



PROFILE OF PREGNANT ADOLESCENTS WITH HISTORY OF DOMESTIC VIOLENCE*

PERFIL DE ADOLESCENTES GRÁVIDAS COM HISTÓRIA DE VIOLÊNCIA DOMÉSTICA

PERFIL DE ADOLESCENTES EMBARAZADAS CON HISTORIA DE VIOLENCIA DOMÉSTICA

Rosana Santos Mota¹, Mariana Matias Santos², Adriana Diniz Rodrigues³, Climene Laura de Camargo⁴, Nadirlene Pereira Gomes⁵, Normélia Maria Freire Diniz⁶

This quantitative study aims to evaluate pregnant adolescents in relation to socio demographic, gynecological and obstetric aspects and the experience of domestic violence. The subjects were 34 pregnant adolescents who got prenatal care in the city of São Francisco do Conde (Bahia, Brazil). Interviews were conducted. The majority of pregnant adolescents was between 16 and 19 years old and was single, black, non-educated, and financially dependent on parents or husband/partner, having initiated a sexual relationship before the age of 15. More than 40% declared a history of domestic violence. Some of them revealed the experience of domestic violence during pregnancy. In face of this reality, a professional look is necessary in order to recognize domestic violence as an aggravating factor to the health of these adolescents, a fact which has not been perceived in health care.

Descriptors: Pregnancy in Adolescence; Domestic Violence; Nursing.

Estudo quantitativo, com objetivo de caracterizar as adolescentes grávidas quanto aos aspectos sócio-demográficos, ginecológicos e obstétricos e a vivência de violência doméstica. Os sujeitos foram 34 adolescentes grávidas que realizavam pré-natal no município de São Francisco do Conde (BA, Brasil). Realizou-se entrevista. A maioria das adolescentes grávidas tinha entre 16 e 19 anos e eram solteiras, negras, de baixa escolaridade, dependentes financeiramente dos pais ou do marido/companheiro, tendo iniciado a relação sexual antes dos 15 anos. Mais de 40% declararam história de violência doméstica. Algumas revelaram tê-la vivenciado durante a gravidez. Diante de tal realidade é necessário um olhar profissional atento para as adolescentes grávidas a fim de que reconheça a violência doméstica como agravo a sua saúde, fato que não vem sendo percebido nos espaços da saúde.

Descritores: Gravidez na Adolescência; Violência Doméstica; Enfermagem.

Estudio cuantitativo, con objetivo de caracterizar las adolescentes embarazadas sobre aspectos sociodemográficos, ginecológicos, obstétricos y la experiencia de violencia doméstica. Fueron entrevistadas 34 adolescentes embarazadas que realizaron control prenatal en el municipio de San Francisco del Conde (Bahía, Brasil). La mayoría de las embarazadas tenía entre 16 y 19 años, eran solteras, negras, con bajo nivel educativo, dependientes financieramente de sus padres o del marido/compañero, habían iniciado vida sexual activa antes de los 15 años. Más de 40% declararon historia de violencia doméstica. Algunas revelaron haber sufrido violencia durante el embarazo. Se hace necesaria aproximación profesional atenta de las adolescentes embarazadas con el fin de reconocer la violencia doméstica como factor de riesgo para su salud, ya que esta realidad no está siendo percibida en los servicios de salud.

Descriptor: Embarazo en Adolescencia; Violencia Doméstica; Enfermería.

*Part of a paper extracted from the umbrella project called: "Factors of Vulnerability in the Health of Children and Adolescents in São Francisco do Conde", sponsored by Fundação de Apoio à Pesquisa da Bahia (FAPESB).

¹RN, Master in Nursing by Universidade Federal da Bahia. Assistantial Nurse of the Tysilla Balbino maternity hospital. Salvador, BA, Brazil. E-mail: rosana17santos@yahoo.com.br.

²Nursing graduate by Universidade Federal da Bahia. Receives scholarship from (PIBIC). Salvador, BA, Brazil E-mail: mari_britomatias@hotmail.com.

