS REGARDING PREGNANCY IN ADOLESCENCE IN A MUNICIPALITY IN MINAS GERAIS\*

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**ABSTRACT:** This quantitative and descriptive study aimed to assess the frequency, causes, and consequences of pregnancy in adolescence. Interviews were held with 104 adolescents registered on the Live Births Information System in 2010, who were in the age range of 15 – 21 years old; the majority had low educational levels; 60% were not working; all attended prenatal care; changes were observed in their conjugal status after the pregnancy, as was increase in their knowledge and use of methods of contraception; 74% did not plan the pregnancy; and they reported changes following the pregnancy such as greater responsibility (26%) and loss of freedom (23%). It is concluded that it is necessary to become closer to the adolescents so as to clarify doubts, to break away from one's own prejudices, and to provide holistic care with objective, correct and clear guidance, respecting beliefs and individuality.  
**DESCRIPTORS:** Pregnancy in adolescence; Nursing; Women's health; Public health.

## ANÁLISE QUANTITATIVA SOBRE GRAVIDEZ NA ADOLESCÊNCIA EM UM MUNICÍPIO MINEIRO

**RESUMO:** Estudo quantitativo e descritivo, que objetivou verificar frequência, causas e consequências da gravidez na adolescência. Foram entrevistadas 104 adolescentes cadastradas no Sistema de Informações sobre Nascidos Vivos em 2010, que se encontravam na faixa etária dos 15 aos 21 anos; a maioria apresentava baixa escolaridade; 60% não trabalhavam; todas realizaram pré-natal; foram observadas alterações no estado conjugal após a gestação e aumento no conhecimento e uso dos métodos contraceptivos; 74% não planejaram a gravidez; relataram mudanças após a gravidez como maior responsabilidade (26%) e perda da liberdade (23%). Concluiu-se ser necessária a aproximação com as adolescentes para esclarecer dúvidas, desprender-se de preconceitos, realizar assistência holística com orientações objetivas, corretas e claras, respeitando crenças e individualidades.

**DESCRIPTORES:** Gravidez na adolescência; Enfermagem; Saúde da mulher; Saúde pública.

## ANÁLISIS CUANTITATIVO SOBRE GRAVIDEZ EN LA ADOLESCENCIA EN UN MUNICIPIO DE MINAS GERAIS

**RESUMEN:** Estudio cuantitativo y descriptivo cuya finalidad fue verificar frecuencia, causas y consecuencias de la gravidez en la adolescencia. Fueron entrevistadas 104 adolescentes registradas en el Sistema de Informaciones sobre Nacidos Vivos en 2010, que se encontraban en la franja etaria de los 15 a los 21 años; la mayoría presentava baja escolaridade; 60% no trabajaban; todas realizaron prenatal; fueron observadas alteraciones en el estado conyugal después de la gestación y aumento en el conocimiento y uso de los métodos anticonceptivos; 74% no planeaban la gravidez; relataron cambios después de la gravidez como mayor responsabilidad (26%) y pérdida de libertad (23%). Se concluye que es necesaria una aproximación con las adolescentes para aclarar dudas, libertarse de prejuicios, realizar asistencia holística con orientaciones objetivas, correctas y claras, respetando creencias y individualidades.

**DESCRIPTORES:** Gravidez en la adolescencia; Enfermería; Salud de la mujer; Salud pública.

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## INTRODUCTION

Adolescence is a period of transition between childhood and the adult phase, involving physical and psychological changes, which results in varying types of behaviors for these individuals, which can differ according to each individual's family, religion, culture, nationality and ideology<sup>(1)</sup>.

According to the World Health Organization and UNICEF (the United Nations Children's Fund)<sup>(2)</sup>, chronologically, a young person in the age range 10 – 19 years old is an adolescent. This can be subdivided into two stages – the initial phase of adolescence (from 10 to 14 years old) and the final phase of adolescence (from 15 to 19 years old). In this phase, the adolescent's sexuality is extremely impetuous, the young person is not concerned with the consequences of his or her acts, and thinks purely about the pleasure of the moment, which on many occasions leads to early pregnancy<sup>(1,3)</sup>.

In Brazil, there are 17 million persons who are female and between the years of 10 and 19 years old<sup>(4)</sup>; and more than 1 million children are born of adolescent mothers each year<sup>(5)</sup>. It is believed that various aspects are involved in this large number of cases of pregnancy in adolescence: the influence of means of communication and the media, the reduction of sexual taboos and inhibitions, lack of dialogue with parents and teachers, family breakup, earlier onset of menarche, social self-affirmation, and, finally, pregnancy being considered as a rite of passage from adolescence to the adult phase<sup>(3,5)</sup>.

