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RESEARCH

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The motherhood meanings for adolescents assisted by the family health strategy

O significado da maternidade para adolescentes atendidas na Estratégia de Saúde da Família

El significado de la maternidad para los adolescentes responden en la Estrategia de Salud Familiar

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ABSTRACT

Objective: The study's purpose has been to know the meanings of motherhood for the adolescents assisted by the Family Health Strategy in *Montes Claros* city, *Minas Gerais* State, Brazil. **Methods:** It is a descriptive study with qualitative approach. The participants were 11 adolescent mothers enrolled and assisted by the *Santa Rafaela* Family Health Strategy. **Results:** Among the reasons that led the adolescent to pregnancy, the desire to be a mother and the non-use of contraceptive methods stood out. Regarding the changes that occurred after childbirth, it has been verified that the adolescents revealed the adoption of new responsibilities and the abandonment of activities related to leisure, friendship, study and work. Concerning the future projects, the adolescent mothers express concerns in providing a good life quality to their children. **Conclusion:** This study aims to contribute to the quality improvement of the adolescent health care, the development of intervention programs, and also support other studies related to adolescent motherhood.

Descriptors: Pregnancy, adolescent, family health.

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RESUMO

Objetivo: Conhecer os significados da maternidade para as adolescentes atendidas pela Estratégia de Saúde da Família (ESF), no município de Montes Claros-MG/Brasil. **Métodos:** Trata-se de um estudo descritivo com abordagem qualitativa, cujos sujeitos foram 11 adolescentes mães cadastradas na ESF Santa Rafaela. **Resultados:** Dentre os motivos que levaram a adolescente à gravidez, destacaram-se o desejo de ser mãe e a não utilização de métodos contraceptivos. Em relação às mudanças ocorridas após o nascimento do filho, as adolescentes revelaram a adoção de novas responsabilidades e o abandono de atividades relacionadas ao lazer, amizades, estudo e trabalho. Quanto aos projetos futuros, as adolescentes mães demonstram preocupações em prover uma boa qualidade de vida aos filhos. **Conclusão:** Contribui para o incremento da qualidade da assistência à saúde dos adolescentes, na elaboração de programas de intervenção e com outros estudos relacionados à maternidade na adolescência.

Descritores: Gravidez, Adolescente, Saúde da Família.

RESUMEN

Objetivo: conocer los significados de la maternidad de las adolescentes que asisten a la Estrategia Salud de la Familia en la ciudad de Claros, Minas Gerais Montes/Brasil. **Métodos:** Se trata de un estudio cualitativo descriptivo, cuyos sujetos fueron 11 madres adolescentes matriculados en la ESF de Santa Rafaela. **Resultados:** Entre las razones que llevaron al embarazo en la adolescencia, se destacaron el deseo de ser madre y no usar la anticoncepción. En cuanto a los cambios ocurridos después del nacimiento del niño, adolescente reveló la adopción de nuevas responsabilidades y actividades de abandono relacionados con el ocio, los amigos, el estudio y el trabajo. En cuanto a proyectos futuros, las madres adolescentes demuestran preocupación en proporcionar una buena calidad de vida para los niños. **Conclusión:** contribuye a mejorar la calidad de la atención de la salud de los adolescentes, el desarrollo de la intervención y otros estudios relacionados con los programas de maternidad adolescente.

Descriptorios: El embarazo, Adolescente, Health.

INTRODUCTION

The word 'adolescence' has a double etymological origin: it comes from the Latin *ad* (toward) and *olescer* (grow), which means to grow, to develop, and to become bigger. The adolescent is defined as the individual who experiences a phase of change, unique and individual of the human species, in which intense and profound physical, emotional and social transformations take place, which will lead him to exhibit characteristics of an adult being.¹

Chronologically, the Statute of the Child and the Adolescent delimits adolescents between 12 and 18 years old.² For the World Health Organization and the Health Ministry, adolescence is defined as the period between 10 and 20 incomplete years old.³

Sexual activity in adolescence begins at an increasingly precocious age. A study carried out by the Health Ministry relates that the median value of early sexual life in 1984 was 16 years old among women. In 1998, the average age attained declined to 15 years old.⁴

Allied to this premature sexual experience, we observe the increasing occurrence of pregnancies in this phase of life,

a fact that has been identified as one of the great problems of public health, both in Brazil and in many countries.⁵

