

# MATERNITY AND PATERNITY: THE VIEW OF THE TEENAGE COUPLE

*A maternidade e a paternidade: o olhar do casal adolescente*

*La maternidad y la paternidad: la mirada de la pareja adolescente*

Original Article

---

## ABSTRACT

**Objective:** To understand the experience of pregnancy in adolescence through the reports of teenage mothers and fathers. **Methods:** A descriptive exploratory study of qualitative nature in which interviews were conducted with 11 teenage couples, whose pregnant girls were admitted to a reference maternity hospital. Data collection was conducted in the period between June and August 2010 through a semi-structured interview based on guiding questions for teenage mothers and fathers. The speeches were recorded, fully transcribed, analyzed and grouped into thematic categories. **Results:** It was evidenced: the initial impact of the news for the teenage couple, the change of attitude towards life because of the unplanned pregnancy and the child's birth, the immaturity to assume the role of mother and father and the emergence of problems of family and social nature. **Conclusion:** The pregnancy for a teenage couple is not something planned, but they start to see themselves as mothers and fathers and express feelings related to the triad father-mother-son. However, for teenage mothers, taking care of the child is the most important thing, while for teenage fathers, sustaining the family is essential and worrisome.

**Descriptors:** Teenage Pregnancy; Teenage Health; Family Relations.

## RESUMO

**Objetivo:** Compreender a experiência da gravidez na adolescência a partir dos relatos de puérperas e pais adolescentes. **Métodos:** Pesquisa descritivo-exploratória, de caráter qualitativo, na qual se realizaram entrevistas diretas com 11 casais adolescentes, cujas puérperas estavam internadas em uma maternidade de referência. A coleta de dados ocorreu no período entre junho e agosto de 2010, por meio de uma entrevista semiestruturada, baseada em perguntas orientadoras para as mães e pais adolescentes. As falas foram gravadas, transcritas na íntegra, analisadas e agrupadas em categorias temáticas. **Resultados:** Ficou evidenciado: o impacto inicial da notícia para o casal adolescente, a mudança de atitude frente à vida pela gestação não planejada e o nascimento da criança, a imaturidade para assumirem o papel de mãe e pai e o surgimento de problemas de ordem familiar e social. **Conclusão:** A gravidez, para os casais adolescentes, não é algo planejado, mas eles passam a se visualizar como mães e pais e a expressarem sentimentos relacionados à tríade pai-mãe-filho. No entanto, para a mãe adolescente, o cuidado do filho é o mais importante, enquanto para o pai adolescente, prover a família é essencial e preocupante.

**Descritores:** Gravidez na Adolescência; Saúde do Adolescente; Relações Familiares.

Marcela Medeiros de Almeida  
Costa<sup>(1)</sup>  
Juliana Cristina Frare<sup>(1)</sup>  
Joseane Rodrigues da Silva  
Nobre<sup>(1)</sup>  
Keila Okuda Tavares<sup>(1)</sup>

1) State University of Western Paraná  
(Universidade Estadual do Oeste do Paraná  
- UNIOESTE) - Cascavel (PR) - Brazil

Received on: 04/22/2013  
Revised on: 08/28/2013  
Accepted on: 01/30/2014

## RESUMEN

**Objetivo:** Comprender la experiencia del embarazo en la adolescencia a través de los relatos de puérperas y padres adolescentes. **Métodos:** Investigación descriptivo-exploratoria, de carácter cualitativo en la cual se realizaron entrevistas directas a 11 parejas de adolescentes, cuyas puérperas habían ingresado en una maternidad de referencia. La recogida de datos se dio entre junio y agosto de 2010 a través de una entrevista semi-estructurada basada en preguntas guías para las madres y padres adolescentes. Las hablas fueron grabadas, transcritas en su totalidad, analizadas y agrupadas en categorías temáticas. **Resultados:** Se evidenció: el impacto inicial de la noticia para la pareja de adolescentes, el cambio de conducta delante la vida debido un embarazo no planeado y el nacimiento del niño, la inmadurez de asumir el rol de madre y padre y el surgimiento de problemas de carácter social y familiar. **Conclusión:** Para los adolescentes, el embarazo no es algo planeado pero ellos pasan a verse como madres y padres y expresar sentimientos relacionados a la triade padre-madre-hijo. Sin embargo, para la madre adolescente, el cuidado del niño es lo más importante mientras que para el padre adolescente lo esencial y preocupante es proveer a la familia.

