

ASPECTOS SOCIODEMOGRÁFICOS, HISTÓRIA SEXUAL REPRODUTIVA E CONHECIMENTO CONTRACEPTIVO DE PUÉRPERAS ADOLESCENTES E ADULTAS

SOCIO-DEMOGRAPHIC ASPECTS, SEXUAL REPRODUCTIVE HISTORY AND CONTRACEPTIVE KNOWLEDGE OF PUERPERAL TEENAGERS AND ADULTS

CARACTERÍSTICAS SOCIODEMOGRÁFICAS, HISTORIA REPRODUCTIVA SEXUAL Y EL CONOCIMIENTO DE ANTICONCEPTIVOS DE ADOLESCENTES Y ADULTOS

Maristela Oliveira Lara¹, Renata Caroline Ribeiro Lima², Luciana Angélica Vieira Santos², André Freire Rocha³, Euza Mara Rocha⁴, Gabriela de Cássia Ribeiro⁵

RESUMO

Objetivo: descrever e comparar os aspectos sociodemográficos, a história sexual e reprodutiva e o conhecimento contraceptivo de puérperas adolescentes e adultas que tiveram seus partos numa maternidade de referência para a macrorregião de saúde.

Métodos: foi realizada entrevista individual com um instrumento semiestruturado contendo questões relativas aos aspectos estudados. **Resultados:** a média de idade das puérperas foi de 26,74 anos. Dentre os métodos contraceptivos, a pílula foi apontada como mais conhecido. Houve associação estatisticamente significativa entre o período fértil e a idade da puérpera e a renda. A mediana de idade em que as puérperas tiveram sua primeira relação sexual foi de 17 anos. A associação idade da puérpera e idade da primeira relação sexual ($p < 0,001$) identificou início mais cedo da atividade sexual entre as adolescentes. **Conclusão:** as puérperas, em geral, possuem conhecimento inadequado do período fértil, além do conhecimento limitado acerca dos métodos contraceptivos. Há necessidade de maior atenção à assistência e ao planejamento familiar.

Descritores: Gravidez; Comportamento sexual; História reprodutiva; Planejamento familiar; Anticoncepção.

ABSTRACT

Objective: to describe and to compare the sociodemographic aspects, the sexual and reproductive history and contraceptive knowledge of postpartum teenagers and adults who had their births in a reference maternity for the health macro-region.

Methods: we used individual interview with a semi-structured instrument containing questions related to the previously studied aspects. **Results:** the average of the mothers' age was 26.74 years old. Among the methods of contraception, the pill was the most known by the mothers. There was a statistically significant association between the fertile phase, the age of puerperal woman and income. The median age at which the mothers had their first sexual intercourse was 17 years old. The association of postpartum age and her first sexual intercourse age ($p < 0.001$) identified earlier onset of sexual activity among adolescents. **Conclusion:** in general, they have inadequate knowledge of the fertile period, in addition to limited knowledge about contraceptive methods. There is a need for greater attention to family planning and care.

Descriptors: Pregnancy in adolescence; Sexual behavior; Reproductive history; Family planning; Contraception.

RESUMEN

Objetivo: describir y comparar los aspectos socio-demográficos, la historia sexual y reproductiva y el conocimiento anticonceptivo de las madres adolescentes y adultos que tenían sus entregas en una maternidad de referencia en la macro-región de salud.

Métodos: fueron realizadas entrevistas individuales con instrumentos semi-estructurados con las cuestiones relativas a los aspectos estudiados. **Resultados:** La edad media de las madres fue de 26,74 años. Entre los métodos anticonceptivos, la píldora ha sido nombrado el más conocido. Se observó una asociación estadísticamente significativa entre el período fértil y la edad puerperal y los ingresos. La edad media a la que las madres tuvieron su primera relación sexual fue a los 17 años. La asociación edad puerperal y la edad de la primera relación sexual ($p < 0,001$) identificó inicio más temprano de la actividad sexual entre los adolescentes. **Conclusión:** las madres, generalmente, tienen un conocimiento inadecuado del período fértil, además de un conocimiento limitado acerca de los métodos anticonceptivos. Existe la necesidad de una mayor atención a la ayuda y a la planificación familiar.

Descriptores: Embarazo en adolescencia; Conducta sexual; Historia reproductiva; Planificación familiar; Anticoncepción.