The repercussions of premature maternity are school dropouts, loss of a large part of youth, early entry into the labor market, family breakdown, and in developing countries, such as Brazil, social problems such as child abandonment.⁶

With the objective of reorganizing the primary level of care, the Family Health Program (FHP) was created in 1994, later renamed Family Health Strategy (FHS) and representing the gateway to the *Sistema Único de Saúde (SUS)* user [Unified Health System], aiming at the realization of continuous care, through prevention, promotion and recovery of health with a multiprofessional team enabled, with the main focus being the family.⁷

Professionals should be able to provide general care, to identify the epidemiological and socio-demographic reality of the families, and also to recognize health problems and risks at all stages of life, including adolescence. In the case of pregnant adolescents or mothers, they should establish a relationship of trust in order to prevent negative reactions to the new reality. This is a time when the adolescent should receive psychological support, as well as guidance on contraceptive methods, prenatal care and support from family, partner and society.⁸

Given this context and the need to offer health practices aimed at meeting the needs of adolescents, this study aimed to know the meanings of motherhood for adolescent mothers assisted by the FHS in the municipality of *Montes Claros/MG*, Brazil, seeking to reveal the feelings, changes, difficulties and expectations experienced.

METHODS

It is a descriptive study with qualitative approach. Herein, a descriptive approach of theoretical-methodological foundations in the phenomenology has been performed, through which one can recognize and analyze how people situate themselves by demonstrating their anguishes and concerns in a face-to-face relationship with their peers, emphasizing the specific characteristics of human subjectivity.⁹

The participants were adolescent mothers enrolled and assisted by the *Santa Rafaela* FHS in the municipality of *Montes Claros/MG*, Brazil. In order to participate in this study, it was considered the adolescent mothers that had between 10 and 20 incomplete years old; being mothers within less than one year; and having a single experience of motherhood. The identification of the subjects was done through consultation with the family records and information from the Community Health Agents that resulted in the survey of the 11 adolescents participating in this study.

As an instrument for data collection, an individual semi-structured interview recorded at the home of each adolescent was used in January 2012. Data analysis was performed by transcribing the interviews, and adopting the technique of analysis of the contents with thematic categorization. In order to maintain the anonymity of the participants, their names were replaced with codes such as A1, A2, and so forth.

The research project complied with the regulations of the Resolution No. 196/96 of the National Health Council, which deals with research involving human beings, being evaluated by the Research Ethics Committee from the *Universidade Estadual de Montes Claros – Unimontes*, with a favorable Legal Opinion No. 3127. All participants signed the Free and Informed Consent Form, with the guarantee of confidentiality regarding the identity and right of withdrawing at any time from the research.

RESULTS AND DISCUSSION

The adolescent mothers were aged between 15 and 19 years old, children aged from 10 days to 11 months and family income up to 2 minimum wages. With regard to schooling and work, they were primary care students and dropped out of school and work during pregnancy. In relation to premarital marital status, the adolescents were married, in a stable union or single, and after gestation preserved the previous marital status, were married or were deprived. After reading and analyzing the reports, the following three topics emerged that reflect the meanings of motherhood for the adolescent mother: the experience of being pregnant; the experience of motherhood and future expectations.

The experience of being pregnant

The factors that contribute to adolescent pregnancy are the lack of life expectation, low self-esteem, poor education and health conditions, lack of leisure, naivety, submission, violence, misinformation, and expectations of changing social status.¹⁰

For those interviewed the lack of use of contraceptive methods coupled with the desire to be mother, contributed to the occurrence of pregnancy.

I think I really wanted to, in a way it was planned. (A1)

I did not use anything. I did not use a condom, I did not take a contraceptive, it was because I did not provide it myself. (A2)

Lack of care, but I think I did. (A9)

I got pregnant to have the experience of being a mother, that's all. (A10)

Before the pregnancy some adolescents are happy, others sad and confused. The diagnosis of pregnancy generates various feelings; often causing euphoria and doubt due to their adolescence and uncertainty about the future.⁵ The following speeches demonstrate positive reactions from adolescents, family and partner:

It was memorable, a dream. I always wanted to spend and it was very unforgettable. (A10)

It was great, mother was really happy, even more that is her first grandson; it was very good, everyone was happy. (A7)

He was happy, first son, he was happy. (A4)