**Descriptores:** Embarazo en Adolescencia; Salud del Adolescente; Relaciones Familiares.

## INTRODUCTION

Adolescence is defined as the period that occurs from ages 10 to 19. It is a phase in which crises, changes, experiences and apprenticeships occur<sup>(1)</sup>. It is considered a period of transition from puberty to adulthood when feelings of inquietude, anxiety and insecurity are experienced<sup>(2)</sup>.

During adolescence, individuals are exposed to biological, cognitive, emotional and social changes<sup>(3)</sup>. The lack of sexual information provided by the school and family put adolescents at risk of acquiring sexually transmitted diseases (STD) and unintended pregnancy<sup>(4,5)</sup>.

The *Pesquisa Nacional de Demografia e Saúde da Criança e da Mulher* (National Survey on Demography and Health of Children and Women) conducted in Brazil in 2006 showed that 33% of Brazilian women up to the age of 15 have already had sexual intercourse, a number that is three times higher than that found in 1996. Although the national fecundity rate has dropped, women between 15 and 19 years old represent 23% of the country's fecundity rate as opposed to the 17% rate found in 1996<sup>(6)</sup>. The latest data from the Ministry of Health point that in the period from 2000 to 2009 there was a decrease of 34.6% in the number of teenage births performed in Brazil by the *Sistema Único*

*de Saúde – SUS* (Brazil's National Health System). This may have been caused by the positive results of campaigns targeted to this population<sup>(7)</sup>.

There are still cases of adolescents who get pregnant, showing that the health programs aimed at teen pregnancy prevention are not fully efficient. This "inefficiency" may occur because of the unequal delivery of health care in the country, which does not cover equally all the populations and regions<sup>(8)</sup>. For instance, in the past five years the decrease in teen pregnancy rates was different in the five Brazilian regions. In Northeastern Brazil, there was a decrease of 26% whereas in the Central-West, Southeast, South and North regions the decrease was 24.4%, 20.7%, 28.7% and 18.5% respectively<sup>(7)</sup>.

About 20 thousand women under 18 give birth every day in developing countries, and nine in ten of these births occur within marriage or common-law marriage. Annually, out of the 7.3 million new births, 2 million are to girls under 15 years old, a number that can reach 3 million per year by 2030<sup>(9)</sup>.

Factors like early initiation of sexual life<sup>(10)</sup> and social, cultural and personal disadvantages may contribute to the incidence of teen pregnancy<sup>(4,5)</sup>. Within this context, pregnancy at this period of life is considered a public health problem<sup>(11)</sup> that can cause a series of changes and new responsibilities in teenagers' life<sup>(3)</sup>. The teen mother and father have unique experiences and perspectives regarding this situation<sup>(12)</sup>.

However, researchers tend to ignore the fact that part of the partners of teen mothers is also adolescent<sup>(13)</sup>, which causes paternity to be little explored by researches<sup>(14)</sup>. In this sense, this current study is an attempt to understand both individuals concerning pregnancy in order to contribute with information that shall complement health care strategies for the education and sexual and reproductive health of adolescents.

Thus, this study aimed to understand pregnancy experience in adolescence through the reports of puerperal mothers and teen fathers.

## METHODS

This is a qualitative descriptive exploratory study conducted in the period from June to August 2010 at the maternity department of the *Hospital Universitário do Oeste do Paraná – HUOP* (University Hospital of Western Paraná), a reference public hospital in the region, located in the municipality of Cascavel, PR.

During the period of data collection, a total of 531 women were in the hospital waiting to give birth, including 145 (27.31%) adolescents. Among them, 107 accepted to

participate in this research and 25 of these had teen partners, resulting in 25 couples. However, only 11 couples were in a common-law marriage and accepted to participate in the study.

Then, a time was scheduled for data collection. The 11 couples were interviewed in the student's room of the Physiotherapy undergraduate course located in the *HUOP*.

The researchers decided to use a semi-structured interview in order to obtain answers that did not follow a certain pattern of alternatives<sup>(15)</sup>. It included guiding questions aiming at understanding the meaning of teenage maternity and paternity experience. During the interview, puerperal adolescents were asked *"What is it to be a teen mother to you?"* and teen fathers were asked *"What is it to be a teen father to you?"*.

