

## PSYCHOLOGICAL IMPACTS OF PREGNANCY IN ADOLESCENCE: AN INTEGRATIVE REVIEW

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***Greice Kelly Palmeira Campos***

Centro Universitário do Espírito Santo –  
UNESC

Colatina – ES

<http://lattes.cnpq.br/3621497067853119>

***Mateus Costa de Souza***

Universidade Nove de Julho – UNINOVE  
São Paulo - SP

<http://lattes.cnpq.br/0307101341514949>

***Juliana Araújo de Oliveira***

Universidade Nove de Julho – UNINOVE  
São Paulo - SP

<http://lattes.cnpq.br/2308264576794845>

***Guilherme Jecobsen Luchi***

Universidade Nove de Julho – UNINOVE  
São Paulo - SP

<http://lattes.cnpq.br/9015191518909512>

***Pablo Santiago França***

Universidade Nove de Julho - UNINOVE  
São Paulo - SP

<http://lattes.cnpq.br/7499974937471488>

***Gabriela Marchetti Menna Barreto***

Universidade Nove de Julho - UNINOVE  
São Paulo - SP

<http://lattes.cnpq.br/1221673817872139>

***Rachel Borille de Almeida***

Universidade Nove de Julho - UNINOVE  
São Paulo - SP

<http://lattes.cnpq.br/7049112467596144>

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***Isabella Manara Bordignon***

Universidade Nove de Julho - UNINOVE  
São Paulo - SP  
<http://lattes.cnpq.br/4482385899182845>

***Juliana Leite Almeida***

Universidade Nove de Julho - UNINOVE  
São Paulo - SP  
<http://lattes.cnpq.br/0280812130792410>

***Bianca Laura Candido***

Universidade Nove De Julho - UNINOVE  
São Paulo - SP  
<http://lattes.cnpq.br/8520170729409707>

***Lucas Hummel Pedreiro***

Universidade Nove de Julho - UNINOVE  
São Paulo - SP  
<http://lattes.cnpq.br/5481645778589690>

***Marina Gomes Navarro Sanchez***

Universidade Nove de Julho - UNINOVE  
São Paulo - SP  
<http://lattes.cnpq.br/9258594231872225>

**Abstract:** Pregnancy is theoretically a biologically determined transitional period characterized by complex metabolic changes, major adaptations and identity change. In adolescence this situation is even more aggravating, as it generates an overload of physiological, psychological and social needs, resulting in a series of compromising events for the development of the individual. The objective was to describe the evidence found in the literature on the psychological consequences of teenage pregnancy. This is an integrative literature review, in the MEDLINE, LILACS and BEDENF databases, through the grouping of the following descriptors Health Science (DeCS): Pregnancy, Adolescence and Mental Health, together with the Boolean operator AND. We continued using the filters with the inclusion criteria, resulting in 346 articles. These, after a careful reading of the titles and abstracts, resulted in 35 articles. After exhaustive reading of the articles in full to verify if they responded to the research problem, the final sample consisted of 11 articles. Data integration resulted in two categories: a) Feelings experienced by pregnant teenagers and their psychological consequences and b) The role of the family and the health service for the mental health of pregnant teenagers. It is concluded that teenage pregnancy represents a psychosocial issue since it brings together psychological, emotional, sexual, social and cultural conflicts. Feelings such as insecurity, despair, fear, disorientation, loneliness are frequent, especially when the pregnancy is discovered. When pregnant, the young woman needs to simultaneously face the transformation processes typical of adolescence and those arising from pregnancy, going through an intense overload of physical and psychological efforts.

**Keywords:** Pregnancy, Adolescence, Mental Health.

## INTRODUCTION

Adolescence is a period of transformation, in which young people go through various physical, intellectual, personality and whole being changes. It is the transition period between childhood and adult life, and can be characterized by impulses of physical, mental, emotional, sexual and social development and by the individual's efforts to be accepted and achieve their goals (EISENSTEIN, 2005).

The World Health Organization (1986) defines adolescence as the chronological limits between 10 and 19 years old, and youth comprises the population aged 15 to 24 years old. During this period, they undergo psychological, physical and social transformations that expose them to a series of health risks. During puberty, morphological and physiological changes occur (shape, size and function) resulting from the reactivation of the neurohormonal mechanisms of the hypothalamic-pituitary-adrenal-gonadal axis. There is a physiological change through the hormonal "explosion", which together with the environment, influence behavioral development (EISENSTEIN, 2005).