Other adolescents demonstrated negative feelings and reactions to the pregnancy, especially at the beginning of the pregnancy, reporting negative reactions from the partner and family with subsequent acceptance. Adolescents may find difficult the motherhood transition.¹⁰

It's different, we think a lot of things, it was different for me, I thought it was strange. Because I was young I did not want, but it happened. (A6)

They were very sad, they cursed me, my father said that he was going to put me out of the house [...] they were shaken, sad, but as the time went by they understood. (A2)

He did not get the news when I was pregnant very well, because his father had already said that the baby was not his child [...] (A1)

He was shocked at first, but then he accepted. (A5)

It can be seen that adolescent pregnancy is seen and accepted naturally in the most needy communities, given the few perspectives of study and work, but not taking into account the problems that this may cause.¹¹

The experience of motherhood

Changes

Adolescent motherhood is described as being accompanied by strong stress due to the abandonment by the child's father, lack of family support, interruption in leisure activities and school dropout, leading to a serious socioeconomic problem that may accompany adolescents for the rest of their lives.¹² The discursive set reflects the changes that occurred in the lives of adolescents related to the motherhood:

[...] my studies and my work went downhill. (A4)

Everything has changed; I cannot go out as before, I cannot go to the party, leave her. [...] I dedicate myself more to my daughter, because before I dedicated more to myself and others, but today only to her. (A10)

It is evident in the speeches that motherhood leads to the maturation of adolescents, who assume early responsibilities of adult life and abandon activities typical of their age.

The responsibility load changes, you get to be more mature. (A7)

[...] take care of home, baby. I stay in the house, I take care of baby, I do everything later, I take a bath later, everything first. It's kind of tight [...] (A9)

During the pregnancy I could not run, I mean playing too much, because I played. I could not jump rope, I could not play ball, I could not do a lot of playing things. (A2)

In agreement with the adolescents' speech, some authors believe that motherhood demands from young women new responsibilities regarding role performance and restructuring of daily activities and activities prior to gestation.¹³

Social relationships

Motherhood leads adolescents to take on new social roles, moving from "daughter" to "mother", altering and remodeling relationships with family and society, which can be seen in the lines:

I just had a boyfriend, and now I'm a friend. (A2)

We got more united, every day mother comes to see, ask how it is, if it's okay. [...] Me and my husband, we were very happy with his arrival. Our relationship has changed that he is now a father and I am a mother. (A7)

Pregnancy can be seen as a way to fill void identities, which often occur in low-income young people who do not yet have a vocational training and are already outside the formal education system. Under these conditions, pregnancy often becomes a "solution" because it creates opportunities for the incorporation of new social roles.⁵

The interviewees spoke about the role of the son and the companion in the constitution of a new family and fulfillment of needs, perceived in the dialogues.

[...] the life out there, it is too much I cannot take. My daughter something she can already give me, she already gives a company also because I used to stay more alone. (A1)

So much has changed, the way we live like this. He always caresses me, always romantic, and knowing that there is a little baby like that, we take him, play, we walk with him. (A7)

For some adolescents, the pregnancy, although premature, is sought and may be the only possibility of changing the life status.¹¹ However, for some, motherhood meant disruptions, turning them away from their friends, to play the role of single mothers and care for their children with the help of family members.

Changed the relationship, her father began to go to the street and stayed, then began the fighting, then everything changed, began the disagreements and separation; it was that way. (A4)

They went away, before it was better, we used to go around. Then everyone begone! Some got angry, some did not say anything, they just stopped coming over, and they walked away. (A9)

My mother, when she is missing a diaper, she buys and gives it to me. I have my uncle, aunt, that when I see that I need them, they give me. Like this, it is kind of a union, [...] when I need help to take care of the baby, I go to my mother. (A2)

Certain authors are in agreement with the statements of the adolescents when they refer that adolescence is a stage of intense changes, crises and imbalances, physical and psychological. The event of a pregnancy and maternity at this stage of life can take on an immense dimension, leading the young to suffer various negative social effects, with lifelong markings.¹²

Difficulties and encouragement

After the childbirth, adolescent mothers live the experience of living and caring for the child, which according to them it is not an easy task, then being different from what they imagined before and during pregnancy.

