

ADOLESCENT MATERNITY IN A LOW INCOME COMMUNITY: EXPERIENCES REVEALED BY ORAL HISTORY

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Adolescent maternity involves relevant factors associated with each family, culture and society. This research aimed to describe the experiences in the trajectory of adolescent maternity. The oral history method was used, obtaining the narratives of 21 adolescent mothers living in a low income community located in São Paulo City, Brazil. The following descriptive categories emerged from the narratives: Pregnancy: an event in the initial phase of the relationship; Insufficient knowledge and access to contraceptives, gender inferiority and God's will: the ways to look at pregnancy; To escape from family problems and define the life course: the personal meanings attributed to pregnancy; More gain than pain: the balance of adolescent maternity. Adolescent maternity in low income contexts involves very complex factors and requires an integral, integrated, personal and family centered care.

DESCRIPTORS: pregnancy in adolescence; social conditions; delivery of health care; culture

MATERNIDAD EN LA ADOLESCENCIA EN UNA COMUNIDAD DE BAJOS INGRESOS: EXPERIENCIAS A TRAVÉS DE HISTORIA ORAL

La maternidad en la adolescencia está relacionada a factores asociados con la familia, cultura y sociedad. El objetivo de esta investigación fue describir experiencias durante la maternidad en la adolescencia. El método de historia oral fue realizado, recolectando las narrativas de 21 madres adolescentes que viven en una comunidad de bajos ingresos, ubicada en la Ciudad de São Paulo, Brasil. Las categorías descriptivas fueron: Embarazo: consecuencia de una fase temprana en la relación; Conocimiento y acceso insuficientes sobre anticonceptivos, inferioridad relacionada al género y el sentir necesidad de Dios: significados personales sobre el embarazo; Escapar de los problemas familiares y definir su vida: los significados personales atribuidos al embarazo; Mayores beneficios que pérdidas: evaluando la maternidad en la adolescencia. La maternidad en la adolescencia en un contexto de pobreza involucra varios factores complejos; necesitando de cuidado integral e integrado, centrada en la persona y familia.

DESCRIPTORES: embarazo en adolescencia; condiciones sociales; asistencia a la salud; cultura

MATERNIDADE NA ADOLESCÊNCIA EM UMA COMUNIDADE DE BAIXA RENDA: EXPERIÊNCIAS REVELADAS PELA HISTÓRIA ORAL

A maternidade na adolescência envolve relevantes fatores associados a cada família, cultura e sociedade. O objetivo desta pesquisa foi descrever as experiências da trajetória da maternidade na adolescência. O método da história oral foi desenvolvido e coletado as narrativas de 21 adolescentes mães moradoras em uma comunidade de baixa renda localizada na Cidade de São Paulo, Brasil. As seguintes categorias descritivas emergiram das narrativas: Gravidez: um evento da fase inicial do relacionamento; Conhecimento e acesso insuficientes aos contraceptivos, a inferioridade de gênero e o desejo de Deus: os modos de visualizar a gravidez; Fugir dos problemas familiares e definir o curso da vida: os significados pessoais atribuídos à gravidez; Mais ganhos que perdas: o balanço da maternidade na adolescência. A maternidade na adolescência no contexto da baixa renda envolve fatores muito complexos e requer um cuidado integral e integrado, centrado na pessoa e na família.

DESCRITORES: gravidez na adolescência; condições sociais; assistência à saúde; cultura

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INTRODUCTION

Latin American countries have faced a continuous rise in adolescent pregnancies⁽¹⁾. In the Brazilian context, although the total fecundity rate has shown a permanent decrease, the number of pregnant women between 10 and 19 years of age has increased⁽²⁾. In the Brazilian Southeast, the quantity of adolescent mothers has increased 3.4% between the 1970's and 1990's⁽³⁾. Incidence levels of pregnancy are higher among people between 15 and 17 years old and more frequent in the lowest social class⁽⁴⁾.

Adolescent maternity, mainly when it occurs at a young age, provokes a negative impact on family and society. The risks related to health, financial and emotional conditions, continuity of education and difficulties related to access to work were the main factors contributing to the increase of vulnerability in adolescent mothers⁽⁵⁻⁶⁾.