³RN, Doctors' degree student by Universidade Federal da Bahia. Assistantial Nurse of the José Maria de Magalhães Neto maternity hospital. Salvador, BA, Brazil. E-mail: a.dini@ig.com.br.

⁴RN, Post- PhD pela Université Rene Descartes-Sorbonne. Professor in the area of Health of the Children of the Nursing Course of Universidade Federal da Bahia. Salvador, BA, Brazil. E-mail: camargo@ufba.br.

⁵RN, Post-Doctor's degree student in Nursing by Universidade Federal de Santa Catarina. Professor of Adult Health of the Nursing Course of the Universidade Federal da Bahia. Salvador, BA, Brazil. E-mail: nadirlenegomes@homail.com.

⁶RN, Nursing Doctor by Universidade Federal de São Paulo. Professor of Women's Health of the Nursing Course of the Universidade Federal da Bahia. Salvador, BA, Brazil. E-mail: normeliadiniz@gmail.com.

INTRODUCTION

Pregnancy in adolescence brings major implications for the life of adolescents, which go beyond the repercussions on their health.

Adolescence corresponds to the period of anatomic, physiological and social changes which separate the child from the adult; covering pre-adolescence (10 to 14 years) and adolescents (15 to 19 years), according to what is established by the World Health Organization (WHO)⁽¹⁾. Covering a short period, the Statute of the Child and the Adolescent comprehends adolescence the phase of human life that begins at 12 and ends at 18⁽²⁾.

Despite this divergence regarding age, both agree that the phase of adolescence is marked by profound changes related to the appearing of the secondary sexual characteristics, the discovery of sexuality, the structuring of the personality, the environmental adaptations and the social integration⁽³⁻⁴⁾. In this process of transformations, the sexual relation is each time earlier which results in possible pregnancy.

The gestation during adolescence has been quoted as an important problem of public health, once it can bring about obstetrical complications, with repercussion for the mother and her child, as well as with economical and psycho-social problems; its prevalence is variable according to the social, cultural and economical determinants. Data have shown that pregnancy in adolescents contributes to a considerable increase in the birth rates of the country⁽⁵⁻⁶⁾. This is still another important change in the reproductive scenario, with a reduction of the birth rate among older adult women and an increase among the adolescents. So, the participation of pregnancy in adolescents between 15 and 19 years in birth rate was higher, while in the same time there was a decrease of this rate in the other age ranges⁽⁷⁾.

According to the Sistema Nacional de Informações em Saúde, in Brazil, in 2010, 552,630 babies were born alive from adolescent mothers, which represents, approximately, 19% of babies born alive⁽⁵⁾. Still under percentage of adolescent mother, a study made in a public hospital revealed that 28.7% of the parturient were adolescents⁽⁶⁾.

Besides the hormonal modifications, the gestation provokes changes in the body and the need of adaptation to new roles. Therefore, pregnancy itself results in social, psychological and corporeal transformations, which may lead to a period of crisis of adjustment⁽³⁻⁴⁾. If the gestation represents a period of intense biopsychosocial changes, the pregnancy in adolescents results in determinant conflicting processes of self affirmation, once the adolescents are going into a period of development both from the social as the psychological point of view⁽⁸⁾.

Studies have shown factors associated to pregnancy in adolescents, such as infection of the urinary tract, anemia, bleeding, prematurity, low maternal and neo-natal weight, which might jeopardize the mental health of the adolescent. A research made with this public found a prevalence of depression among the pregnant adolescents⁽⁹⁾. In the social environment, researches reveal that many of them are not prepared to assume the role of being a mother, so, the dedications to the child is harmful to the school results which may make the adolescent quit school. This situation has a negative repercussion, especially for the difficulty of future insertion in the work market^(4,9-11). Some of them are forced to give a new direction to their lives, living in their parents' house, and in many cases, getting pregnant again with another partner⁽¹²⁾.