However, in spite of the existence of advice in the various types of media, and in spite of the free distribution of methods of contraception, the rate of pregnancy in adolescence in Brazil continues to be high, with greater raising of awareness in the target population being necessary. Furthermore, a better understanding of the adolescents' context and needs would make it possible to elaborate more objective, efficacious and effective campaigns<sup>(3,5)</sup>.

Thus, this work's main aims were to quantitatively analyze adolescent pregnancy in a municipality of Minas Gerais, its frequency, and the main causes for the occurrence of pregnancy in adolescence – and the consequences for these adolescent women's lives.

## METHOD

This is a descriptive, quantitative study, undertaken in the municipality of São Sebastião do Paraíso in the state of Minas Gerais (MG) in 2012. The study population was all the adolescent mothers aged between 10 and 19 years old (complete at the time of the birth), according to the WHO age range classification of adolescence, who had a Declaration of Live Birth (DNV) filled out and available on the Live Births Information System (SINASC).

The SINASC data for the period January – October 2010 were obtained through the Epidemiological Surveillance Unit of the Department of Health and Social Action of the Municipality of São Sebastião do Paraíso (MG)<sup>(6)</sup>. Only subjects aged between 10 and 19 years old were selected, totaling 150 of those registered. However, four registers were repeated due to the birth of twins, there being two DNV for each of these mothers, and nine adolescents were not registered on the system for registration of health services of the municipality's Department of Health and Social Action, resulting in a new sample of 137 adolescents, who were contacted directly at home for them to learn about the research proposal and to be invited to participate in the study. However, 12 adolescents had moved from the municipality; one was in prison; two refused to participate in the study, and it was impossible to locate 18 of them, resulting in a final sample of 104 adolescent women interviewed.

The data collection instrument was analyzed, revised and approved by four professionals, one of whom had a Ph.D in Nursing, one an M.A in Nursing, one a Ph.D in Psychology, and one was a Social Worker. The variables contained in the questionnaire covered the possible causes and consequences of these adolescents' early pregnancy.

Data collection was undertaken in December 2011 – March 2012. The approach was direct with each young person. The data were collected through interviews lasting approximately 30 minutes.

This study was in accordance with the ethical guidance of Resolution 196/96 of the Brazilian National Health Council (CNS), which regulates research involving human beings. It was subjected for approval by the Ethics in Research Committee of the Ribeirão Preto School of Nursing, of the

University of São Paulo, being approved under Protocol N. 1420/2011. Moreover, it obtained authorization from the Coordinator of Primary Health Care of the Municipality of São Sebastião do Paraíso (Minas Gerais) for the undertaking of the study. The terms of consent were signed by each of the research subjects (where these were below 18 years old, the permission of their legal guardian was also recorded), and each participant received a copy of these terms.

## RESULTS

The age range of the 104 adolescents studied varied between 15 and 21 years old, the majority (61%) being between 18 and 20 years old, with a mean age of  $18.5 \pm 1.64$  years (S; n=104 adolescents). The majority of the adolescent women have not finished junior high school (37%), 16% had completed junior high school, 27% had not completed senior high school, 18% had completed senior high school, and two had not completed Higher Education, it being the case that of the total (n= 104), only 13% of the interviewees were studying at the time this study was undertaken.

Approximately half of the sample (49%) were in stable relationships, 20% were dating, 15% were married, 15% were single and 1% was separated. In relation to the young mothers' profession, 60% were not working at that time, 21% belonged to the sector of production, 9% of them worked in customer service and 10% of the interviewees were in other positions.

In relation to the obstetric data, it was observed

that the majority of the adolescents had only one child (84%), the result of the pregnancy studied, 12% had two children and 4% of them had three. The mean quantity of children was  $1.2 \pm 0.49$  (S; n = 104 adolescents). Of the adolescents interviewed, 9% were pregnant again at the time of the interview. A total of 95% of them had never suffered a miscarriage, while 5% of them had experienced this episode.

In relation to age at the time of initiating sexual activities, 32% of the interviewees were aged 15 years old, 17% were 13 years old, 16% were 14 years old, and 16% were 16 years old, 9% were 17 years old, 6% were 12 years old, and 4% were 18 years old. The mean age was  $14.8 \pm 1.48$  years old (S; n = 104 adolescents).

Of the sample studied, 38% of the adolescents had had no dialog regarding methods of contraception with anybody, 27% had done so with relatives, 22% with friends, 10% with the partner and 3% of them had spoken regarding the issue with other people.