One of the areas of development that mark adolescence are sexual impulses and the desire for new discoveries and experiences on this topic (PORTAL EDUCAÇÃO, 2014). Changes in the behavior pattern of adolescents, in the exercise of their sexuality, end up demanding careful attention on the part of health professionals, due to their possible repercussions, including sexually transmitted infections and early pregnancy (TOQUETTE and PAULA, 2004).

With the onset of puberty, young people between 12 and 14 years old are already biologically prepared to conceive a child, but they are not yet psychologically and socially prepared to assume this responsibility. Teenage pregnancy is a risk factor for the development of psychiatric illnesses such as

anxiety and depression. The repercussions on mental health caused by pregnancy during adolescence have a varied spectrum and include: psychological distress, school dropout, development of drinking habits, suicidal ideation, suicide attempt (ETESPPE, 2005).

Thus, this research aims to describe the evidence found in the literature on the psychological consequences of teenage pregnancy. The study will be of the integrative review type, with the objective of gathering, evaluating, synthesizing the research results on the subject in a systematic and orderly manner and answering the following guiding question: what are the effects on mental health in pregnant teenagers?

## MATERIALS AND METHODS

The study was an integrative review, carried out through an online search of scientific productions, with the objective of describing the evidence found in the literature on the psychological consequences of teenage pregnancy. The study started from the following guiding question: what are the effects on the mental health of pregnant adolescents?

The research consisted of a qualitative approach, carried out between July and October 2022, with a bibliographic search carried out in the Virtual Health Library, selecting the electronic databases MEDLINE, BDNF and Latin American and Caribbean Literature in Sciences of Health (LILACS).

The inclusion criteria were articles that present information about the consequences on the mental health of pregnant adolescents, published between 2010 and 2020, made available in full on the internet, using the following descriptors: Pregnancy, Adolescence and Mental Health, associated with the Boolean operator AND. Exclusion criteria were articles that are not similar to the theme,

duplicates and those not available in full in the databases. The articles were read, followed by a critical analysis of the material, with the aim of highlighting and delimiting what is indispensable for obtaining an in-depth study. The protocol containing the following steps was used: 1) definition of research questions; 2) literature search and sampling according to inclusion criteria and study objectives; 3) evaluation of selected studies; 4) interpretation of results; 5) synthesis and description of the results obtained.

In the first stage, using the descriptors with the application of filters, they were found in the VHL database, 199 articles. These ones, after a careful reading of the titles and abstracts, resulted in 35 articles. After exhaustive reading of the articles in the complete to verify if it responded to the research problem, the final sample consisted of 11 articles, as shown in figure 1.

The script was prepared with the following variables: Title of the article, authors/year of publication, journal, objectives, methods/types of research, main conclusions. Data were validated by two researchers. As an endorsement of all review items, the PRISMA protocol of 27 assessment items was used. There was no funding for the research.

## **RESULTS AND DISCUSSION**

After classifying all the material, the data were organized, facilitating the visualization and understanding of the selection process of the material. Table 1 presents the specifications of each of the selected articles, describing the title of each article, the names of the authors and year of publication, the journal in which the article was published, the objective, method and/or type of research that was carried out for the construction of the article and the main conclusions.

Thus, after systematic analysis of the articles, it was necessary to include two

thematic axes: 3.1 Feelings experienced by pregnant teenagers and their psychological consequences and 3.2 The role of the family and the health service for the mental health of pregnant teenagers.

### **FEELINGS EXPERIENCED BY TEENAGE PREGNANT WOMEN AND THEIR PSYCHOLOGICAL CONSEQUENCES**

Teenage pregnancy is a psychosocial issue, as it brings together psychological, emotional, sexual, social and cultural conflicts. Feelings such as insecurity, despair, fear, disorientation, loneliness are frequent, especially when the pregnancy is discovered. When pregnant, the young woman needs to simultaneously face the transformation processes typical of adolescence and those arising from pregnancy, going through an intense overload of physical and psychological efforts that, in order to bear it, she would need support associated with the desire to become a mother. However, this is not what happens most of the time, as young women are scared when they are surprised by pregnancy, lacking adequate medical and material care, human solidarity and special emotional support (SCHWANKE; PINTO, 2012; RODRIGUES et al. 2017).

When discovering the pregnancy, the adolescents manifest feelings of insecurity, fear, rejection, since they do not feel prepared to experience the role of mother. The first reaction may be fright, both for them and for the family, caused by not planning the pregnancy and possible denial of the condition of carrying a child (CREMONESE et al., 2019).