The answers were recorded using a digital recorder (Yamaha Pocketrak C4/2GB) and then fully transcribed for further analysis. In addition to the interviews, all the information and impressions obtained during the informal conversations with the interviewees were registered in the "field notebook" for complimentary data.

The qualitative analysis procedure was performed as follows: reading of the fully transcribed text; reading of each text referring to the guiding question in order to identify "statements" that could represent relevant meanings; grouping of the "statements" with similar themes into thematic categories; and, at last, the interpretation (comprehensive analysis) of these categories in order to know the essence of the studied phenomenon. Data were discussed based on the theory related to the studied theme<sup>(16)</sup>.

After the exhaustive reading and analysis of the speeches of teen mothers and fathers, three categories emerged for each group. As the three categories of the mothers were similar to those of the fathers, their information were gathered and described as follows: (1) "The initial impact of pregnancy disclosure: the view of the teen mother and father"; (2) "Maternity and paternity experience: the view of the teen couple"; and (3) "Teen couple's concerns". Mothers were identified by the letter M (M1, M2, M3 ...) and fathers by the letter F (F1, F2, F3...).

Prior to the interview, the parents or the people having charge of the adolescents were asked to sign the Free Informed Consent Form. All the individuals involved in the research were informed about its purposes, importance, objectives and procedures. This research meets the guidelines of Resolution CNS No. 466/2012 of the *Conselho Nacional de Saúde* (National Health Council) and was approved by the Research Ethics Committee of the *Universidade do Oeste do Paraná* (University of Western Paraná) under protocol No. 191/2010.

## RESULTS AND DISCUSSION

The mean age of teen mothers interviewed was 17 years, with the minimum age of 15 and the maximum of 18. Six (54.55%) of them had incomplete secondary education, two (18.18%) had incomplete primary education; two (18.18%) had complete primary education and one (9.09%) had complete secondary education. All the adolescent girls lived with their partners in a common-law marriage and had no jobs.

The mean age of teen fathers was 18 years, with a minimum age of 17 and a maximum of 19. Regarding education, four (36.36%) of them had incomplete primary education or complete secondary education and three (27.27%) had incomplete secondary education. Ten (90.91%) of them had a paid job.

National surveys on health point to the high rates of teen pregnancy, mainly in the age group from 15 to 19 years. Such condition is accompanied by a low socioeconomic status and poor access to health care and education. In general, this context is reflected on maternal and infant morbidity and mortality<sup>(17)</sup>.

A study conducted with 14 teen fathers shows a reality that is similar to the one found in this study: participants were between 16 and 19 years old, seven of them had a partner and thirteen had a paid job and incomplete primary education<sup>(18)</sup>.

The three categories that emerged from the speeches of the teen mothers and fathers interviewed are presented below along with an analysis based on the theory concerning the themes.

### 1) The initial impact of the pregnancy disclosure: the view of the teen mother and father

By analyzing the adolescents' speeches, it could be noticed that they get scared and restless when they first discover they are pregnant. After the impact of disclosure, they start to think about the situation and wonder about the difficulties of being a mother at this age, taking it as something negative for their lives. Then, they start to get worried and afraid about the future and realize they could have avoided this:

*"You get scared at the moment [...]. It could be totally different; I could have avoided this."* (M9)

The teenage boys also got shocked when they knew they would be fathers, and alike their partner, they also got scared. Forming a family was not part of their plans yet but they did recognize the responsibility to assume paternity. They reported the need to get prepared in many ways to

exert the role of a father because they know that adolescence shall no longer be experienced as before:

*“Oh, because, you know, you, so calm, and all of a sudden you are going to have a child [...] You gotta have a child to know what it is like, because if did not have one, I would not know how it is. I can’t tell you so. You get shocked at the moment [...]. I would not say it is bad. It gives you the creeps at the moment, but then you get used.” (F8)*

*“It is a new phase in my life, so, it’s kind of a new thing, it is a new step that I’m taking now.” (F4)*

The follow-up of these youngsters after the childbirth is as important as the programs of teen pregnancy prevention because it can prevent a new unintended pregnancy<sup>(19)</sup>, a fact that can occur in almost 30% of the cases in the first year after the first pregnancy and in 50% of the cases in the second year after the first pregnancy<sup>(20)</sup>. Subsequent pregnancies may be unplanned just like the first pregnancy<sup>(19)</sup>, having consequences like a low birth weight, mother’s physical and emotional overload in raising the child<sup>(17)</sup>, greater chances of having a big number of children during reproductive life and negative impacts on professional and educational development<sup>(21)</sup>.