Therefore, adolescent maternity needs to be studied in several perspectives. The meanings attributed can be diverse for each person, depending on family and social insertion. One research report⁽⁷⁾ described that some adolescents living in a Colombian community "take love seriously", that the pregnancy was a consequence of romantic love and that the sexual intercourse was not aimed at reproduction. In a research carried out in a Brazilian low income community, the adolescents actually desired maternity⁽⁸⁾.

Considering the importance of getting to know the particularities of motherhood during adolescence, this research was carried out to describe the experiences of the adolescent maternity trajectory.

METHOD

The oral history method was carried out to permit the identification of adolescent mothers' personal experiences. The preservation of the personal perspective is central in the oral history method. It is considered socially relevant because this method makes it possible to give voice to people who usually do not find opportunities to express their own experiences⁽⁹⁾.

The research population was composed of adolescent mothers living in a low community located in the metropolitan area of São Paulo City. The community, recently urbanized, was a slum and predominantly includes low income families.

Members of a research group belonging to the University of São Paulo School of Nursing, have carried out university extension services in that community since 1990. This familiarity with the community contributed to obtain easy access to the adolescents. The names and address of mothers were identified in the researcher's information handbook. The names of all adolescent mothers in the handbook were put in a box and included in this research through a draw.

The interviews were scheduled after agreement between researcher and adolescents in relation to the appropriate day, time and place for the interviews. They were held from February to November, 2003, at the adolescents' homes. Before the beginning of the interviews, their personal data were obtained. The researcher suggested to the adolescents the inclusion of the following aspects of their experiences in the narratives: personal, family and social aspects related to the trajectory of adolescent maternity, relationship with the father of the child, changes in their life provoked by the pregnancy and maternity, and their own view about the experience. This facilitated the emergence of concrete experiences, enhancing the credibility of the narratives.

The interviews were audio-recorded verbatim and took between 40 and 90 minutes. The criterion established to end the interviews was theoretical saturation⁽¹⁰⁾. Data repetition was observed as from the 16th interview and a total of 21 adolescents were interviewed.

As to ethical aspects, the determinations of Resolution No 196/1996 by the Brazilian National Health Council⁽¹¹⁾ were followed. Only adolescents with normal physical and mental capacities were included in this research. The Free and Informed Consent Term was obtained and signed by the adolescents' parents or an adult in their family. The Term offered guarantees related to identity preservation, use of data for scientific aims only, authorization to record the interview and provision of health care orientations when requested by adolescents or other family members. The adolescents' names were substituted by numbers.

For data analysis, each narrative was edited in three stages, according to the suggestion by Bom Meihy⁽⁹⁾: transcription, when the integrity of audio taped interviews was transformed into the written form; textualization, when narratives were kept in

the first person singular. Unnecessary elements were excluded and the central ideas of each narrative were identified; and transcreation, when the narratives were kept in a chronological sequence.

The essence of each experience, represented by a phrase extracted from the narrative, was identified. It preserves the main meaning attributed to the personal experience⁽⁹⁾.

After the end of this last phase, each narrative was shown to the corresponding adolescent. The whole content of narratives, as well as the essence of the experience according to each adolescent's perspective, were validated by each collaborator in order to guarantee research credibility in the use of the oral history method⁽⁹⁾.

The narratives were analyzed in a process of data understanding, interpretation and reduction. The researcher paid special attention to the preservation of adolescents' own perspective during the whole process of data analysis. Similarities between the experiences were identified in an inductive and interpretative way⁽¹⁰⁾.

This work made it possible to elaborate descriptive categories of the adolescents' experiences. The categories were composed of components and each of them was described when at least seven mothers expressed a similar experience. Quotes were extracted from the narratives to illustrate the meaningful aspects of categories and to provide evidence for the interpretation given by the researcher. Each descriptive category was read repeatedly in order to verify the existence of contradictions between oral histories and the constructed categories. This interaction, considered a significant aspect of qualitative data analysis, was carried out to guarantee the validity of the inquiry⁽¹⁰⁾.

All research phases were carried out by the author of this article. The research design, data collection and analysis and the construction of the descriptive categories were facilitated by the researcher's earlier experience, who had already carried out several qualitative studies before the beginning of this research.

FINDINGS

The findings are presented as follows: the adolescent mothers' personal characteristics, the essence of some narratives, the title of the descriptive

categories and their components. The main components are exemplified by a small quotation extracted from their narratives.