Although for some adolescents, premature pregnancy is desired and may become the only possibility of changing their status in life, for most, motherhood means annulments, because they move away from friends, because they occupy the role of single mothers or

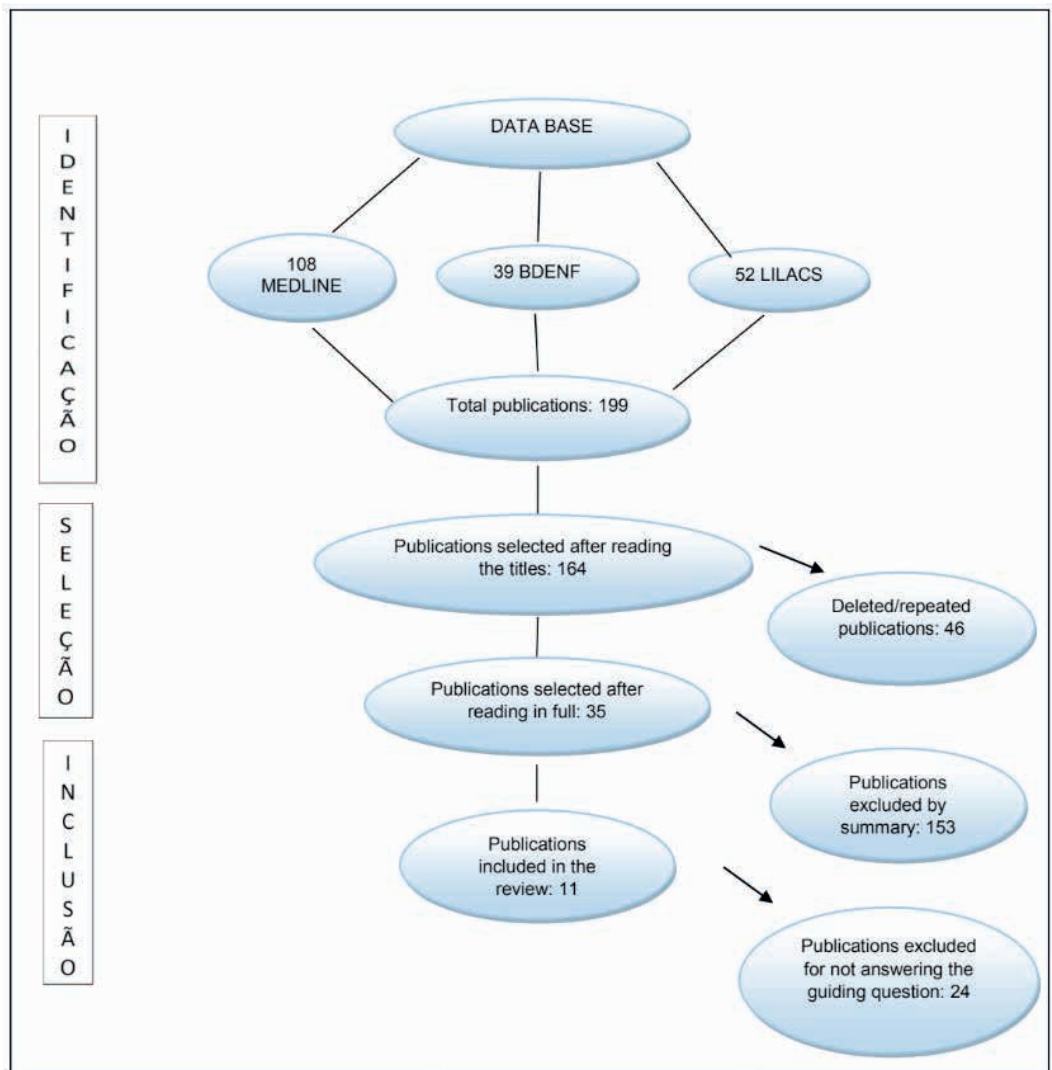


Figure 1 – Flowchart and procedures used to select articles. Source: Prepared by the authors (2022).