Teen pregnancy prevention is a challenge to healthcare professionals because adolescence is a period full of subjectivity and contradictions, which, in turn, may hinder adolescents’ adherence to prevention strategies<sup>(3)</sup>. Professionals should work with adolescents focusing on their physical, social and psychological wellbeing, helping them to experience maternity and paternity at the right time<sup>(22)</sup>.

## 2) The maternity and paternity experience: the view of the teen couple

Adolescents believe that the pregnancy and a child’s birth change their school, work and leisure routine. They lose the freedom to come and go, to hang out with friends and to get involved in activities that are typical in this phase of life. This change in the way of being an adolescent and the young age to assume maternity responsibilities make girls think this is something hard and bad at the beginning, as it can be verified in the speeches below:

*“In the beginning, it is not good, oh no, because you know that you are pregnant, that you are going to lose your freedom, all that stuff.” (M4)*

*“Because there were many things you used to do [and] now [there is] no chance of doing that. Hanging out, having fun as before, it’s not like that anymore, no way [...]. A lot of things change. Everything. You skip phases*

*of life; you skip many phases. School, I had to drop out. It is not really like dropping out but many things are delayed. You can’t go to school without taking the baby with you.” (M9)*

The speeches reveal that the adolescents are not prepared for this new reality, and they say they are children taking care of other children, recognizing that this was not the right moment for this experience. They see maternity as something new in their lives, something that will be discovered as time goes by. They also have doubts about what the future holds and confess that it is necessary maturity to be a mother. The fact that their partners did not get way of them made this experience easier, helping them to get through this situation by sharing responsibilities and supporting each other<sup>(3)</sup>.

*“Oh, it’s hard. I wouldn’t like to get pregnant so early [...]. It’s hard, but when you have the presence of the father everything gets easier.” (M5)*

Paternity also changes the daily life of adolescent boys. They report they need to work and be more responsible to take care of the child and provide for his future family. They see the situation as something complicated and difficult to face for being young and immature<sup>(23)</sup>.

*“It’s hard because it’s a fast change. I mean, [when] you turn 17, 18 years, people want to party, have fun, hang out. Then, for me, I cut everything off, all of a sudden. Now, it’s work, home, work. It changes fast, very complicated. [...] It’s a complicated change in the head of anyone.” (F9)*

*“I am 18 years old and I still don’t know what life is.” (F5)*

The adolescents’ speeches show that the paternity experience, although unplanned, involves some positive aspects like personal growth. It can be noticed in the speeches that the paternity experience helps adolescents see life in a different way, with greater responsibility.

*“[...] It helps you see things in a better way [...]. [...] [It] helps you think better about what you are going to do, what you are doing.” (F4)*

During pregnancy, teenage girls continue to think about their lives and their children’s lives, and start to see them as future mothers. While assuming this attitude, they cultivate feelings that are associated with the mother-child care relationship. As time goes by, the teen couple starts to see the situation in a different way, seeing maternity and paternity as something that is not that difficult. The child becomes their priority, and the feelings associated with the



constitution of a family start to emerge. After the delivery, they consider the child's birth as something wonderful, a unique experience:

*"Then you develop that maternal love for the child and there is no way out. [...] Oh, it is good to know that is ours, something that is ours." (M4)*

*"But after you see the child, it's the best thing. [...] Complicated, at first, [but] after you work everything out, you take it easy." (F2)*

The conflicts related to the adolescence process are added up to conflicts caused by the pregnancy and emotionally affect the teenager who sees this experience as a moment of abdications in the beginning. In addition, they lose their family's protection and trust, and, most of the times, quit studying, which causes adolescents to have negative expectations and pessimism in relation to the future<sup>(2)</sup>. The difficulty to conciliate maternity and household responsibilities hinders the return to school<sup>(24)</sup>, reducing their chances of being economically self-sufficient<sup>(20)</sup>.

Most of the adolescents are not physically, psychologically, emotionally, socially and economically prepared to exert the role of a mother<sup>(11)</sup>. Thus, getting pregnant at this moment of life favors the development of depressive disorders<sup>(25)</sup>.

