

Life Perspectives of Adolescents in the Puerperium*

ORIGINAL

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Abstract

Objective: Identify the life perspectives of adolescents in the puerperal period, identifying their feelings regarding motherhood.

Method: Qualitative, descriptive, cross-sectional study, carried out at a public maternity hospital located in João Pessoa/PB. The population consisted of 16 adolescents in the puerperal period. Data were collected from semi-structured questionnaires and the data analysis used descriptive statistics. The Research Ethics Committee of Nova Esperança Colleges approved it, protocol number 41/14 and CAAE: 24222214.0.0000.5179.

Results: The following categories emerged: 1. Sensations and feelings related to the discovery of being a mother; 2. Concern about herself and the baby; 3. Changes in the life routine; 4. Perspectives for future projects. The results reinforce the need to know better the dreams and the ideals that guide the life projects of the adolescents in the puerperal period, in an attempt to construct prevention strategies that are closer to the needs generated in this population group.

Conclusion: The adolescents believed in a promising future, despite difficulties encountered resulting from motherhood. The contribution of the study as a subsidy for the reflection of health professionals about the problem of being a mother during adolescence stands out, which positively influences the quality of care.

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Introduction

Adolescence is the phase of transition between childhood and adulthood, beginning with bodily changes and ending with the consolidation of growth and personality. It comprises a phase of instability, which may relate to crises, difficulties and irresponsible attitudes, which can significantly influence the individual's life, determining situations of vulnerability [1].

The gestation of adolescents is now considered a public health issue. According to official data, 26.8% of the sexually active population (15-64 years old) started their sexual life before age 15 in Brazil [2], about 19.3% of children born alive in 2010 in Brazil are children of women aged 19 years or younger [3] and, in 2010, 12% of adolescents aged 15 to 19 had at least one child.

Considering the indices, the impacts of a pregnancy in this period of life are widely recognized and the harm to the mother and baby are notorious. There are also aggravating factors such as the absence of paid occupation of the adolescent, low family income, lack of support from the child's father, which leads to the absence of plans for the future and qualified professional projects [5].

However, the puerperium comprises a complex period, in view of the intertwining of biological, psychological, behavioral, relational, socio-cultural, economic and gender-related aspects. Moreover, it constitutes the period of greater demand for maternity, which causes important changes in the lifestyle of adolescents with implications in their affective and sexual life. Such aspects may occur individually or overlapping and result in different situations of vulnerability for women in this period [6].

In summary, being a teenage mother generates two conventional conflicts for the involved puerperal woman, established by the phase of adolescence and motherhood, which are thus linked to physical and emotional changes, as well as to social, family and sexual positioning. In the case of maternity, the adolescents feel challenged to assume a greater de-

gree of independence and responsibility for the care required by maternity, being mostly unprepared and even abandoned, without any proposal of postpartum life, generating difficulties and disorders, representing a doubt for this new reality of life [7].

Life perspectives refer to the anticipation in the present of future goals, representing the way in which the individual perceives and plans his/her future or life goals, being influenced by some theoretical factors such as professional maturity and motivation of the individuals given the life, socioeconomic factors, income and living with other cultures [7, 8].

In this context, questions arise permeating the universe of this mother in relation to the appropriate care with her health and the health of her babies. Mothers are unprepared and unsafe to care for their children, for they know little of their own needs, nor the care that must be indispensable to their baby, damaging the life perspectives for the future.

Interest in addressing the issue has emerged from observations around teenagers who are increasingly becoming mothers, with this, their routine often ends up changing completely, putting them into an unscheduled reality for such a stage of life. This fact invites us to reflect on the following question: What are the life perspectives of adolescents in the puerperal period?

The study proposes to understand the adolescent holistically in the context surrounding her, directing qualitatively the interventions of the health team for the problem presented here, aiming at a better quality of life for both the puerperal woman as the newborn. Therefore, the present study aims to identify the life perspectives of adolescents in the puerperal period, identifying their feelings about motherhood.