JOURNAL	AUTHOR/ YEAR	ARTICLE TITLE	GOALS	RESEARCH METHODS AND TYPES	MAIN CONCLUSIONS
Rev. Science plural	2017/ Rodrigues et al.	Perceptions about the psychosocial effects of teenage pregnancy in the context of the family health strategy	Identify perceptions about the psychosocial effects of pregnancy in adolescents between 14 and 19 years old, in the area covered by the Santarém Family Health Unit, who became pregnant or became mothers, between October 2013 and December 2014.	Descriptive study, qualitative approach	We visualize the negative psychosocial effects from the beginning of the pregnancy, that is, 82% of the adolescents had no intention of becoming pregnant. This condition was decisive for the interruption of studies (45%), with losses in educational training and, consequently, in professional training. It was also observed that there were significant changes in social life, with restrictions on freedom and leisure options, which were replaced by household chores and child care. Approximately 23% of partners did not assume paternity.
Rev. Public Health	2017/ Vieira et al.	Teenage pregnancy and transition to adulthood in young SUS users	Contextualize teenage pregnancy from milestones associated with the process of transition from youth to adulthood.	Cross-sectional study	The path of transition to adult life has been the establishment of a bond with the partner and subsequent pregnancy, suggesting a clear pattern of male guardianship. The change in the role of women in society observed in recent decades, which means choosing a professional career, defining the number of children and choosing a partner(s), has not reached these young people.
Rev. sick health care	2018/ Damacena et al.	Teenage pregnancy and self-esteem	Evaluate the self-esteem of pregnant teenagers.	Descriptive, quantitative and cross-sectional study	A self-esteem, as it interferes with the mother's care for her child, must be quantified and analyzed by health professionals in order to prevent mental disorders that may arise as a result of low self-esteem.
Rev. researched. take care found.	2018/ Mata et al.	Experience of relatives of pregnant teenagers regarding early pregnancy in the city of Montes Claros/MG	To know the experiences of relatives of pregnant adolescents assisted by the ESF in the municipality of Montes Claros/MG, regarding early pregnancy.	Descriptive study with a qualitative approach	Respondents relate to early pregnancy to several factors. Acceptance of pregnancy is referred to as positive, even when unexpected. The adopted conducts transit from the counseling to offering family support, but almost always assigning responsibility to the adolescents. The predominant feeling is conformism, due to the precocity of the pregnancy
Rev. researched. take care found.	2018/ Torres et al	The meaning of motherhood for adolescents assisted in the Family Health Strategy	To know the meanings of motherhood for the adolescents assisted by the Family Health Strategy (ESF), in the city of Montes Claros-MG/ Brazil.	Descriptive study with a qualitative approach	As for the future projects, the teenage mothers show concerns about providing a good quality of life for their children. Contributes to the increase of quality of health care for adolescents, in the development of intervention programs and with other studies related to adolescent motherhood
Rev. sick UFPE online	2019/	Screening for postpartum depression in young women	track the postpartum depression among young women who are in the second week and sixth month after giving birth.	Quantitative, descriptive, exploratory and cross-sectional study	it is evident that the Postpartum depression needs to be investigated in primary health care, which must value sociodemographic and individual aspects to establish a comprehensive care plan from prenatal care, with a view to preventing this frequent puerperal disorder.

Rev. researched. take care found.	2019/ Maciel et al.	Postpartum mental disorder: risks and coping mechanisms for health promotion	Understand the risks and mechanisms of coping presented by puerperal women in the face of mental disorders in the postpartum period.	Qualitative, descriptive research	It was identified that factors such as early or unplanned pregnancy, lack of support from the partner, family instability and low socioeconomic conditions can contribute as facilitating agents in the emergence of some mental disorder in the puerperal woman.
Rev. I searched (Univ. Fed. Estado Rio J., Online)	2019/ Cremonesi et al.	Experiences of the pregnancy-puerperal period from the perspective of adolescent women	Knowing how adolescent women experience the pregnancy-puerperal period.	descriptive qualitative study	revealed that at the beginning of pregnancy felt insecurity, fear and rejection; they went through some abandonments and separations; they had to reorganize their life plans; studies were postponed; but, in the end, the feeling of happiness prevailed at having the child in her arms.
Rev. sick UERJ	2020/ Silva et al.	Family composition and its association with the occurrence of teenage pregnancy: a case-control study	Analyze the influence of compositions family members in the occurrence of teenage pregnancy.	case-control	Checked that adolescents from non-nuclear families are more exposed to risk factors for teenage pregnancy, when compared to young people from families with both parents.
Rev. paideia	2010/ Days; Teixeira.	Teenage pregnancy: a look at a complex phenomenon	To present a selective and non-systematic review of the literature regarding the phenomenon of teenage pregnancy.	Literature review	The consequences of a teenage pregnancy tend to be negative when looking at the issue from a strictly biological perspective, or taking as a parameter the social expectations of what would be a typical development in adolescence. Undoubtedly, there is evidence to indicate that there are a number of health risks associated with teenage pregnancy, both for mother and baby.
Brazilian Journal of Development	2020/ Borges et al.	Psychosocial effects of teenage pregnancy: a cross-sectional study	To identify the psychosocial effects of early pregnancy among adolescents enrolled in a Family Health Unit in Belém do Pará.	Cross-sectional study	It is concluded that the repercussions resulting from early pregnancy are very impactful, positively or negatively, for the psychosocial development of women, and may be decisive for their lives.