All the adolescents had attended prenatal consultations during their pregnancies, 86% of these procedures being undertaken via the Unified Health System (SUS), 10% of them being undertaken through private health insurance programs, and the remaining 4% were undertaken jointly by the two types of service mentioned above. In relation to the birth, 98% of these were undertaken through the SUS and only 2% occurred via private treatment.

An increase in the young mothers' knowledge regarding methods of contraception was recorded after the situation of pregnancy, as shown in Table 1.

Table 1 - Knowledge and use of methods of contraception by the adolescent mothers prior to becoming pregnant and at present. São Sebastião do Paraíso, MG, December 2011 – March 2012

Method of Contraception	Knowledge prior to becoming pregnant	Knowledge at the time of the interview	Use prior to becoming pregnant	Use at the time of the interview
None	1%	2%	57%	31%
Condom	98%	98%	18%	9%
Rhythm method	43%	50%	2%	1%
Contraceptive pill	97%	98%	26%	49%
Coitus interruptus	36%	42%	3%	0%
Contraceptive injection	75%	86%	2%	13%
IUD	57%	62%	0%	0%
Emergency pill	66%	70%	3%	0%
Other	5%	5%	0%	0%

Of the adolescents who stated that they had used methods of contraception prior to becoming pregnant, 38% of the same mentioned using it always, while 62% used it sometimes, or inadequately. A total of 71 adolescents were making use of one or more methods of contraception at the time of the study and all stated that they were using these methods correctly and without stopping.

Of the interviewees, 23% were aged 17 years old at the time of the birth, 21% were aged 18 years old, 17% were 19 years old, 16% were 16 years old, 13% were 15 years old, 8% were 14 years old and 2% of them were 13 years old, with a mean age of  $16.8 \pm 1.60$  years old (  $S$ ;  $n=104$  adolescents).

It was also possible to observe changes in the marital status of the adolescents interviewed. When they became pregnant, the majority of them, 63%, were dating, 23% were in stable relationships, 9% were married and 5% were single (alone). When this study finished, the majority remained in stable relationships, a total of 49%, 20% were dating, 16% were married and 15% of them were single (alone). It was also observed that 75% of the adolescents maintained an affective relationship with the same partner, while 25% of them did not maintain this relationship with the father of their child.

Of the adolescents interviewed, 47% had already left education prior to becoming pregnant, 17% had already completed Senior High school, 32% had left education because of the pregnancy, and 4% of them continued to study following the birth.

The majority, 69%, did not work when they were pregnant. Of those who worked ( $n=32$ ), 62% returned to their job after Maternity Leave.

A total of 26% of the adolescents interviewed stated that they had planned the pregnancy. Summarizing, of the adolescents interviewed, 42% of them stated that no change had occurred in their life after the pregnancy. Of the 58% who reported changes ( $n=60$ ), 26% reported increased responsibility, 23% reported loss of freedom, 12% mentioned maturing, 6% said that they had greater financial expenses, 5% stated that they had greater happiness, 4% of them had stricter schedules, 2% stated that they had greater concerns, and 29% reported other changes.

## DISCUSSION

The present study shows that the majority of the adolescents interviewed had completed neither junior high school nor senior high school. Attention is drawn to the fact that only 13% of them continued studying. In a study undertaken in a University Hospital in Rio de Janeiro with 112 pregnant adolescents, 69.6% of them had completed junior high school and 22.3% had not completed senior high school<sup>(7)</sup>. Of the adolescents among whom pregnancy recurred, attended by the public sector in Indaiatuba (in the state of São Paulo (SP)), only 3.12% were still studying<sup>(8)</sup>.

These data indicate that low educational level is directly related to pregnancy in adolescence. The majority of the adolescents in this study had abandoned school prior to becoming pregnant. Of the adolescents who interrupted their studies because of the pregnancy, only 27% returned to school. In one study undertaken by the Federal University of Paraíba, with 85 adolescent puerperas, 73.8% confirmed that the pregnancy had been the reason for interrupting their studies<sup>(9)</sup>.

In particular, the pregnant adolescent, who often depends economically on her family, finds herself in the situation of needing to abandon her studies. She is frequently abandoned by the father of her baby and sometimes by her circle of friends. Furthermore, she presents low self-esteem and feels upset due to having provoked anger and stress in her family environment. This and other factors cause emotional and social overload, which can result in psychosocial problems which could have been avoided had the pregnancy been prevented<sup>(2-3)</sup>.