It is different, I imagined that boy, is that even I did not say, ah, that boy breasts, slept, it was good. But it's more than that, boy gets sick, boy feels a pain and we do not know, it's much more. (A1)

For me I thought that as a mother I could go easy, study calm, work and such and no, it is very different, on the contrary, I can not do any of what I thought. (A5)

I imagined that it would be less laborious, but it was very different, because child gets sick, has to buy medicine, take it to the hospital. I thought I could still sleep later; I could do it (laughs). (A9)

The interviewees refer as the main sources of support to their partners and their mother. They also mention family and friends who help with taking care of the child. The family provides financial resources, when necessary, and none of the interviewees mentioned the support of the health service or government entities, based on the fact consistency.

I do not receive any help. Only my mother who helps a lot, when she comes here, my sister also, only my mother helps encouraging the right care and money too, and that is it. (A1)

I only get help from my father, just from my father. To take care of myself, or else it's my mother who's always around. (A5)

A lot of people help me take care of people who already have children, right? They say: no, it's not like that, explained me. When I won for myself, there were people who bathed, right, because I was scared. So a lot of people help me, friends who are already married, young friends. I always ask my mother. (A6)

I try to solve what I have to solve only my husband and I, but when I have to ask something I ask my mother and she explains. But caring and looking after is just for my husband and me. (A11)

It is worth stating that the family plays a key role for the adolescent mother, acting as an important facilitator so that this mother feels calmer, strengthened and overcome the obstacles in the care of the child. Furthermore, the family provides financial support and help in the daily care with the child, allowing the adolescent mother to resume future projects.¹⁴

Future expectations

Motherhood at this time of life can lead to severe consequences in the adolescent's life. Often school dropouts, worse work qualifications and consequently worse jobs lead to the perpetuation of the cycle of poverty. Studies show that adolescents whose family income is less than a minimum wage are unlikely to complete high school after childbirth.¹⁵

Despite the forced maturation that the adolescent suffers from the pregnancy, it continues with desires specific to her age,¹⁰ and these desires are described in the speech of some adolescents.

I will continue to study; I want to train, to work, to be someone in life. (A6)

[...] I also think that when he turns 2 years old, I'm going to go back to studying, and also his father. I'm going back to school and I'm going to get a job and pay someone to take care of him for me. (A11)

By the time she grows older I want to go back to study, graduate, and work. (A10)

The reports reveal the desire to provide a decent future for the children, which for adolescent mothers depends on study and work. The speeches reflect expectations for the children's lives different from what they experience or experienced, according to the discursive set:

I still think about going back to school, doing a good college and giving what I did not have for her. Pay a course

for her, because every girl wants to take a course. And let her try to fulfill all the dreams she has. (A1)

I still intend to finish my study, to have my service, to help my daughter. I want her to go to school; I do not want her to do what I did. That she studies, graduate, get a job, buy things, and that she can do so, without depending on anyone. (A2)

I want her to have a good education, study, I want to make sure she does not make me the same mistake I made, I got pregnant very early in life. I want that for her. (A4)

The interviewees also mention expectations regarding the child caring issue, concerns about education and aspects that they wish to incorporate in order to provide a good living:

I think of living a lot more, with my husband, my son, and living well from now on, not having trouble, these things, just that. I hope he's someone, not a trickster, just like I see a lot out there. (A11)

Take care of the child well, not beating, not cursing, and not hurting the child. If the child does something wrong, draw attention, put punishment, but not mistreating. (A2)

We have to teach our kids, the way they should walk. You have to like your child, give love, love, and take good care. (A6)

First we have to take care of the child, and then we must treat with affection, with no beating, because the child grows very angry. I've been through it. The child is not going to learn, the child will not even know what you're talking about, if the person is already beating. We should come and talk with the child, give education, put in school, teach right and wrong, the things that the world is offering. (A7)

The dreams and plans of the adolescent mothers do not end, continue after the birth of the baby and generally these revolve around improving their lives, with the intention of providing a better life for their child.⁵

CONCLUSION

Childbearing in adolescence has several meanings for the adolescent mother, representing positive and negative aspects of her life. It was found that pregnancy planning was a common fact among the interviewees who assumed new social roles associated with early maturation. Family support has proved to be an extremely important factor for those interviewees who demonstrate plans for a better life for themselves and their children.

Therefore, the health sector must organize its services, so its trained health professionals can provide a follow-up and welcoming for the adolescent mothers.

This study aims to contribute to the quality improvement of the adolescent health care, the development of intervention programs, and also support other studies related to adolescent motherhood.

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