The instability of relationships, which can lead to the abandonment of the adolescent girl by her partner, also contributes to the occurrence of emotional and affective disorders that are sometimes aggravated by the little mobilization and support of the family<sup>(22,26)</sup>, feelings of wasted youth and no profits from maternity<sup>(13)</sup>.

In contrast, adolescents who have a common-law marriage with the child's father show some satisfaction with the pregnancy<sup>(27)</sup>. Experiencing this companionship can decrease the incidence of a new pregnancy, constituting a protective factor, because the teen mother shares the vulnerabilities of this experience, the social harms and adaptations with her partner<sup>(23)</sup>.

In the beginning, the pregnant adolescent expresses negative feelings like sadness, fragility, fear of pregnancy and birth, preoccupation and anxiety about the transition from the role of daughter to the role of mother<sup>(3,8)</sup>. As time goes by, she receives support from her partner, family and healthcare professionals, and then start expressing positive feelings like satisfaction and "strength" to exert her function of mother and the will to overcome fears, sufferings and difficulties<sup>(28)</sup>.

Other feelings that arise with this experience are the proud and happiness in relation to the pregnancy and maternity as well as the feelings of self-development and

the desire to be someone in life – all for meeting the child's needs and ensuring a better future<sup>(13)</sup>. Just like the teenage mother, in the beginning, the teenage father does not feel prepared to assume this role<sup>(18,29)</sup> but tries to construct and exert his paternity attributing positive meaning to it despite the changes in his adolescent life<sup>(14)</sup>.

With the course of paternal experience, adolescents reveal their satisfaction to be fathers and give more attention to their children, establishing affective and love bonds<sup>(13,14)</sup>. They also show a desire to assist financially, participate in the child's care and interact with their children. With this attitude, they start to feel more secure and confident about their paternal performance, getting stronger and more committed<sup>(23)</sup>.

### 3) The teen couple's concerns

As the family life and the future of the trio father-mother-child become a major priority, teenage mothers and fathers report the need to be more responsible and change their way of thinking and acting. The girls recognize they cannot only think about themselves but also about the child and family; they cannot be egocentric and selfish about their thoughts and attitudes. For the boys, the will to get better every day and overcome limitations to raise a child is a key point to become real fathers, as it can be seen in the speeches below:

*"Responsibility. You gotta understand that now you don't only live for yourself. You have to live more for the baby than for yourself. Because the baby deserves more care than anyone else." (M10)*

*"Everything I do, I do it for my wife, for my son, always [...]. I am always trying to improve and carry on." (F6)*

It is possible to observe the couple's concerns about the future of the children and the family. They say they must have more responsibility so things can happen in the best way. The girls' speeches show their concerns about the child; the boys' speeches show their concerns about the financial situation of the family.

*"[...]And then, build it [the family] in the best way possible." (M5)*

*"Take care of it [family]." (M2)*

*"Then comes the responsibility to afford a home, a child, a wife, things we wouldn't afford. Instead, I would spend with parties, things I said before." (F9)*

With the discovery and experience of maternity and paternity the adolescents start to see themselves and be seen in a different way<sup>(12)</sup>, and experience other expectations,

aspirations and fears<sup>(14)</sup>. There also the concerns that come with the child's birth and the identification of new social roles that man and woman must assume<sup>(14)</sup>.

The woman is generally associated with a procreative figure that takes care of the family, a fragile and lovely human being. The man is seen as a provider, a virile and strong figure<sup>(30)</sup>. However, some of the men's and women's attributions change along the years, being influenced by changes in society and culture<sup>(31)</sup>. The responsibilities that were once considered exclusively maternal are now performed by the fathers. Men are now in charge of the children while women work to provide for the family<sup>(32)</sup>. Notwithstanding, what is seen in most families is the appreciation of the traditionalist model, in which the woman is the only person in charge the child and home while the man is the only one responsible to provide for the family. Thus, due to this appreciation, adolescents end up having this different view of the mother and father roles<sup>(32)</sup>.

Maternity and paternity are, at any moment in life, complex events that cause big changes in people's lives<sup>(11)</sup>.

Regarding the pregnant teens, it is necessary to encourage the pursuit of autonomy by showing them that many young mothers give up on studies, professional career and consequent payment, becoming exclusively dedicated to household chores and the child's care. With regard to teenage fathers, there is a need to encourage the establishment of an affective bond with the child – whether they keep or not a stable relationship with the partner – in order share the responsibilities with her. This attitude helps the teenage mother get emotionally strong and have a peaceful and healthy pregnancy<sup>(3)</sup>.