Although the researches point towards such repercussions, it is still high the percentage of adolescent that plan pregnancy. Some studies on the

analysis of the profile of the pregnant adolescents found a percentage between 25% and 68.7% of adolescents who reported to have planned pregnancy^(6,11). Another research also made with pregnant adolescents showed that 39.6% revealed the wish to get pregnant, although they mentioned the need to work in order to help keeping the family and consequently quit studying due to gestation⁽¹³⁾.

It is important to consider that many adolescent get pregnant in order to satisfy the wish of their boyfriends and some them think about pregnancy as a possibility to keep a more stable love relationship, and also, as a way to leave the parents, once they believe this is a matter of social ascension⁽⁴⁾.

In a research made with pregnant adolescents, most of them reported dissatisfaction with the partner decurrent from his lack of interest with the pregnancy. It also showed that the historical evidence of intrafamilial violence experienced by the adolescent is related with the possible cause of early leaving home, the lack of perspective in life, quitting school and the insertion in a work market as cheap and disqualified labor⁽¹¹⁾. A study made on the intra-familial violence during adolescence reveals that the pregnancy acted as psychological violence among the adolescents studied, being the parents the main perpetrators of the violence⁽¹⁴⁾.

Considering that the pregnant adolescent experiences her own adolescent conflicts associated to the gestation and that the studies show a vulnerability of the adolescent, the experience of domestic violence provoked some questions: Which are the social demographic and obstetric characteristics of the pregnant adolescents? Do they experienced domestic violence? Who are the main authors of these aggressions? In order to answer this inquietude, the present study has as objective to characterize the pregnant adolescents regarding their social

demographic, gynecological and obstetric aspects and the experience of domestic violence.

METHOD

As methodological procedure of investigation, a descriptive-exploratory study was made, with quantitative approach. This kind of research allows the possibility to relate variables considered relevant for the explanation of the phenomenon, and therefore classify, quantify and analyze its characteristics. Thus there is a contribution to a broader familiarity of its theoretical content which reveals its exploratory character⁽¹⁵⁾.

The research was made in the county of São Francisco do Conde (BA, Brazil), located in the northern region of Baía de Todos os Santos, metropolitan region of the city of Salvador, Bahia, Brazil. It has a populations estimated in 31,219 inhabitants, distributed in an area of 266,631 km²⁽¹⁶⁾. The Family Health Strategy provides assistance to around 70% percent of the county, therefore most of the pregnant adolescents have pre natal follow-up. The remaining ones usually from a group of high risk and the ones who live in the areas which are not covered by the program are followed in the Centro de Referência da Mulher (CRESAM).

CRESAM is a unit, with spontaneous demand, which renders assistance of average complexity, exclusively to ladies. Made up by a multidisciplinary team, the Center works with services of gynecology, mastology, nursing, ultrasonography, high and low risk pre natal, cardiology, nutrition, psychology, social service and diagnosis examinations⁽¹⁶⁾.

The population of the study was made up by pregnant adolescents who had had pre natal examinations at Family Health Units or at CRESAM.

The non random sample had as criteria of inclusion: being an adolescent, being considered within the range of 10 to 19 years established by WHO⁽¹⁾; being pregnant; and having pre natal follow-up between

the months of January and March, 2011. All the adolescents surveyed accepted to participate in the study. Therefore, 34 adolescents participated in the study.

It is necessary to highlight that the study is linked to an umbrella project called: 'Factors of Vulnerability in the Health of Children and Adolescents of São Francisco do Conde', financed by Fundação de Apoio à Pesquisa da Bahia (FAPESB). Considering such bond, the approximation of the subjects of the study was made feasible, once the project had the support of managers and health professionals who provided assistance to the adolescents, who provided the access to units and the adolescents possible. The health professional was in charge of pre-natal follow-up (doctor or nurse) chose the pregnant adolescents and the day of their doctor's appointment. On the established day, the researcher went to the health unit, provided information on the research and asked for the participation of the adolescent, once she had a formal consent provided by her legal representative, taking into consideration that the interviewed girl was a minor.