Method

Descriptive, cross-sectional study with a qualitative approach, carried out at a public maternity hospital located in the city of João Pessoa-PB. The popula-

tion consisted of 20 adolescents in the postpartum period hospitalized at the aforementioned maternity at the time of data collection, but only 16 composed the sample, who agreed to participate in the research.

The selection of these adolescents occurred randomly and by convenience. As inclusion criteria, the puerperal women should be between 10 and 19 years old, hospitalized at the maternity hospital at the time of data collection, who accepted to participate in the study, after signature of the Informed Consent Form (ICF), authorizing their participation in the research. There was adequate guidance on the purposes of the study, risks, benefits and procedures used. Data were collected between May and October 2014.

In order to reach the objectives, the data collection was performed through the application of a questionnaire, structured, containing open and closed questions, adopting the Likert scale on some aspects that related to life perspectives. This model was developed by Rensis Likert to measure attitudes in the context of behavioral sciences. The Likert verification scale consists of taking a construct and developing a set of statements related to its definition, to which the respondents will issue their degree of agreement [9].

Content analysis was performed based on the responses given by the adolescents, which considers the most appropriate way to treat qualitative data in health research. It follows four specific steps, namely: pre-analysis; exploitation of the material; treatment of results obtained and interpretation; comparing respondents' responses from the principles that pertain to life prospects [10].

The data obtained were computed in a database constructed by the researchers. Age, time of profession and time of performance in the aforementioned place of work were treated with the help of software Statistical Package for Social Sciences (SPSS) version 20.0. Once this was done, a descriptive statistical analysis of the absolute and relative

simple frequencies of the studied variables was performed.

The ethical observances of the guidelines and regulatory norms for researches involving human beings, Resolution 466/12 of the National Health Council [11] and the Federal Council of Nursing Resolution 311/2007 [12] were contemplated for the development of the study, especially with regard to the informed consent of the participants and confidentiality of the data.

The research project was approved by the Ethics in Research Committee of the Nova Esperança Colleges, CAAE: 24222214.0.0000.5179, according to case number 41/2014.

Results

Among the 16 participants, 81.25% of them were between 15 and 19 years and 18.75%, between 10 and 14 years. Regarding education, 73% of the participants were not attending school, because they dropped out before they got pregnant, and 27% reported they were studying.

Furthermore, 93% of the study participants did not perform any paid work, which means that 7% of them reported that they work to help in their own sustenance. Regarding their family income, 60% of them had the income of a minimum wage for their livelihood, and 40% had the income estimated at two minimum wages.

Most adolescents lived with their husbands, who were the child's father, representing 37% of them; 17% of them declared to have no type of relationship with the baby's father; 20% said to be in a serious relationship with the child's father, and 26% said they live with their parents or grandparents. Among the participating adolescents, 46% answered that they receive assistance from the child's father for them and the baby.

Moreover, 80% of the participants had not planned the pregnancy and 20% planned it. When analyzing the responses of the adolescents regar-

ding the reactions of their relatives to the news that they would be a mother, 54% of the relatives were saddened by the news, 33% were happy and 13% showed no reaction.

In order to really understand the purpose of the study, the answers given by the participants were divided into four distinct categories subdivided and described below: Sensations and feelings related to the discovery of being a mother, Concern about herself and the baby, Changes in the life routine and Perspectives of future projects.

Discussion

Brazil is a developing country, which has one of the highest rates of fecundity among the adolescent population. Pregnancy during this stage of life is considered an event that may impair the development of the adolescent, from both personal as professional point of view and, therefore, is considered a demanding challenge. Thus, adolescents will have to deal with dual tasks: the developmental ones associated with their life span and those related to the exercise of parenthood [13].

The young woman who experiences such a time becomes conditioned to drop out of school. Low or no education may influence the non-acquisition of preventive practices, since the school plays a role of health education by transmitting information about the body and contraceptive methods [14]. However, in this study, the finding of school dropout by the majority of the research subjects was not due to pregnancy, but a choice made previously.