¹Graduada em Enfermagem. Doutora em Saúde Pública pela Universidade Federal de Minas Gerais. Docente na Universidade Federal dos Vales do Jequitinhonha e Mucuri. ²Graduada em Enfermagem pela Universidade Federal dos Vales do Jequitinhonha e Mucuri. ³Graduando em Enfermagem pela Universidade Federal dos Vales do Jequitinhonha e Mucuri. ⁴Graduada em Enfermagem. Mestrado Profissional em Saúde, Sociedade e Ambiente pela Universidade Federal dos Vales do Jequitinhonha e Mucuri. ⁵Graduada em Enfermagem. Doutora em Enfermagem pela Universidade Federal de Minas Gerais. Docente na Universidade Federal dos Vales do Jequitinhonha e Mucuri.

Como citar este artigo:

Lara MO, Lima RCR, Santos LAV, et al. Aspectos Sociodemográficos, História Sexual Reprodutiva e Conhecimento Contraceptivo de Puérperas Adolescentes e Adultas. 2018; 8: e2845. [Access ____]; Available in: _____. DOI: <http://dx.doi.org/10.19175/recom.v8i0.2845>

INTRODUCTION

The cultural transformations that have occurred in society over time contribute increasingly to the assimilation of new attitudes and values regarding sexuality issues, thus influencing the behavior of adolescent and adult women⁽¹⁾. Teenagers have started early their sexual and reproductive lives and, considering the impact of an unplanned pregnancy for their future, this issue deserves health services' attention and planning⁽¹⁻²⁾.

Sexual and reproductive rights, as well as health promotion of women (adolescents and adults) have been guidelines for discussion of the United Nations (UN) since the 1940's, initially, as a control policy and, later, as a way of accessing such rights⁽³⁾. This issue has also been the object of study in the collective health area, covering issues such as: sociodemographic characteristics, sexual practices, pregnancy, sexually transmitted diseases, contraception, abortion and violence⁽⁴⁾.

Even with the support of international and academic entities, Brazil still presents a scenario of weakness in the implementation of legislation, a deficit in knowledge of the legal and ethical aspects by health professionals and low level of information for adolescents about sexual and reproductive health⁽³⁾.

In this sense, early and unplanned pregnancy is considered a public health problem in Brazil⁽¹⁾. Regardless of age, family planning requires actions directed to women's integral health, which is in line with the actions performed by the Family Health Strategy.

Health services should provide care to adolescents and young people, even before starting their reproductive sexual activity, prompting practices of prevention and self-care⁽¹⁾. However, family planning recommended by the Ministry of Health provides greater emphasis to the pregnancy-puerperal cycle⁽²⁾.

In 2009, the estimates showed that approximately 20% of pregnant women in Brazil were teenagers, i.e., an average of one adolescent among every five pregnant women⁽²⁾. In 2014, the incidence of pregnancy among adolescents in the country was 18.9% of births. The state of Minas Gerais showed 16.0% and the healthcare macro-region of Jequitinhonha followed the national trend with approximately 18.6% of births in adolescents⁽⁵⁾.

Therefore, this research is justified by the fact that the occurrence of early pregnancy

results in several consequences for the future mother, family members and the newborn.

In this sense, the comparative study of the epidemiological profile between the adolescent and adult mothers, considering the socioeconomic profile, the reproductive history, sexual and contraceptive behavior, can directly contribute to the planning of actions, mainly of nursing, geared to women, children and adolescents. The identification of weaknesses existing in each age group allows strengthening the public family health policies.

Thus, the objective of this study was to describe and compare the sociodemographic aspects, sexual and reproductive history and contraceptive knowledge of adolescent and adult mothers who gave birth at a maternity hospital reference for the health macroregion of Diamantina, MG.

METHODS

This is a cross-sectional, descriptive study, with target audience puerperal adolescents (considered, according to the WHO, women aged between 10 and 19 years old)⁽⁶⁾ and women who gave birth at a maternity hospital reference for the health macro-region of Diamantina, MG and with greater number of births/year. The Research Ethics Committee of the Federal University of Vales do Jequitinhonha and Macuri - CEP/UFVJM evaluated and approved this study under the opinion number 105/12.