So, the adolescents were clarified as to the objectives of the study and its relevance, being invited to collaborate with it. They were informed regarding the ethical aspects, based on Resolution 196/96 which establishes that the researches with human beings, among them: free decision to participate in the research and quit at any time without suffering any damage in her assistance at health unit; no financial or material rewarding for her participation; confidentiality of the data and anonymity, that is why they were given fictitious names; the divulging of the results only through scientific events and publishing; and the signature of the Free Consent Form by the adolescent and by her legal responsible, including the telephone for the researches' contacts and data for contact with the

Ethics Committee on Research which approved the project.

The interview was used as a technique of data collection, using a semi-structured form. Several social demographic conditions were elected (age, schooling, financial dependence, skin color, marital status), the gynecologic obstetric history (first sexual relation and number of pregnancies), experiences of domestic violence (at any moment in life or during the current pregnancy).

It is highlighted that the project had been sent for appreciation at the Comitê de Ética de Enfermagem da Escola de Enfermagem da Universidade Federal da Bahia, being approved, (Registro CEP: n°04/2010 – fr-316.608), which authorized the data collection. The interviews took place in a private room at CRESAM or at the Family Health Units.

The data obtained through forms made up a data bank in the EXCEL program and were systematized with the use of descriptive statistics, organizing numeric data in distribution of relative and absolute frequencies. The results were organized in the following categories: social demographic, gynecological and obstetric aspects and experience of domestic violence. The analysis of the results was fundamented under the perspective of gender and its theme: pregnancy in adolescence, sexuality and domestic violence, emphasizing the public policies.

RESULTS

Socio-demographic, gynecological and obstetrical aspects

Based on the age range established by WHO for adolescence, the studies show that 14.7% of the pregnant adolescents were between 10 and 15 years of age and 85.3% between 16 and 19 years.

Regarding schooling, the study showed that 67.6% of the pregnant adolescents interviewed stated

they had attended only incomplete grade school, while 32.4% reported to have attended incomplete high school. No illiterate adolescents were identified. The study showed that 94% of pregnant adolescents didn't have paid work, 97.05% depended financially on other people. Of those, 54.5% reported receiving help from their parents; 39.4%, from their husband/partner and the other ones, from family members.

Regarding skin color, 50% of the interviewed women stated they were black and 44.1%, dark skinned, that is, more than 90% of the adolescents were black.

Most of adolescents (58.8%) are single. 38.25% live together with the spouse and 2.95% said to be widows. Regarding the age of the first sexual relationship, 56.25% said they had had their first relations before they were 15. Most of the adolescents (73.5%) said it was their first pregnancy; 17.65%, the second and for 8.85% this is at least their third pregnancy.

Experience of Violence

Concerning the experience of violence suffered by the pregnant adolescents, the study showed that 41.2% of the interviewed women said to have suffered domestic violence at some time of their lives. The study shows that approximately 57.2% of the perpetrators of such domestic violence were husbands/partners, former husbands/former partners, boyfriends/former boyfriends, which configure conjugal violence. The other 42.8% of the cases correspond to intra-familial violence, and then the main aggressors are the parents, more specifically the mother.

Among the adolescents who have experienced domestic violence, 100% said to have suffered psychological violence such as humiliations and cursing, accusations (of having lovers, for example) and the violation of the right to come and go. The physical form

of domestic violence also had an expressive percentage, around 70% and it was manifested through punches, pushes, wounds with white weapons, and finally, sexual violence was represented with 28.6% of the reported cases.

Regarding the experience of violence during pregnancy around 15% of the total of pregnant adolescents said to have suffered it during this period. Nevertheless, if the adolescents with previous cases of domestic violence are considered, the percentage goes up to 35.7%.

DISCUSSION

Most of the pregnant adolescents are between 16 and 19 years, which confirms data of the study whose results show the highest percentage of pregnancy in adolescents older than 14^(4,11). There is a high percentage of adolescents older than 15 studying high school and still financially dependent on the parents or on the partner. A study on the reason of quitting school by adolescents showed that pregnancy appear in second position⁽¹⁷⁾, signaling that the pregnancy in this period of life can endanger their school trajectory. A research on the reincidence of pregnancy in adolescence⁽¹²⁾ shows a bigger school gap between adolescents of lower social classes, thus revealing the existent social economic inequality in Brazil.