Table 1 - Description of article variables, final version of the study (n=09).

Source: elaborated by the authors (2022).

because they take care of their children. children with the help of family members (DINIZ; KOLLER; 2012).

It is observed that in the face of pregnancy, some adolescents are happy, others are sad and confused. Pregnancy causes different feelings, often generating euphoria and doubt and uncertainty about the future, especially when diagnosed in adolescence (TORRES et al., 2018).

Negative feelings and reactions to pregnancy can be observed, especially at the beginning, as bad reactions from the partner and family, with subsequent acceptance. Adolescents may find it difficult in this period of transition to motherhood (SANTOS; GUIMARÃES; GAMA, 2016).

It is observed that the reasons that generate fear, anguish and sadness are mainly related to the financial situation (33.33%), excessive concern with the health and well-being of the baby (25%), conflicts with the spouse (8, 3%) make them sad. While (33.33%) denied reasons for anguish or fear (MACIEL et al., 2019).

That said, it was possible to identify a parallel between sociocultural factors with the emergence of anxiety, sadness or concerns that can become potentiating factors for the emergence of psychological disorders and directly interfere with the health of the adolescent. Identifying and acting on these factors, clarifying doubts and seeking solutions with the adolescent and her family, can contribute to improving the quality of life and early resolution of disorders (MACIEL et al., 2019).

On the other hand, pregnancy can be seen as a way to fill gaps in identity, experienced by low-income young people without professional training and who are already outside the formal education system. In these situations, pregnancy may be the “way out” for some adolescents, since it is possible to

create opportunities to incorporate new social roles (TABORDA et al., 2014; MACIEL et al., 2019).

When it comes to unplanned pregnancies and in young women, the moment becomes more critical, which significantly interferes with their routine and the risk of developing psychological disorders becomes evident due to lack of maturity. This condition mainly involves affective immaturity, the sudden separation from friends, the judgments of society, the early abandonment of studies, the renunciation of single life, accompanied by frustration in the love relationships with which they are involved (CARVALHO et al., 2015).

Factors such as help to take care of the baby, pregnancy complications, reasons for anxiety, fears, concerns and support needs can become related risk factors in the generation of some mental disorder in this period. Emotional instability causes social isolation, making them feel alone. This isolation can also be reinforced by the influence of people close to them who encouraged an abortion (CREMONESE, 2019).

Feelings such as self-esteem are relevant in the group, when observing that some adolescents believe that they are inclined to be a failure, of not giving themselves due value, aiming to have more respect for themselves, even after stating that they feel they have qualities, but they are unable/useless to do some things (DAMACENA et al., 2018).

Some factors contribute to lower self-esteem, such as the absence of a steady partner, low education, current unplanned pregnancy, multiparous women and those who have used some type of drug, as well as women with weight gain of more than 15 kilos are more likely to have low self-esteem (SENA; MAIA, 2017).

This is directly reflected in the care for the child, since self-esteem is an important



bonding factor for the binomial, deserving greater attention to be worked on during prenatal care. High self-esteem is considered a protective factor for child development and depression during and after pregnancy (DAMACENA et al., 2018).

In this emotional-affective context, preparation for the challenges that motherhood imposes on this mother can be neglected most of the time. This can generate deficits in knowledge, preparation and, consequently, lead to inadequate coping, due to the overload of activities, marital dissatisfaction due to the lack of emotional and professional support. The non-recognition of these symptoms by the adolescent and her own family members can affect the interaction of the mother-child binomial and promote a progressive erosion in the relationships, contributing to an emotional imbalance (FREITAS; SILVA; BARBOSA, 2016; MACIEL et al, 2019).