The sample selection was initially carried out through a survey at the official database, DATASUS, on the number of births that occurred in the city of Diamantina. The last period was the year 2010, with 1295 births⁽⁵⁾. Secondly, there was a simple random sampling, considering the confidence interval of 95% and possible losses, reaching 327 recently puerperal women who were later interviewed.

Inclusion criteria were the subjects' acceptance to participate in the research, regardless of age, having given birth at the maternity hospital of the city of Diamantina, and being hospitalized in the aforementioned maternity. There was exclusion of mothers who were in a condition of postpartum intercurrent or complication that hampered their participation and those suffering from deafness and dumbness.

Data collection occurred through a semi-structured instrument containing questions related to socioeconomic, demographic aspects, reproductive history (age at menarche,

age of first sexual intercourse, age of first pregnancy, abortion), sexual and contraceptive behavior (knowledge about the fertile period, knowledge and use of contraceptive method). All variables were measured by spontaneous responses, i.e., there was no reading of alternatives of answers.

The interviews occurred in the period from May 2013 to March 2014, where the interviewee was hospitalized, i.e., in an infirmary or apartment. Previously, a pilot test was carried out for the adequacy of the data collection instrument. Two mothers were interviewed per day, considering the period from Monday to Friday, with selection of women who had given the first two births of the day. Each one was asked to sign an Informed Consent Form (ICF). The puerperal adolescents explained their consent to participate in the research through an Informed Assent Form (IAF), in addition to the informed consent form signed by their guardian.

A database was elaborated in the program Statistical Package for Social Science (SPSS), version 20.0, in order to store the information obtained through interviews. Later, after verifying

possible inconsistencies, the data were analyzed using the Mann-Whitney, Kruskal-Wallis and Chi-Square statistical tests. Subsequently, the data were discussed based on the national and international literature.

RESULTS AND DISCUSSION

Throughout the research, 327 puerperal women were interviewed. Puerperal women predominated, with a sample of 255 (78%), and 72 (22%) were adolescents (age between 10 and 19 years). The mean age was 26.7 years, with a standard deviation of 6.82, observing extremes of 15 and 45 years. Table 1 describes the demographic and socioeconomic characteristics of the interviewees.

The results show that adult mothers tend to be married or living together with the husband or partner for more than a year in relation to adolescent mothers. Regarding schooling, approximately two-thirds of the puerperal women had secondary or higher education, and this datum had no relationship with maternal age in this sample.

Table 1 - Demographic and socioeconomic characteristics of puerperal women who gave birth at a maternity unit reference for the health macro-region of Diamantina-MG, from May 2013 to March 2014.

Variables	Adolescent mothers n (%)	Adult mothers n (%)	P value
Marital status			
Married. Living together	40 (55.6)	210 (82.4)	<0.001
Unmarried. Separated. Divorced	32 (44.40)	45 (17.6)	
Marriage time			
Up to one year	18 (45.0)	37 (17.6)	<0.001
More than one year	22 (55.0)	173 (82.4)	
Education			
Up to elementary school	24 (33.3)	87 (34.1)	0.901
High school or college	48 (66.7)	168 (65.9)	
When pregnant, dividing home with			
Husband. Partner	19 (26.4)	172 (67.5)	<0.001
Relatives	42 (58.3)	54 (21.2)	
Friend. Alone	1 (1.4)	8 (3.1)	
Husband. Relatives	10 (13.9)	20 (7.8)	
Others	0 (0.0)	1 (0.4)	

Source: Prepared by the authors.

Studies conducted in Brazil and England show that, in recent years, the rates of pregnancy in adolescence have been decreasing. However, this reduction does not occur uniformly, since it presents inequalities, in accordance with the social development of the territory, being lower in lower and excluded social classes⁽⁷⁾.

A research conducted in a large city in the state of São Paulo pointed out that most pregnant adolescents lived with the companion or were unmarried and only 10% were married⁽⁸⁾. A survey conducted in Scotland revealed that the socioeconomic status was also highly associated with pregnancy in adolescence, since the

adolescents had the worst educational level and family income, but more commonly lived without a partner⁽⁹⁾.

Most mothers (82.6%) were between 11 and 15 years at their menarche, with an average of 12 years. Regarding pregnancy, 60.6% of the interviewees stated that this was not their first pregnancy. Among them, the majority had only one previous pregnancy, with an average of 1.23 children and median 1.