As a limitation of this current research, the interviewed individuals were contacted at a public hospital, and their answers reflect the reality of a peculiar population. Thus, there is a need for further studies assessing adolescents who had their children at private hospitals.

## FINAL CONSIDERATIONS

It has been observed, in this current study, that teenage couples usually see pregnancy as something new and difficult at the beginning for being unprepared to face this situation. As time goes by, they start to see themselves as mothers and fathers and express feelings related to the trio father-mother-child, recognizing that they must have a different attitude towards life because of the child. For the teenage mother, taking care of the child is the most important thing while the teenage father is worried about providing for the family.

However, considering that maternity and paternity experience in this period of life causes an impact and changes on the life plans of adolescents, it is extremely important to make efforts to prevent teen pregnancy in order to avoid the social and economic consequences of this experience.

## REFERENCES

1. World Health Organization - WHO. The sexual and reproductive health of younger adolescents: research issues in developing countries. Geneva: WHO; 2011.
2. Ribeiro PM, Gualda DMR. Gestaç o na adolesc ncia: a constru o do processo sa de resili ncia. *Esc Anna Nery Rev Enferm*. 2011;15(2):361-71.
3. Sim es AR. Gravidez na adolesc ncia: perfil das gestantes pu rperas e fatores associados. *R Sa de P bl Santa Cat*. 2010;3(1):57-68.
4. Caminha NO, Sousa DMN, Freitas LV, Damasceno AKC, Costa CC, Brasil RFG. O perfil das pu rperas adolescentes atendidas em uma maternidade de refer ncia de Fortaleza-Cear . *Esc Anna Nery Rev Enferm*. 2012;16(3):486-92
5. Taborda JA, Silva FC, Ulbricht L, Neves EB. Conseq ncias da gravidez na adolesc ncia para as meninas considerando-se as diferen as socioecon micas entre elas. *Cad Sa de Colet (Rio J.)*. 2014;22(1):16-24.
6. Minist rio da Sa de (BR). Pesquisa nacional de demografia e sa de da crian a e da mulher 2006. Bras lia: Minist rio da Sa de; 2009.
7. Minist rio da Sa de (BR). Brasil acelera redu o de gravidez na adolesc ncia [acesso em 2010 Out 23]. Dispon vel em: <http://portal.saude.gov.br/portal/saude/default.cfm>.
8. Pariz J, Mengarda CF, Frizzo GB. A aten o e o cuidado   gravidez na adolesc ncia nos  mbitos familiar, pol tico e na sociedade: uma revis o da literatura. *Sa de Soc*. 2012;21(3):623-36.
9. United Nations Population Fund. The State of World Population 2013: motherhood in childhood. Facing the challenge of adolescent pregnancy. [acesso em 2013 Nov 4]. Dispon vel em: <http://www.unfpa.org.br/Arquivos/EN-SWOP2013-Report-Final.pdf>.
10. Bereta MIR, Freitas MA, Dupas G, Fabbro MRC, Ruggiero EMS. A constru o de um projeto na