Therefore, it can be observed that the adolescents who prematurely get pregnant generally show lower grades in the academic development leading many times to quitting school. These adolescents, many times need to work to help in the family support, and this work in most cases is subemployment and with low remuneration, which favors the perpetuation of the cycle of poverty^(4,10-11).

The most part of the population of São Francisco do Conde (BA, Brazil) is black (93%), which is possibly related to the high percentage of pregnant adolescents

shown in the study. However, a study shows that women and children, black and poor, are the main victim of domestic violence^(9,17). A study related to the every day life of racial discrimination showed that the black adolescents have a lower level of schooling, worse conditions of housing and use fewer contraceptive methods, they have more children, and they live alone more frequently, without a partner and so are more susceptible to violence⁽¹⁷⁾.

Related to marital status, 58.8% of the adolescents are single and 38.5% of them live with a spouse. In a research made with pregnant adolescents⁽⁷⁾, diverging results were found, demonstrating that 75.6% of the interviewed had a husband/partner.

Although this research shows that 56.25% of the adolescents stated to have had their first sexual relation before 15, a study made with the objective to characterize the social, demographic and reproductive profile, the pregnant adolescents⁽⁴⁾ revealed that 60.9% of the adolescent student, reported to have had their first sexual involvement after 15. Therefore, it was noticed that in São Francisco do Conde, the adolescents are more vulnerable to pregnancy, once their sexual life initiation occurs earlier.

Most of the adolescents (73.5%) reported that this was their first pregnancy. A study on the characteristics of pregnant adolescents⁽³⁾, reveals that, regarding the number of pregnancies among adolescents researched, 80.1% were in first pregnancy. The pregnancy in adolescence is a socially worrying reality, especially for having each time more sexual activity before and adult age. National and international studies show this to be a problem of public health, once the pregnancy during adolescence increases school evasion, which has as repercussion the difficulty of insertion in the market and, therefore, economical ascension. There are also implications for the baby,

because he has bigger chances on prematurity and lower weight at birth. Considering the reality of the beginning of sexual activity in an early and unprotected way, some health policies are essential to recognize this vulnerability and incentivize the responsible sexual behavior^(3, 4, 9-11).

The sexuality in adolescence can and must be linked to proper orientation by the health professional, especially by the nursing professionals who have a fundamental role in the process of education and health, at school and within the family. Despite the increase of the scope of the Family Health Strategy in Brazil, especially in the last favored regions, there is an absence of public policies turned to the group of adolescents, with gaps in the preventive programs and in the stimulus to the use of contraceptives, including the use of condoms. There is also a gap regarding the guarantee of access to the services and the methods of contraception⁽⁷⁾. The fragmented professional assistance is still to be considered, which does not provide a complete assistance to the needs of the adolescents leaving them vulnerable to an early pregnancy due to the lack of adequate information.

Besides that, when they are pregnant, the adolescents become more susceptible to relation conflicts which might end up in manifestations of domestic violence⁽⁸⁾. In this research, the percentage of pregnant adolescents with domestic violence was high. A study on obstetric complications, stressing events, violence and depression during the pregnancy in adolescents shows equivalent data, revealing that 45% of the total of the adolescents interviewed had already been harmed sometime in their lives by her partner or by someone close to them⁽⁹⁾.

The data related to the experience of domestic violence by the adolescents under this study is close to the data found in a research on domestic violence during pregnancy, which is equivalent to 19.1%⁽¹⁸⁾. It is

important to point out that when considering the total of adolescents who have already experienced domestic violence, the percentage of experience of violence during pregnancy reaches 35.7%.