The age of menarche is a sign of the beginning of the woman's reproductive stage, being considered an important predictor of health in adolescence, occurring, on average, around 12 years of age. After the menarche, there is a large uterine maturity that allows pregnancy⁽¹⁰⁾. Health professionals should be concerned with the beginning of sexual life in

adolescence because this event can put the adolescent in situation of vulnerability to sexually transmitted diseases, unplanned pregnancy and abortion⁽¹¹⁾.

The median ages at which the puerperal women became pregnant for the first time was 20 years, with extreme ages of 13 and 43 years. The average number of alive children was 2.

Table 2 describes some categorical variables related to the reproductive history of the puerperal women according to age. The answers revealed, with statistical significance, that most adolescents were in their first pregnancy (76.4%) and that almost all adolescents (97.2%) had no experience of previous abortion. Among the women, 21.2% had history of natural or provoked abortion.

Table 2 - Reproductive history according to the age of the puerperal women who gave birth at a maternity unit reference for the health macro-region of Diamantina-MG, from May 2013 to March 2014.

Variable	Adolescent mothers n (%)	Adult mothers n (%)	P value
Menarche			
Less than 11 years	7 (9.7%)	13 (5.1%)	
11 years or more	64 (88.9%)	239 (93.7%)	0.16*
Unknown	1 (1.4%)	3 (1.2%)	
First pregnancy			
Yes	55 (76.4%)	74 (29%)	<0.001**
No	17 (23.6%)	181 (71%)	
Previous abortion			
Yes	2 (2.8%)	54 (21.2%)	<0.001**
No	70 (97.2%)	201 (78.8%)	
Miscarriage***			
Yes	2 (100.0%)	50 (92.6%)	0.86*
No	0 (0%)	4 (7.4%)	
Mother's first child at less than 20 years			
Yes	41 (56.9%)	152 (46.5%)	
No	22 (30.6%)	118 (36.1%)	0.113**
Unknown	9 (12.5%)	57 (17.4%)	

Source: Prepared by the authors.

*Fisher's Exact Test.

**Chi-Square Test.

***Analysis performed with only puerperal women who reported abortion, total 56.

Adolescents who live in the most vulnerable socioeconomic conditions have a higher number of pregnancies, sexual partners, cases of abortion and history of sexual violence⁽¹⁰⁾. The recurrence of the pregnancy until two years after the termination of a pregnancy during adolescence is associated with living in the

countryside, abandonment of studies, low schooling, family income of up to one minimum wage and financial dependence⁽¹²⁾. More than 50% of the adolescents in this study come from families in which the pregnancy in adolescence is a common experience, smaller than the one described in another study⁽⁸⁾. A study conducted

in Canada pointed out how family relationships may influence the pregnancy in adolescence. The fact of having a sister who became pregnant in adolescence or a mother who gave birth at less than 20 years are predictors of pregnancy in this age group⁽¹³⁾.

In Brazil, abortion stands out as a serious public health problem as it is widely practiced, often unsafely, within a scenario of illegality. Miscarriage is also frequent and shown by women as a difficult, sad and painful moment, in which they express anxiety, fear and insecurity⁽¹⁴⁾. Furthermore, the process of abortion puts women's lives at risk, exposing them to complications that may affect their health in the biopsychosocial context. A study conducted at a University of Washington showed a clinically and statistically significant reduction in the rates of abortion⁽¹⁵⁾.

The Ministry of Health created, at the beginning of the 1980's, the Program of Integral Women's Health Care (PAISM), which contributed to the insertion of a new approach to women's health, including, among its actions, issues related to family planning, adopting measures and policies to allow the population's access to contraception⁽²⁾.

Table 3 shows the description of the knowledge of contraceptive methods by the puerperal women. The pill was the most mentioned method (96.3%), followed by condoms (87.8%), and IUD (53.2%). Spermicide was the least mentioned method, since only two mothers reported having knowledge (0.2%). Among the 327 interviewees, 8 (2.4%) reported not knowing any contraceptive method.

Table 3 - Knowledge of contraceptive methods by puerperal women who gave birth at a maternity unit reference for the health macro-region of Diamantina-MG, from May 2013 to March 2014.