- maternidade adolescente: relato de experiência. *Rev Esc Enferm USP*. 2011;45(2):533-6.
11. Dias ACG, Teixeira MAP. Gravidez na adolescência: um olhar sobre um fenômeno complexo. *Paidéia* (Ribeirão Preto). 2010;20(45):123-31.
  12. Schiro EDB, Koller SH. Ser adolescente e ser pai/mãe: gravidez adolescente em uma amostra brasileira. *Estud Psicol (Natal)*. 2013;18(3):447-55.
  13. Utimada MRP. A paternidade na adolescência: um estudo a partir da visão dos pais adolescentes do ambulatório de pré-natal do Hospital de Clínicas de Londrina. *Anais do I Simpósio sobre Estudos de Gênero e Políticas Públicas*, 2010. Paraná: Universidade Estadual de Londrina; 2010.
  14. Meincke SMK, Carraro TE. Vivência da paternidade na adolescência: sentimentos expressos pela família do pai adolescente. *Texto & Contexto Enferm*. 2009;18(1):83-91.
  15. Manzini EJ. Considerações sobre a elaboração de roteiro para entrevista semi-estruturada. In: Marqueline MC, Almeida MA, Omote S. *Colóquios sobre pesquisa em Educação Especial*. Londrina: Eduel; 2003. p.11-25.
  16. Giorgi AP. *Phenomenology and psychological research*. Pittsburgh: Duquesne University Press; 2003.
  17. Samandari G, Speizer IS. Adolescent sexual behavior and reproductive outcomes in Central America: trends over the past two decades. *Int Perspect Sex Reprod Health*. 2010;36(1):26-35.
  18. Bueno MEN, Meincke SMK, Schwartz E, Soares MC, Corrêa ACL. Paternidade na adolescência: a família como rede social de apoio. *Texto & Contexto Enferm*. 2012;21(2):313-9.
  19. Silva AAA, Coutinho IC, Katz L, Souza ASR. Fatores associados à recorrência da gravidez na adolescência em uma maternidade escola: estudo caso-controle. *Cad Saúde Pública*. 2013;29(3):496-506.
  20. Crittenden CP, Boris NW, Rice JC, Taylor CA, Olds DL. The role of mental health factors, behavioral factors, and past experiences in the prediction of rapid repeat pregnancy in adolescence. *J Adolesc Health*. 2009;44(1):25-32.
  21. Nery IS, Mendonça RCM, Gomes IS, Fernandes ACN, Oliveira DC. Reincidência da gravidez em adolescentes de Teresina, PI, Brasil. *Rev Bras Enferm*. 2011;64(1):31-7.
  22. Nunes SA. Esperando o futuro: a maternidade na adolescência. *Physis (Rio J.)*. 2012;22(1):53-75.
  23. Luz AMH, Berni NIO. Processo da paternidade na adolescência. *Rev Bras Enferm*. 2010;63(1):43-50.
  24. Monteiro NRO. Percursos da gravidez na adolescência: estudo longitudinal após uma década da gestação. *Psicol Reflex Crit*. 2010;23(2):278-88.
  25. Correia DS, Santos LVA, Calheiros AMN, Vieira MJ. Adolescentes grávidas: sinais, sintomas, intercorrências e presença de estresse. *Rev Gaúch Enferm*. 2011;32(1):40-7.
  26. Hoga LAK, Borges ALV, Alvarez REC. Gravidez na adolescência: valores e reações dos membros da família. *Acta Paul Enferm*. 2009;22(6):779-85.
  27. Oliveira TP, Carmo APA, Ferreira APS, Assis ILR, Passos XS. Meninas de luz: uma abordagem da enfermagem na gravidez na adolescência. *Rev Inst Cienc Saúde*. 2009;27(2):122-7.
  28. Andrade PR, Ribeiro CA, Ohara CVS. Maternidade na adolescência: sonho realizado e expectativas quanto ao futuro. *Rev Gaúch Enferm*. 2009;30(4):662-8.
  29. Carraro TE, Meincke SMK, Collet N, Tavares BC, Kempfer SS. Conhecimento acerca da família do pai adolescente observado por meio do genograma. *Texto & Contexto Enferm*. 2011; 20(Nesp):172-7.
  30. Gurgel MGI, Alves MDS, Vieira NFC, Pinheiro PNC, Barroso GT. Gravidez na adolescência: tendência na produção científica de enfermagem. *Esc Anna Nery Rev Enferm*. 2008;12(4):799-805.
  31. Neiverth IS, Alves GB. Gravidez na adolescência e mudança do papel social da mulher. *Paidéia* (Ribeirão Preto). 2002;12(24):229-40.
  32. Amazonas MCLA, Damasceno PR, Terto LMS, Silva RR. Arranjos familiares de crianças das camadas populares. *Psicol Estud*. 2003;8(Esp):11-20.

**First author's address:**

Marcela Medeiros de Almeida Costa  
Universidade Estadual do Oeste do Paraná - Unioeste  
Campus Cascavel  
Rua Universitária, 1619  
Bairro: Jardim Universitário  
CEP: 85819-110 - Cascavel - PR - Brasil  
E-mail: ma.macosta@hotmail.com

**Mailing address:**

Juliana Cristina Frare  
Universidade Estadual do Oeste do Paraná - Unioeste  
Campus Cascavel  
Rua Universitária, 1619  
Bairro: Jardim Universitário  
CEP: 85819-110 - Cascavel - PR - Brasil  
E-mail: jcfrare@yahoo.com.br