A study [8] performed with adolescents showed that almost 100% of them had no job, but most of the interviewees have such desire, similar to the present research. This dream is about the expectation of independence and access to a better life from a material point of view. Entering the labor market and sustaining their own livelihood is on the horizon, even if still conditioned by the priorities of the family and the role of mothers.

In the present study, most participants had a family income of one minimum wage for everyone's livelihood. Brazil is one of the poorest countries with the highest rates of fecundity among the adolescent population. Thus, in the family income stratum less than one minimum wage, about 26% of the adolescents had children and in the highest income stratum, only 2.3% were mothers, the fecundity decreases as the level of family income increases. The poorest young women have a fecundity rate about ten times higher than the richest ones [7].

The father was the least indicated as the main provider of the family in the group with pregnancy experience, in which the husband/partner takes this function. In another study [15], the groups revealed differences relative to the people they live with: the group with the experience of pregnancy lived less with the father and less with the spouse/partner. Having the family and the child's father support can positively influence the mother-child relationship, since it is possible to share responsibilities, share the joys and difficulties inherent to the process, reflecting success in nursing, breastfeeding and increasing the bond between all individuals in the process.

The relationship with the child's father may be a risk or protective factor for motherhood. Initially, studies show that, in cases of maternity in the adolescent, the relationship commonly remains soon after the childbirth, but this number decreases over time. Several studies have evaluated adolescents' perception and satisfaction regarding parental involvement, indicating that the results are more positive when the couple remains romantically involved and when the baby's father provides emotional and economic support. The support of the companion assists the adolescent to deal with new roles established due to the maternity and the cohabitation. It also represents a safe haven for moments of indecision, insecurity and loneliness. [16].

The lack of planning in pregnancy indicates the risk of these adolescents and their children of suffe-

ring permanent social consequences, as it will generate a departure from a normal life routine for an adolescent, such as education, leisure and health. Moreover, the child become vulnerable to risks, due to the low understanding of the essential care with its health by its mother [17].

There are different reactions in relation to being a mother in the adolescence for the relatives. Multiple factor determine this uniqueness, such as historical, social, cultural, educational and family dynamics, which present themselves differently in each family. It is common to overlap feelings of revolt, abandonment, sadness and acceptance of the inevitable. Nevertheless, in some cases, it is a source of joy when this pregnancy is part of the teen's life project [18].

Sensations and feelings related to the discovery of being a mother

In this category, there are the main sensations and feelings reported by the participants of the study focusing on all their aspirations inherent to maternities.

At first, it was difficult, I felt afraid.

E1.

I felt desperation at first, but then I accepted.

E2.

I did not accept it, I even rejected it.

E3.

I felt happiness, joy and hope.

E4.

I was afraid, I was in anguish, I suffered a lot.

E14.

According to the interviewees' statements, for most of them, fear prevailed until they came to acceptance, since, adolescents, at this stage, do not expect to be mothers, which, may, thus, affect their life plans. Many have shown happiness, and even

feeling of anguish and suffering were also reported, as well as apprehension and rejection.

Despite the descriptions of positive experiences associated with these phenomena, most studies focus their attention on the negative factors associated with the phenomena. The reviewed literature showed that, even in the cases describing positive experiences and feelings, the pregnancy was initially considered a negative or problematic event to the development of the adolescent. So most of them are not prepared to cope the news of being mothers and end up having a not-so-good reaction [19].

Concern about yourself and your baby

Some of the teens described their concerns regarding this phase of life.

My biggest concern is to watch my baby so he does not get sick.

E1.

I care about the violence of today's world.

E5.

I just worry about my son's education.

E6.

Nothing.

E10.

The concern I have is not knowing how to take care of my son, because he is so mushy.

E11.

My concern is with the way of life, since it is not easy to raise a child.

E14.

The concerns of the adolescents revolved around the health issue; there were others, such as fear of losing the baby, fear of not knowing how to take care of the child, today's frequent violence, and concern about how to care for a baby, which is not an easy task.

The changes in the life of these adolescents opened possibilities for personal growth, expressing in a sense of concern and responsibility, as they become aware of the relation of dependence of the child to themselves [20].