Contraceptive methos	Adolescent N (%)	Adult N (%)	P value
Pill	66 (91.7)	249 (97.6)	0.028*
Condom	58 (80.6)	229 (89.8)	0.034**
IUD	19 (26.4)	155 (60.8)	<0.001**
Injectable contraceptive	26 (36.1)	67 (26.3)	0.102**
Ligature	5 (6.9)	30 (11.8)	0.243**
Calendar method	0 (0.0)	32 (12.5)	0.002**
Diaphragm	4 (5.6)	28 (11.0)	0.171**
Vasectomy	1 (1.4)	10 (3.9)	0.467*
Interrupted intercourse	1 (1.4)	9 (3.5)	0.697*
Spermicide	0 (0.0)	2 (0.8)	1.000*

Source: Prepared by the authors.

*Fisher's Exact Test.

**Chi-Square Test.

There was a statistically significant association between knowledge and use of contraceptive method and education ($p=0.026$ and $p=0.003$, respectively), i.e., puerperal women who have greater knowledge about contraceptive methods are those that use them and who have higher schooling (high school or college).

Regarding the use of a contraceptive method during the pregnancy, the majority (62.4%) stated not having used any method. Among those that used (37.6%), the sequence of the most used methods was: pill (22.3%), followed by condoms (10.1%), injectable contraceptives (1.5%), IUD (1.2%), calendar method (0.9%), pill and condom (0.9%) and pill

and injectable contraceptives (0.3%), and, among them, one did not want to report which method she was using. The methods reported as knowledge of the puerperal women in this study coincide with a study conducted in Teresina, Piauí⁽¹⁶⁾.

Contraception has acquired an important role in the reproductive health and its use, inappropriately, implies effects on women's health, such as unwanted pregnancy, pregnancy in adolescence, illegal abortions, illness due to sexually transmissible infections and even increased maternal mortality. In the same way, other studies show that the main contraceptive methods known and used by women, including

adolescents, are the pill and the male and female condoms^(8,16-18). Another important point related to these methods relates to its double use, since many women worry only about avoiding pregnancy, forgetting about the methods that prevent diseases. Therefore, dual protection (use of condoms and other contraceptive method, such as the oral contraceptive) is of utmost importance^(10,19).

An important aspect observed in this study, which corroborates other researches on the theme, is that women, in particular teenagers, have limited and/or inappropriate knowledge about contraceptive methods, as well as on their fertile period^(1,16,20-21). In addition, information obtained improperly and use of contraceptives without the correct technical orientation can compromise the effectiveness of the method⁽¹⁰⁾.

Nevertheless, the non-use of at least one contraceptive method cannot be attributed solely to the lack of knowledge about the importance and the manner of use, but also to the lack of planning of relations, the desire to get pregnant and fear of upsetting their partner^(20,22).

Among mothers who did not use any method during pregnancy (n=204), the majority (54%) stated desire to become pregnant, which was also the most frequent justification in another study, showing that the personal motivations strongly contribute to the greater or lesser use of contraceptive methods⁽¹⁶⁾. Furthermore, participants of this research revealed other reasons for non-use of a contraceptive method, such as forgetfulness/disinterest (22%), intolerance to contraceptives (10%), the partner refused to use it (5%), lack of information, financial impossibility and other (5%).

A study using a national sample of adolescents revealed that the use of contraception is influenced by sociodemographic characteristics, being higher among women, in the most advanced stage of adolescence, private school and residing in the southern region of the country⁽¹¹⁾.

In the last decade, the knowledge and use of contraceptive methods among women aged 15 through 24 years increased, which may relate to aspects such as education and socioeconomic level⁽²⁰⁾. In the present study, the sources of information concerning the use of contraceptive methods mentioned by the interviewed women

were school (42.2%) and health professionals (22.3%). Sources such as companion/sexual partner and the media had no relevance. Unlike a study conducted in Ethiopia, in which the main sources of information about such methods were television and radio⁽²³⁾, suggesting a way to approach the topic to be considered in the studied scenario.

Regarding the fertile period, 75.2% of the puerperal women reported not having knowledge about their period, and most who reported knowing had no properly correct knowledge. There was a statistically significant association between the knowledge of the fertile period and the age of the puerperal women (p=0.006) and income (p=0.02), demonstrating that adult puerperal women and those with higher income are those with greater knowledge about their fertile period. A study of a household survey with adolescents and adults showed knowledge of the fertile period by only 20% of a sample with more than 600 young people⁽²⁰⁾.