It is observed that the experience in violence during pregnancy is present in the daily lives of the adolescents of São Francisco do Conde. Violence is shown through threatens, humiliations and insults, persecution, aggression, privations or any other act which may cause emotional, psychological or physical damage to the woman. The continuous process of mistreating jeopardizes self esteem, rises de level of anxiety and stress in the woman, causing damages, many times, irreparable⁽¹⁹⁾. Considering that the adolescents in most cases are black and belong to a lower social class, they are even more exposed to the social, ethnical, psychological and economical inequity. These inequities jeopardize development and self esteem⁽¹⁷⁾.

Even facing this problem, it is noticed that not always, the experience of domestic violence is perceived by the health professionals, and rarely do the pregnant adolescent review this in the health services. The violence experience by the pregnant adolescent is still difficult to be approached through personal and professional relationships. The women who have experienced these situations feel repressed to report the partners' and family members' aggressions and, besides that, some acts of violence are not recognized by them nor by this women in even nor by the health professionals⁽²⁰⁾. So, it is necessary to have a more sensitive look on the experience of domestic violence during pregnancy, by the health professionals. One of the ways would be the inclusion of a systematic investigation of domestic violence during pre-natal assistance.

It is necessary to open the spaces of discussion on this theme during the process of formation of the

nursing students and other health professionals, making them more sensitive about the need do be aware of signs/symptoms which may be related to domestic violence, as well as the importance of the register of violence at the prompt-book and also filling of a form of compulsory notification of the violence; these tools are important for the establishing of specific public policies for women who have experienced domestic violence.

FINAL CONSIDERATIONS

The pregnant adolescents are between 16 and 19 years old, single, black, with low schooling, financially dependent on parents or husband/partner, having started sexual relationships before they were 15 and in the first pregnancy.

With the pregnancy, the adolescents who have not abandoned the studies, start having other responsibilities having to assume roles for which for they are not yet prepared. Almost half of the adolescents are in a stable union situation, which widens the roles of gender to be developed, such as the care with the house and with the partner.

It is important to highlight the importance of the researches in order know the perspectives of life of the adolescents, once many studies review that they are anxious for maternity, even being so young. It shows the need of renovation in the educational process which makes available, for children and the adolescents, other options of personal fulfillment, in order to have a counterpoint to hegemony of the role of a mother.

Among the pregnant adolescents, many reported experiences of domestic violence, having their partners as the main aggressors, followed by the parents. So, it has been revealed that their homes are not an environment of protection, but places where the adolescents are more vulnerable to experience violence. It is necessary to point out that some adolescents reported to have experienced violence during pregnancy

confirming that pregnancy is a period of crisis which makes them more vulnerable, more exposed to the risk of violence.

These data show the need of a more attentive professional look at the pregnant adolescents in order to recognize the experience of domestic violence as a harm to their health, a reality that is not been perceived within the health areas. That is why the domestic violence theme is important and it should be inserted in the formation of the health professionals, in the perspective of gender.

It should be relevant that some of the interviewed girls were under 15 years, some 10 years old. Considering the implications of early pregnancy there is a need of social reflection regarding the beginning of early sexual relationships, also investigating its relation with the experience of violence within their homes. This understanding is essential in the process of developing preventive actions having as objective the responsible sexual behavior. Recognizing the Primary Attention to Health as a strategic place to identification of the demands and coordination of integral care, from the valuing of the community and family context, these actions can be taken through the pre-natal appointments or from educational activities with adolescent girls and boys within the community. It is important to have the management of the nurse in such actions once they are part of the reference team of the Family Health Strategy, besides working, and most cases, in posts of coordination of local health units. It is also necessary to have qualitative studies which may allow a deeper comprehension of the situations which may be associated to pregnancy in adolescence.