### **THE ROLE OF THE FAMILY AND THE HEALTH SERVICE IN THE MENTAL HEALTH OF PREGNANT ADOLESCENTS**

The family plays an essential role for the adolescent mother, functioning as an important facilitator, helping the mother to feel more strengthened, calm and overcome the challenges in caring for the child, providing help in the daily care of the child and financial support, allowing the teenager to resume and implement her future plans (TORRES et al., 2018).

However, some families find it difficult to accept their daughters' early, unplanned pregnancies. After the initial shock resulting from the discovery of the pregnancy, most families know how to welcome and support their daughters and are a fundamental part, being able to modify their structure and absorb new members, especially another family, which comes together in the form

of an extension family residing in the same family environment and share other resources of the main family (RODRIGUES et al., 2018).

The greater the family support offered to the adolescent, without judgments and prejudices, the better their coping strategies in the face of stressful situations, which will allow a better adaptation to the changes that will be experienced, contributing to the minimization of the risk factors that contribute to possible changes. psychic (MACIEL et al., 2019).

The lack of this support can bring risks to this adolescent, which can potentiate the impact of psychiatric symptoms, in the relationship between the binomial, in the relationship between family members, generating inadequate bonds, and both social support and family support can be very important. in an attempt to prevent the development or worsening of depressive symptoms (HOLLIST et al., 2016).

In this sense, the instability of this and the type of family life, the decayed marital relationship, can negatively influence this phase. Women who live with partners have a lower prevalence rate of psychological disorders and those who do not have the company of family members and partners or live alone have a higher prevalence of these disorders (MACIEL, 2019).

From this perspective, it is observed that a stable family context, such as that constituted by the nuclear family, tends to contribute to growth based on the balance between parental roles and family support. However, in the contexts of non-nuclear families, it is perceived that adolescents may feel more insecure, less supported and understand pregnancy as a way of receiving insufficient affection and understanding in the family environment (SILVA; SILVA, 2020).

The welcoming and continued adequate care provided to the adolescent, by the health service, from the diagnosis of pregnancy,

represents a foundation of great value, especially in the beginning when there is denial on the part of the pregnant adolescent and acting as a means of avoiding other problems, such as abortion, social isolation, etc. This support ideally belongs to the family itself and, often, to the school, to inform and include, instead of segregating and marginalizing. Health professionals also have the role of promoting the creation of lasting bonds, in emotional security, during this period of greater vulnerability (RODRIGUES et al., 2017).

Pregnant adolescents often express a negative perception of the pregnancy, either because they have interrupted or postponed their personal projects, because it was not planned or because of frustration and fear and because they do not like their new body. To reduce these negative aspects, adolescent care requires dedication, acceptance and availability from the health professional. Health services must be welcoming, accessible, resolute and competent to attract the attention of adolescents, especially in collective activities and sexual orientation programs, where dialogue can enhance better results, in terms of adherence to protection and prevention measures of teenage pregnancy (RODRIGUES; BARROS; SOARES, 2016).

In view of this, it is important to take into account the elaboration of proposals to face this issue by all segments of society in order to reduce the psychosocial repercussions observed in most pregnant adolescents, such as: greater family impoverishment when with low income when assuming the pregnant daughter; dropping out of school due to lack of structure to study and raise the child; loss of trust in the family; prejudice and social pressure in the family; shame or fear of social relationships; higher incidence of anxieties, anxieties and doubts; unplanned relationships; poor housing conditions; high rates of

separations, since unions before the age of 20 present an unhappy outcome in three to four times more than those contracted after the age of 20 (RODRIGUES et al., 2017).

## CONCLUSION

Initially, it is necessary to highlight the various dimensions that run through the lives of pregnant adolescents, with the aim of helping them to exercise motherhood in a way that reduces their anxieties, encourages them to return to school, to reintegrate in the labor market, and assume the role of responsibility for their lives, reorganizing their choices, goals, in addition to guidance for preventing a new pregnancy.

It must also be said that teenage pregnancy brings together psychic, emotional, sexual, social and cultural conflicts. Feelings such as insecurity, despair, fear, disorientation, loneliness are frequent, especially when the pregnancy is discovered.

It is also opportune to mention that family support is a coping strategy in the face of stressful situations, which allows a better adaptation to the changes that will be experienced, contributing to the minimization of risk factors that contribute to possible psychic changes.

Therefore, it remains to admit the importance of investments in the sexual education of adolescents, the strengthening of health services, remaining vigilant regarding the development of actions in the promotion, reflection and awareness of adolescents in relation to contraception issues, with the intention of triggering changes in behavior and respect, and the individual ability to receive and process information in order to use it correctly.

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