The median age at which mothers had their first sexual intercourse was 17 years, with extreme ages of 12 and 30 years. The use of any contraceptive method in first relation was reported by 192 puerperal women (58.7%), while 106 (32.4%) reported not having used any method, 14 (4.3%) could not report and 15 (4.6%) did not want to talk about it. There was a statistically significant association between the puerperal woman's age and age of first sexual intercourse (p<0.001), proving that puerperal teenagers began their sexual life sooner than puerperal adults did. The age of first relation corroborated a study conducted with adolescents in a capital city in the northeast region that associated, significantly, the beginning of sexual life to schooling, age at menarche, dating time with the first sexual partner and the sexual orientation of the school⁽²⁴⁾.

Table 4 shows an association between age at first sexual intercourse and age of menarche stratified by age of the puerperal woman. These results show that, among adolescents, there was an association between age of first relation and age at menarche (p=0.040); the data show that the teenagers whose menarche occurred "earlier" (less than 11 years) began their sexual life prematurely; however, there was no statistically significant correlation between age of first relation and age of menarche for adults.

Table 4 – Association between age at menarche and age at the first relation according to the age of puerperal women who gave birth at a maternity unit reference for the health macro-region of Diamantina-MG, May 2013 – March 2014.

		Age at first sexual relation Mean (SD)	p
Adolescent	Age at menarche Less than 11 years	13.75 (1.7)	0,040*
	11 - 15 years	15.56 (1.7)	
Adult	Age at menarche Less than 11 years	17.30 (3.36)	0.361**
	11 - 15 years	17.74 (2.86)	
	More than 15 years	18.64 (3.24)	

Source: Prepared by the authors

*Mann-Whitney's Test.

**Kruskal-Wallis Test.

The cultural transformations that have occurred in our society have contributed increasingly to the assimilation of new attitudes and values regarding sexuality issues, affect adolescents' behavior, causing the first sexual intercourse to occur sooner⁽¹⁻²⁾.

A research shows an average age of onset of sexual activity of 15 years, varying among studies^(11,20,25). In relation to the use of contraceptive methods in the first relation, a study conducted in the Federal District showed that 54% of the puerperal women did not use any method in the first sexual intercourse and 44% claimed having used some method⁽¹⁾.

The sooner the first sexual intercourse, the lesser the chance to use a contraceptive method⁽²⁵⁾. The sexual initiation, by itself, does not mean risk behavior, but introduces the young into a population portion considered susceptible to sexually transmitted diseases. The inconstant use of condoms is still very prevalent among adolescents⁽²²⁾.

Regarding the issues related to the age of the mother of the puerperal woman when she had her first child and the number of children alive and dead throughout the puerperal woman's life, the obstetric history repeats throughout generations, since the family strongly influences women's health⁽¹²⁾.

CONCLUSION

At the end of the survey, most puerperal women, both adolescents as adults, have no knowledge about their fertile period, in addition to the limited knowledge about contraceptive methods. The school and the health professionals

were the main sources of such information, but the media showed no relevance.

The regional character of this study can be considered as a limitation, since this is a small-sized maternity hospital, which resulted in a smaller sample number. Nonetheless, although the needs in reproductive health of adult women may differ from adolescents, the results confirm the need for greater attention to family care and planning. This finding shows the importance of improving the performance of our health system in relation to information for women (adolescents and adults) about the correct use of contraceptives and the emphasis on continuity of application of the chosen method. It is also necessary to promote programs that effectively meet the sexual and reproductive rights of adolescents.

This study allows proposing a new qualitative research to broaden the understanding of issues peculiar to the sexual and reproductive life and subsidize health promotion in the Primary Care of the macro-region, once quantitative studies do not provide the deep knowledge of all dimensions that involve behaviors and phenomena of human life. It is important to address aspects such as: family planning, physiology of female gynecological apparatus, knowledge about contraceptives and other personal and family issues involving motherhood at various stages of a woman's life.