Adolescent mothers' personal characteristics

At the time of the interview, the adolescents were between 14 and 18 years old, with an average age of 16.5 years, having lived in the community between 1 and 18 years, with an average of 12.4 years. Thirteen adolescents were born in the community. About marital status, six were single, 10 were cohabiting, two were married and three were separated. Seven mothers had their own financial support and 14 were dependent on their husbands or parents. Their education level was between three and ten years of study, with an average of 6.2 years. Family income per month ranged from R\$ (Real) 250.00 to 800.00, with an average of R\$ 480.00 (at the moment of the interview, R\$ 2.88 was equivalent to one dollar). Participants had one (13), two (6) or three (2) children at the time of the interview.

The essence of some narratives

I wanted a child, my child gave me another reason to continue living (M1).

I got married to leave my house, I didn't regret because my life has improved (M5).

I did not have an option: Either I lived with my boyfriend or on the street (M 11).

I am better now because nobody controls my life (M 16).

To got pregnant was the only solution to solve my problems (M 18).

The descriptive categories

- Pregnancy: an event in the initial phase of the relationship

The beginning of sexual intercourse with the partner early in the relationship was a common characteristic among the adolescent mothers. Hence, decisions regarding the beginning of marital life and living together in the same house or not were equally made in an early phase of the relationship. Lack of reflections related to maternity and the implications of this social role characterized the initial phase of the adolescents' relationship. At that time, the couple's bond was still very weak and the dialogue about

adequate contraceptive measures had not been established.

"I started having sexual intercourse with a person I didn't know very much"; "We began to have sexual intercourse when we didn't know each other very well"; "Some weeks after the beginning of our relationship, we began to live together, we did not have time to talk with each other about maternity or paternity"; "I started having sexual intercourse too early, we didn't talk about contraception or children";

The occurrence of the pregnancy at the beginning of adolescents' relationship was associated with their own dream of maternity or the desire to correspond to the partner's desire of becoming a father.

"My boyfriend and I wanted a child, although we have stayed together only for two months"; "A few weeks after we went to live together, he told me that his dream was to become a father"; "I have always dreamt of motherhood"; "My boyfriend said that he has always wanted to be a father".

- Insufficient knowledge and access to contraceptives, gender inferiority and God's will: ways to look at pregnancy

The adolescents whom the pregnancy took by surprise evaluated that this occurrence was a consequence of a lack of or insufficient knowledge and access to contraceptive resources. The adolescents themselves evaluated that the lack of control on these spheres of their life was inherent to the female condition. Others, who had the necessary knowledge about contraceptives, said that they did not give adequate attention to this question.

"I didn't imagine the possibility of getting pregnant"; "We never talk with each other about contraception; "I didn't know anything about my body, how to avoid a pregnancy"; "One day I didn't take pills, I thought that I wouldn't get pregnant"; "We didn't take care with contraception, he didn't use condoms"

Financial difficulties faced by the adolescents and the consequent lack of money to buy contraceptives and problems related to the collateral effects provoked by the pills, usually taken under self-medication, and failures as a consequence of inadequate use of male condoms, were the main problems for the adolescents. These relevant and related questions contributed to the occurrence of adolescent pregnancy.

"I didn't have money to buy pills"; "I took pills but one day I forgot"; "Sometimes, I prevented the pregnancy, other times, I didn't"; "I was afraid to take pills"; "I became pregnant

because one day he didn't use a condom"; "The condom broke and I became pregnant".

The condition of inferiority in gender relations since the beginning of the relationship was also cited as a cause of pregnancy. Several adolescents got pregnant unwantedly, in the attempt to satisfy their partners' desire of becoming a father. When the desire to have a child emerges in couples, men's perspective has always predominated. These factors were associated with insufficient attention to contraceptive practices.

"I didn't want a child but my boyfriend did, I got pregnant, I was afraid he would abandon me"; "He said: my dream is to become a father. He didn't allow me to take pills"; "He always wanted a child and I didn't, one day, I forgot to take the pill"; "He wanted a child, he had always used condoms but, one day, he didn't use it".

Some adolescents could not find a solid justification for the occurrence of pregnancy. In these situations, they evaluated that the pregnancy was a consequence of a higher force, which they did not master, "God's will".

"I didn't want the pregnancy, it happened because it was supposed to happen, if God gives me a child, what can I do?"