Practically half of the adolescent mothers were in a stable relationship with their partners at the time of the interview. In a sample made up of adolescents living in Indaiatuba (SP), among whom pregnancy had recurred, 78.12% were in stable relationships<sup>(8)</sup>. In a study undertaken by the Federal University of Paraíba, with adolescent puerperas, 83.5% of those interviewed stated that they were married or had a partner<sup>(9)</sup>. Changes in the marital status of young pregnant women are common, who were often dating when they became pregnant. The pregnancy seems to be what leads them to a stable relationship or to marry, the aim being to provide better quality of life to the child who is to be born<sup>(1-3)</sup>.

Among the adolescents in the present study, the majority either did not work or undertook activities such as production assistants or work in customer service. A study undertaken with 85 adolescent puerperas in Paraíba indicates that 92.4% of those interviewed were not working at the time of the study<sup>(9)</sup>. The adolescents' young age, in conjunction with their low educational level, reduces the probability of insertion in the job market, which increasingly requires training and experience. These requirements of the market can rarely be found among adolescent mothers. Additionally, those who find work are poorly paid, which makes them financially dependent on their family members and/or partner<sup>(1-3)</sup>.

The frequency of pregnancy in adolescence in São Sebastião do Paraíso (MG), in the period studied was 19%, practically the same Brazilian frequency which, in 2011, was 19.25% of live births from adolescents between 10 and 19 years of age<sup>(10)</sup>. However, this result was higher than the proportion of live births from adolescent mothers in Minas Gerais which, according to data from the Ministry of Health, was 16.48% in 2011<sup>(10)</sup>. In Indaiatuba, in the nonmetropolitan region of the state of São Paulo, in 2008, the frequency of pregnancy in adolescence was 30.42%<sup>(8)</sup>. It may be observed that in some cities the frequency of pregnancy in adolescence is below the national average, while in others it is above it, indicating that specific locales may face this issue with greater resolute ability and efficacy, while others are still developing and improving in relation to this problem.

In this study, the mean age for the adolescents to initiate their sexual lives was 14.8 years old. In a study undertaken with adolescents from a state school in the South Zone of São Paulo, the beginning of the sexual life of those studied was, on average, 13.5 years old<sup>(11)</sup>.

In relation to the obstetric data, the majority of those in the sample had only one child. Of the total number of adolescents interviewed during the prenatal treatment undertaken in a University Hospital in Rio de Janeiro, 79.4% were pregnant with their first child<sup>(7)</sup>. The present study is in agreement with the study mentioned above, in spite of indicating a reduction in this value due to 9% of this sample having become pregnant again by the time of the interview. It was observed that the adolescent who became pregnant early

sought to prevent another pregnancy efficaciously. This seems to show that the experience with the pregnancy, or the maturation due to the increase in age, causes the majority of the adolescents to be more attentive to the prevention of pregnancy.

Many times, on finding out that they were pregnant, the adolescents choose to interrupt the pregnancy through an abortion, due to not having the conditions to become a mother. In other cases, the adolescent's body is not completely prepared for the pregnancy, and this results in miscarriage, which can create traumatic psychological consequences for her<sup>(6)</sup>. In this study, it was observed that a minority of the adolescents experienced miscarriage/abortion, without specifying which. In one study undertaken in Rio de Janeiro, 8% of the adolescents had experienced miscarriage/abortion<sup>(7)</sup>. Of the adolescents among whom pregnancy reoccurred, 25% suffered miscarriage<sup>(12)</sup>.

In one study undertaken in Curitiba, Paraná, the mean age of the pregnant adolescents was 15 years old<sup>(13)</sup>. In another study, the mean age of 85 adolescents receiving inpatient treatment in the puerperal ward of a university hospital in Paraíba was 18.2 years old<sup>(9)</sup>. In the present study, the adolescents' mean age when they became pregnant was 16.8 years old, similar to the national average, in which the highest frequency of births in adolescence occurred in the age range of 15 – 19 years old, in a total of 20.6% of births undertaken in 2006, as against 0.9% among adolescents aged between 10 and 14 years old<sup>(14)</sup>.

This study indicates that all the adolescents attended prenatal care, although the number of consultations undertaken and the gestational age at the time of the beginning of the consultations were not solicited. During the prenatal treatment of pregnant adolescents, attended in a university hospital in Rio de Janeiro, it was ascertained that 70.5% of the adolescents initiated the prenatal treatment in the second trimester of the pregnancy, while only 26.8% of them began treatment in the first trimester<sup>(7)</sup>. In one study undertaken in a public maternity unit in a municipality in Rio de Janeiro, with data from 542 adolescent puerperas, the mean gestational age when they began the prenatal treatment was 15 weeks<sup>(15)</sup>.