REFERENCES

- 1 - Duarte CF, Holanda LB, Medeiros ML. Avaliação de conhecimento contraceptivo entre adolescentes grávidas em uma unidade básica de saúde do Distrito Federal. J Health Sci Inst. 2012

- [citado em 8 jun 2015]; 20(2):140-43. Available in: https://www.unip.br/presencial/comunicacao/publicacoes/ics/edicoes/2012/02_abr-jun/V30_n2_2012_p140-143.pdf
- 2 - Moura LNB, Gomes KRO. Planejamento familiar: uso dos serviços de saúde por jovens com experiência de gravidez. *Ciênc Saúde Coletiva* 2014;19(3):853-63. DOI: [10.1590/141381232014193.10902013](https://doi.org/10.1590/141381232014193.10902013)
- 3 - Moraes SP, Vitale MSS. Direitos sexuais e reprodutivos na adolescência: interações ONU-Brasil. *Ciênc Saúde Coletiva* 2015;20(8):2523-31. DOI: [10.1590/1413-81232015208.03112014](https://doi.org/10.1590/1413-81232015208.03112014)
- 4 - Milne FH, Judge DS. A novel quantitative approach to women's reproductive strategies. *PLoS One* 2012;7(10):1-11. DOI: [10.1371/journal.pone.0046760](https://doi.org/10.1371/journal.pone.0046760)
- 5 - Ministério da Saúde. Sistema de nascidos vivos. Brasília: Ministério da Saúde; 2016 [citado em 8 jan 2016]. Available in: <http://www2.datasus.gov.br/DATASUS/index.php?area=0205>
- 6 - World Health Organization (WHO). Adolescent pregnancy: fact sheet. Washington: WHO; 2016 [cited in 2017 Feb 04]. Available in: <http://www.who.int/mediacentre/factsheets/fs364/en/index.html>
- 7 - Girma S, Paton D. Is education the best contraception: The case of teenage pregnancy in England? *Soc Sci Med.* 2015;131:1-9. DOI: [10.1016/j.socscimed.2015.02.040](https://doi.org/10.1016/j.socscimed.2015.02.040)
- 8 - Vieira EM, Bousquat A, Barros CRDS, Alves MCGP. Adolescent pregnancy and transition to adulthood in young users of the SUS. *Rev Saúde Pública* 2017;51:1-11. DOI: [10.1590/S1518-8787.2017051006528](https://doi.org/10.1590/S1518-8787.2017051006528)
- 9 - Mccall SJ, Bhattacharya S, Okpo E, Macfarlane GJ. Evaluating the social determinants of teenage pregnancy: A temporal analysis using a UK obstetric database from 1950 to 2010. *J Epidemiol Community Health* 2015;69(1):49-54. DOI: [10.1136/jech-2014-204214](https://doi.org/10.1136/jech-2014-204214)
- 10 - Pereira SM, Taquette SR, Pérez MA. Consulta ginecológica sob a ótica de estudantes do ensino médio do Rio de Janeiro, RJ. *Rev Saúde Pública* 2013;47(1):2-10. DOI: [10.1590/S0034-89102013000100002](https://doi.org/10.1590/S0034-89102013000100002)
- 11 - Borges ALV, Fujimori E, Kuschnir MCC, Chofakian CBN, Moraes AJP, Azevedo GD, et al. ERICA: sexual initiation and contraception in Brazilian adolescents. *Rev Saúde Pública* 2016;50(supl 1):1-11. DOI: [10.1590/S01518-8787.2016050006686](https://doi.org/10.1590/S01518-8787.2016050006686)
- 12 - Nery IS, Gomes KRO, Barros IC, Gomes IS, Fernandes ACN, Viana LMM. Fatores associados à reincidência de gravidez após gestação na adolescência no Piauí, Brasil. *Epidemiol Serv Saúde* 2015;24(4):671-80. DOI: [10.5123/S1679-49742015000400009](https://doi.org/10.5123/S1679-49742015000400009)
- 13 - Wall-Wieler E, Roos LL, Nickel NC. Teenage pregnancy: The impact of maternal adolescent childbearing and older sister's teenage pregnancy on a younger sister. *BMC Pregnancy Childbirth* 2016;16:120. DOI: [10.1186/s12884-016-0911-2](https://doi.org/10.1186/s12884-016-0911-2)
- 14 - Domingos SRF, Merighi MAB, Jesus MCP. Experience and care in miscarriage: A qualitative study. *Online Braz J Nurs.* 2011;10(2):1-9. DOI: [10.5935/1676-4285.20113236](https://doi.org/10.5935/1676-4285.20113236)
- 15 - Peipert JF, Madden T, Allsworth JE, Secura GM. Preventing unintended pregnancies by providing no-cost contraception. *Obstet Gynecol.* 2012;120(6):1291-7. DOI: [10.1097/AOG.0b013e318273eb56](https://doi.org/10.1097/AOG.0b013e318273eb56)
- 16 - Araújo AKL, Nery IS. Knowledge about contraception and factors associated with pregnancy planning in adolescence. *Cogitare Enferm.* 2018;23(2):1-10. DOI: [10.5380/ce.v23i2.55841](https://doi.org/10.5380/ce.v23i2.55841)
- 17 - Tran N, Stapleton J, Zhang Y, Harlow S, Yang H, Moyer CA. Contraceptive practices of women visiting a gynecology clinic in Beijing, China. *Int J Gynaecol Obstet.* 2011;112(1):64-5. DOI: [10.1016/j.ijgo.2010.08.003](https://doi.org/10.1016/j.ijgo.2010.08.003)
- 18 - Ritter T, Dore A, Mcgeechn K. Contraceptive knowledge and attitudes among 14-24-year-olds in New South Wales, Australia. *Aust N Z J Public Health* 2015;39(3):267-9. DOI: [10.1111/1753-6405.12367](https://doi.org/10.1111/1753-6405.12367)
- 19 - Lopez LM, Grey TW, Chen M, Hiller JE. Behavioral interventions for improving dual-method contraceptive use. *Cochrane Database Syst Rev.* 2014;30(3):1-38. DOI: [10.1002/14651858.CD010915](https://doi.org/10.1002/14651858.CD010915)
- 20 - Olsen JM, Lago TDG, Kalckmann S, Alves MCGP, Escuder MML. Young women's contraceptive practices: A household survey in the city of São Paulo, Brazil. *Cad Saúde Pública* 2018;34(2):e00019617. DOI: [10.1590/0102-311x00019617](https://doi.org/10.1590/0102-311x00019617)
- 21 - Bunting L, Tsibulsky I, Boivin J. Fertility knowledge and beliefs about fertility treatment: Findings from the International Fertility Decision-making Study. *Hum Reprod.* 2013;28(2):385-97. DOI: [10.1093/humrep/des402](https://doi.org/10.1093/humrep/des402)
- 22 - Soares LR, Cabero FV, Souto TG, Coelho RFS, Lacerda LCM, Matão MEL. Assessment of sexual behavior among young people and adolescents at