- To escape from family problems and define the course of life: the personal meanings attributed to pregnancy

Many adolescents expressed that the pregnancy was a way to "reach a solution", to escape from the problems faced in their family. Many of them had lived with constant quarrels between parents, domestic violence, mainly provoked by their stepfathers, stepmothers or other relatives. One adolescent described sexual violence committed by her father.

"My parents fought a lot, I wanted to marry and have a family, to leave my home"; "My stepmother mistreated me, she liked it when I left her home"; "My father beat me, my mother was violent, if my family hadn't been like that, perhaps I would have remained single until today. The pressure of my family was the main factor for my decision about leaving home"; "My father tried to have sexual intercourse with me, then I left my home"

The adolescents did not have the conditions to continuously face the problems concerning family dissolution and financial difficulties. They did not have freedom and financial support to do what they wanted either.

"I asked for alms on streets, it was a great humiliation"; "My mother died, I needed to steal, the best thing was this

pregnancy"; "I got pregnant trying to solve my problems, to become pregnant was the only solution to face my problems".

The constitution of a family, although under precarious conditions and in an early phase of the life, was not seen in a negative perspective. To have a house to live in, with full control of the situation, represented the possibility of freedom to do everything that had not been possible while living at their parents' or relatives' house. To get pregnant, therefore, was considered a great "solution" for the problems the adolescents in the family context. When they went to live with their partners, for the first time in their life, they experienced the feeling of belonging to a family. Thus, the adolescents attributed a great value to the constitution of their own family. Although visualizing the reality of financial difficulties and the precocity of motherhood, to have a family meant for the adolescents the conquest of a better quality of life.

"I did not have another option: either I stayed with my boyfriend or on the street, I didn't regret having a son, I am living well"; "To get pregnant and to live with my boyfriend was a way to leave my family's house, with my boyfriend, I found everything I wanted: freedom, attention, respect, valuation"

The adolescents did not have a defined way of life to follow before the maternity. Then, the incorporation of the maternal role outlined their future. Conjugal life was started without planning and the maternity had the meaning of having a course and a goal in life.

"After the news about the pregnancy, my boyfriend finished the construction of our house, and we started our life together"; "With the news about the pregnancy, we rented a house and began to live together, so, the pregnancy was a way to define my life course, a route to follow".

- More gain than pain: the balance of adolescent maternity

Visualized from the perspective of a balance between profits and losses, the maternity provided more profits than loses for the adolescents' lives. Their satisfaction was related to the several perspectives involved in maternity, mainly better conditions in the personal and family scopes. The positive feelings concerning maternity predominated over the negative ones as a result of the improved quality of life. The filling of a gap in their life, the incorporation of the maternal role, to obtain a reason for living, the feeling of greater self-confidence to continue their life, the sense of belonging to a family were some positive aspects the adolescents mentioned.

Several adolescents changed their lifestyle after becoming a mother. They moved away from their friends and left the "life on the street" to give more attention to their children. This change was evaluated positively by the adolescents.

"The life with my child became better, I stopped going dancing, the night life"

The result of these factors represented a meaningful qualitative improvement in the adolescents' life. Hence, among them, happiness and satisfaction regarding adolescent maternity predominated.

"My child gave me a reason to keep on living, I feel more confident"; "Our child united us, I feel more firmness in life"; "My life changed for the better in all aspects"; "I don't stay on the street, I do the housework when I want to, my life is better"; "I am living in a shack but I prefer this because here we are a happy family".

The feeling of happiness and satisfaction regarding maternity, or the inverse feeling of unhappiness depended on the partner's and family members' reactions related to the pregnancy and maternity.

"My boyfriend took his responsibility as a father, I want this happiness to last"; "My boyfriend said that the child was not his... he, my family, nobody gave me support"

The adolescents mentioned some losses they suffered as a consequence of maternity. The impossibility to continue studying and other restraints that provoked changes in their lifestyle were the main losses. To stop studying entailed the need to exclude some dreams from their life.

"I had a dream but, when I got pregnant, I abandoned it"; "I didn't regret the pregnancy, but I regret about not continuing to study"; "To be married is wonderful, I only regret stopping my studies".

The main dreams of adolescent mothers were to improve their own and their children's living conditions, a better future for both and to maintain their own family. The incorporation of the maternal role in their identity, which meant the existence of a child requiring their attention, was a stimulus for the adolescents to conquer their desires and persist in fighting for a better quality of life. The adolescents' main concern was to avoid repeating their personal life course, that is, the need for their children to face the same financial and family problems they faced during childhood and adolescence. So, they went looking for a good job and, according to their own possibilities, attempted to obtain a better educational

level. However, they faced many difficulties to meet their goals.