This study ascertained an increase in the level of the adolescents' knowledge regarding methods

of contraception following the pregnancy, with the male condom and the contraceptive pill being the most known methods. A study undertaken in São Paulo (SP) ascertained that the methods known most by the young people are the female condom (88%), the male condom (70.6%), the day-after pill (32%) and the contraceptive pill (26.6%)<sup>(16)</sup>. Furthermore, of adolescents who had become pregnant again, all stated that they knew about some type of contraceptive method, although this was not sufficient to prevent pregnancy<sup>(8)</sup>. It can be said that this occurs due to the fact that adolescence is a phase in which the individual undertakes actions motivated by impulsivity, not thinking about the consequences of the acts. Therefore, even though guidance is received on methods of contraception, the correct way of using them, and the importance of doing so, the adolescent continues to have relations without any prevention of risks.

In this context, it is worth noting that in this study there were differences between the use of contraceptive methods by the adolescents before and after they became pregnant. Prior to becoming pregnant, a minority used some method of contraception correctly and efficiently, while after the pregnancy there was an increase in the number of adolescents who started using the contraceptive pill and the contraceptive injection, continuously and appropriately. One study undertaken with 487 adolescents in Porto Alegre, in the state of Rio Grande do Sul (RS), showed that of the female adolescents who had an active sex life, 75% mentioned using some method of contraception, which for the majority (61.8%), was the contraceptive pill<sup>(17)</sup>.

When questioned regarding dialog on methods of contraception, a large proportion of the sample (38%) reported not having had dialogs with anybody on this issue. Where dialog occurred, it took place with family members, female friends, the partner and others. In one study undertaken in a public school in the South Zone of São Paulo, regarding contraception in adolescence, 44% of the adolescents interviewed reported having had dialog regarding methods of contraception and regarding sex with their parents, 29.3% with friends, 21.3% with teachers, and 5.4% of them stated that they had received information from other sources<sup>(16)</sup>, indicating the existence of 'taboos' or even of people's lack of

preparation in relation to giving advice to them on sex.

In this regard, in elaborating strategies for building closer relationships with adolescents, both parents and family members, educators, health professionals and the entire population must consider the individual and cultural differences of each adolescent, so as thus to meet their specific expectations and needs in relation both to adolescents who have a sexual partner, and in relation to those who have not yet begun their sexual lives<sup>(1,3)</sup>.

In the present study, the majority of the adolescents stated that they had become pregnant through carelessness or by accident. One study undertaken in a secondary health service set up to treat mother and child health, situated in the Municipality of Barbalha in the state of Ceará (CE), ascertained that 70% of the adolescent mothers covered in the study had not planned their pregnancy<sup>(18)</sup>. In a university hospital of Rio de Janeiro, which provides a prenatal service to pregnant adolescents, it was observed that the pregnancy had not been planned in 75% of the cases<sup>(7)</sup>. In a study undertaken with pregnant adolescents who lived in a favela in São Paulo, 50% had not planned the pregnancy<sup>(19)</sup>. This shows that the majority of adolescents who became pregnant had not used any method of contraception, in spite of knowing the risks to which they were prone.

When the adolescents were questioned regarding changes perceived in their lives following the pregnancy, 42% of them stated that there had been none. For the others, the main changes were greater responsibility, loss of freedom, and maturation. One study undertaken with residents of the Moinho favela, located in São Paulo, showed that 100% of the sample stated that there had been no changes in their lives following the pregnancy<sup>(19)</sup>. On the other hand, in a study undertaken in the maternity hospital of Fortaleza (CE), the majority of the sample report numerous changes in their lives following the pregnancy<sup>(20)</sup>.

The present study showed that the majority of the adolescents maintain an affective relationship with the father of their child (dating, stable relationship or marriage). In a study undertaken in an Adolescents' Service of the Assis Chateaubriand Maternity School (MEAC), of the Federal University of Ceará, 80% of the adolescents did not remain with the same partner<sup>(21)</sup>.

## CONCLUSION

The health teams, and society in general, must provide contraceptive counseling to adolescents so as to understand the correct and incorrect perceptions which these have regarding methods of contraception, and help them to understand the risk of unprotected sexual activity in their personal context, explaining the types of methods of contraception, how each of them functions, the correct way of use, the efficacy, the indications and contraindications, and the double role of the condom in preventing early pregnancy and sexually transmitted diseases, always giving the opportunity for the raising of doubts, and showing oneself to be available for answering questions in the future, thus making the prevention of pregnancy in adolescence, and its consequences, efficient.

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