government schools. *Adolesc Saúde* 2015 [citado em 8 jun 2015]; 12(2):76-84. Available in: http://www.adolescenciaesaude.com/detalhe_artigo.asp?id=504&idioma=English

23 - Melaku YA, Berhane Y, Kinsman J, Reda HL. Sexual and reproductive health communication and awareness of contraceptive methods among secondary school female students, northern Ethiopia: a cross-sectional study. *BMC Public Health* 2014;14(252):1-11. DOI: [10.1186/1471-2458-14-252](https://doi.org/10.1186/1471-2458-14-252)

24 - Maranhão TA, Gomes KRO, Oliveira DC, Moita Neto JM. Repercussão da iniciação sexual na vida sexual e reprodutiva de jovens de capital do Nordeste brasileiro. *Ciênc Saúde Coletiva* 2017;22(12):4083-94. DOI: [10.1590/1413-812320172212.16232015](https://doi.org/10.1590/1413-812320172212.16232015)

25 - Ramos ACP, Amaral JG, Rodarte AC, Costa MA, Oliveira PP. Consulta ginecológica sob a ótica de adolescentes. *R Enferm Cent O Min.* 2014;3(4):1248-61. DOI: [10.19175/recom.v0i0.755](https://doi.org/10.19175/recom.v0i0.755)

Note: This work had no financing from support entities and is part of the Nursing Graduate Course Completion Work.

Received in: 21/03/2018

Approved in: 22/08/2018

Mailing address:

Maristela Oliveira Lara
Rodovia MGT 367- Km 583, nº 5000 Alto da Jacuba
ZIP CODE: 39.100-000 - Diamantina/MG

E-mail: maryslara@hotmail.com