"My dream is to live with the father of my child, to work, never to change the love he has for my child"; "I want the best for my children, a profession, study, not to stay on the street"; "It is very difficult to get a job to reconcile my life's schedule, to study more"

DISCUSSION

Adolescent pregnancy happened at the beginning of the relationships between the partners, when the bond was not deep yet. Among adolescents, 28% of pregnancies happened during the first three months after the start of sexual intercourse⁽¹²⁾.

Adolescents were not aware of the possible risks associated to early sexual initiation⁽¹⁾. During the early phases of the relationship, intimacy and maturity were not enough for decision making and adopting safety measures regarding contraception among adolescents⁽²⁾. To consider the characteristics related to adolescence, mainly in terms of sexual and reproductive behavior, is an essential aspect to be considered during sexual education and other health care activities.

Several adolescents have faced serious problems in their own family context. As a consequence, they sought a "solution" for being a mother. Projects aimed at improving mental health, the adoption of a healthy lifestyle according to the possibilities in the social context and the exploration of available social resources can be a concrete possibility for action. In this sense, helping these adolescents to visualize concrete possibilities to achieve a better personal and family condition for the future and their need to be constructively involved in their own life course can be inserted into the reflections carried out with adolescents.

Socially excluded single adolescents have shown greater possibilities of getting pregnant. Their first conjugal unions were not planned, the relationships established with their children's father were not good and gender violence and separations happened more frequently⁽¹³⁾. Strong psychopathological vulnerability and social risks have permeated the lives of adolescent mothers. The main social risks associated to adolescent maternity were difficulties related to access to work, as well as to economic and social well-being. These problems have

indicated the need to make different efforts in order to promote their adaptation to the new reality⁽¹⁴⁾.

Although adolescent maternity involves complex associated questions, preventive measures can be adopted. Thus, orientations about contraceptive possibilities, full knowledge of one's own body and the reproductive process and social gender relationships can constitute a possibility to improve educational activities with adolescents. These actions can be more meaningful to them if they are inserted in a more comprehensive educational process, contextualized in the family and social reality. In this sense, collaboration among professional staff, families and social resources, in order to facilitate working with adolescents is considered a real need in order to consider the family as an active subject in the process⁽¹⁵⁾.

The adolescents expressed satisfaction and happiness about their condition as a mother and a wife. The danger involving young mothers needs to be discussed with the adolescents within a comprehensive scope. Thus, professionals need to direct special attention to the adolescents' own demands. Imposition and hegemonic or prescriptive action need to be eliminated in education and health care activities carried out with adolescents⁽⁷⁾.

A better quality of life is an essential condition to revert the current reality of adolescent maternity. While this vicious circle of social marginality is not stopped, actions should be carried out at regional and local level, with a view to decreasing the magnitude of the current problem. Although orientations about contraceptive resources may not mean a definite solution for the problems faced by the adolescents, this knowledge is considered very important for their empowerment as human beings. Measures need to be adopted to improve several dimensions of women's lives. The promotion of women's empowerment, mainly in the scope of gender relationships, better educational level and other associated aspects, is considered very important.

The development of projects to adopt adequate resources to permit concrete answers to the adolescents' needs, as well as the establishment of partnerships between governmental and nongovernmental organizations is very necessary. Besides providing information and care to the adolescents, the respect of their rights, including privacy, confidentiality, respect to cultural values and religious beliefs were essential aspects that need to

be considered. Paying attention to the rights, obligations and responsibilities of the adolescents' parents was also recommended⁽²⁾. Adolescents must have enough privacy to show their personal experiences, doubts and questions to unknown persons in an open and spontaneous way. The involvement of a staff composed by different professionals is indispensable for meaningful care and education according to the adolescents' own perspective.

The research data demonstrated that, in the study context, several complex problems associated with the family, culture and social perspective

permeate the phenomenon of adolescent maternity. The health and educational activities to be carried out in similar realities demand knowledge and consideration of several perspectives involved in the issue. The research findings and respective discussion and recommendations were presented to offer important knowledge about the main experiences in the adolescent maternity trajectory in a low income context. The essence of this work was to support contextualized, integral and integrated health care delivery, in accordance with the adolescents' own perspective.

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