Changes in the life routine

Many changes in the life routine arise as consequences of motherhood. Due to life inexperience, some adolescents do not perceive the difficulties that permeate this moment; others, however, think over it, are concerned about their future.

I will have more responsibility, which will be to take care of the house and the baby.

E1.

... The time I had to have fun, I will not have it anymore.

E2.

It will not change anything... I am used to it, I already have another baby.

E9.

Everything... I will not be able to sleep that much, to go for a walk..

E11.

Many changes... I will not have time to study anymore, my life will change, people's prejudice, and responsibility will increase.

E14.

The participants' speeches reveal that they are aware of what changes will take place in their lives with motherhood. Some relate to the responsibility they will have, and the short time available to do the activities they used to do, such as leisure, sleeping until late; participants also mentioned performing household chores. Some participants said that nothing would change, since they had already had children and this would not change anything in their routine.

The fact that, with motherhood, the adolescent takes on the role of mother and woman, often seen by them as a social elevation, characterize social change. These adolescents reflect greater responsibility and greater concern about the challenge of caring for, educating a child, changes in the routine of the family, especially in the daily life of the puerperal woman, who also needs to perform household chores [20].

Perspectives for future projects

The life project of an adolescent, in general, is to improve their life perspectives, since, with the discovery of motherhood, some greater responsibilities arise, such as the uncertainties of the future, make them more reflective. The speeches below reflect their future perspectives of life facing the situation of being a mother.

Go back to school, I intend to have a profession to have a salary and help take care of my son.

E1.

To go to law school... it is my dream.

E2.

Going back to school and taking care of my baby.

E3.

Studying and working are my plans.

E5.

Show Jesus' paths to my daughter.

E6.

Only to dedicate to my family.

E8.

Keep looking after my family.

E9.

To finish my studies, in the future I want to be an architect, to support my son.

E11.

In this category, the participants reported their main future projects. Going back to school prevailed, and the search for employment was also quoted several times. Some of the speeches revealed the participants' religiosities, since, for one of them, her project is only to show the ways of Jesus for her daughter. They also mentioned the dedication to the family and the search for higher education. The motherhood ends up changing the reality of life of the adolescents, putting them in a situation in which they desire, in the future, a way to ensure their child's livelihood.

As for the adolescents' life perspectives, they view the situation in a positive way, believing in a promising future despite difficulties encountered resulting from motherhood. Most teenagers say the phenomenon will not interfere with their lives. The results reinforce the need to understand better the dreams and ideals that guide the life projects of adolescents, integrating the school, family, community associations and health services, in an attempt to build together prevention strategies that are closer to the needs generated in the socio-cultural context surrounding this population group [21].

Conclusion

The data gathered in this research show that, although adolescence is a phase that should focus on studies and preparation for adult life, adolescents are happy with the event of gestation during that period.

As for the life perspectives of the adolescents, many wish to return to studies and to follow a profession so that they can take care of their baby and ensure a good creation. In general, adolescents' main perspectives reflect on returning to school, as well as entering their careers, interweaving these tasks to care for their child and family.

This study allowed knowing the adolescents as a whole, identifying the dreams that guide their life projects so that the orientations are closer to

the needs generated in the sociocultural context surrounding this population group.

Therefore, health professionals are responsible for welcoming these adolescents and their families, offering emotional and physical support, and taking into account this moment of profound changes. Seeking new forms of understanding to better plan and provide effective health actions and, when encountering a young adolescent mother, being prepared to guide her individually, will contribute to coping with the experienced situations.

From this perspective, the study will help health professionals to think over the problem of being a mother during adolescence, thus providing quality assistance, encouraging adolescents to face this phase with a vision for the future, believing in the realization of their projects. One believes in the effectiveness of the health professional's performance in this perspective, given that a differentiated orientation may be the key to an investment for life. In addition, the health professional, through health education, can guide the care to the baby, thus decreasing the fear and insecurity related to the fragility and unpreparedness that involves being a teenage mother.

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