REFERENCES

1. World Health Organization (WHO). Child and adolescent health and development [Internet]. Geneva; 2004 [citado 2009 ago. 9]. Available from: http://www.who.int/child-adolescent-health/OVERVIEW/adh_over.htm.
2. Brasil. Lei nº 8069 de 13 de junho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Diário Oficial da República Federativa do Brasil, Brasil, Brasília, 13 Jul. 1990.
3. Chalem E, Mitsuhiro SS, Ferri CP, Barros MCM, Guinsburg R, Laranjeira R. Gravidez na adolescência: perfil sociodemográficos e comportamental de uma população da periferia de São Paulo, Brasil. Cad Saúde Pública. 2007; 23(1):177-86.
4. Carvalho AYC, Ximenes LB, Fontenele FC, Dodt RCM. Perfil sociodemográficos e reprodutivo de adolescentes grávidas acompanhadas na Unidade Básica de Saúde do município de Canindé. Rev Rene. 2009; 10(1):53-61.
5. Ministério da Saúde (BR). Informações de saúde-Data SUS, 2010 [Internet]. [citado 2012 out. 10]. Disponível em: <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sinasc/cnv/nvuf.def>.
6. Gallo JHS. Gravidez na adolescência: a idade materna, consequências e repercussões. Bioética. 2011; 19(1):179-95.
7. Amorim MMR, Lima LA, Lopes CV, Araújo DKL, Silva JGG, César LC, et al. Fatores de risco para a gravidez na adolescência em uma maternidade-escola da Paraíba: estudo caso-controle. Rev Bras Ginecol Obstet. 2009; 31(8):404-10.
8. Monteiro CFS, Costa NSS, Nascimento PSV, Aguiar YA. A violência intra-familiar contra adolescentes grávidas. Rev Bras Enferm. 2007; 60(4):373-6.
9. Pereira PK, Lovisi GM, Lima LA, Legay LF. Complicações obstétricas, eventos estressantes, violência e depressão durante a gravidez em adolescentes atendidas em unidade básica de saúde. Rev Psiquiatr. 2010; 37(5):216-22.
10. Oliveira-Monteiro NR, Negri M, Fernandes AO, Nascimento JOG, Montesano FT. Gravidez e

maternidade de adolescentes: fatores de risco e de proteção. Rev Bras Crescimento Desenvolv Hum 2011; 21(2):198-209.

11. Oliveira SC, Vasconcelos MGL, Oliceira ECA, Vasconcelos Neto PJA. Perfil de Adolescentes grávidas de uma comunidade no Recife-PE. Rev Rene. 2011; 12(3):561-7.

12. Bruno ZV, Feitosa FEL, Silveira KP, Morais IQ, Bezerra MF. Reincidência de gravidez em adolescentes. Rev Bras Ginecol Obstet. 2009; 31(10):480-4.

13. Cerqueira-Santos E, Paludo, SS, Schiró, EDB, Koller SH. Gravidez na adolescência: análise contextual de risco e proteção. Psicol Estud. 2010; 15(1):72-85.

14. Flores Sullca T, Schirmer J. Violência intrafamiliar na adolescência na cidade de Puno - Peru. Rev Latino-am Enferm. 2006; 14(4):579-85.

15. Marconi MA, Lakatos EM. Fundamentos de metodologia científica. 7ª ed. São Paulo: Atlas; 2010.

16. Prefeitura Municipal de São Francisco do Conde (BA). Secretaria Municipal de Planejamento e Desenvolvimento Econômico. Relatório de gestão. São Francisco do Conde; 2009.

17. Taquette SR. Interseccionalidade de gênero, classe e raça e vulnerabilidade de Adolescentes negras às DST/aids. Saúde Soc. 2010; 19(2):51-62.

18. Audi CAF, Segall-Corrêa AM, Santiago SM, Andrade MGG, Pèrez-Escamila R. Violência doméstica na gravidez: prevalência e fatores associados. Rev Saúde Pública. 2008; 42(5):877-85.

19. Diniz NMF, Lopes RLM, Rodrigues AD, Freitas DS. Mulheres queimadas pelos maridos ou companheiros. Acta Paul Enferm. 2007; 20(3):321-5.

20. Medina ABC, Penna LHG. Violência na gestação: um estudo da produção científica de 2000 a 2005. Esc Anna Nery. 2008; 12(4):793-8.

Received: Nov. 6th 2012
Accepted: Dec. 17th 2012