



Intergenerational similarities and differences between rural working mothers and daughters: socio-demographic and reproductive characteristics^a

Semelhanças e diferenças intergeracionais entre mães e filhas trabalhadoras rurais: características sociodemográficas e reprodutivas

Similitudes y diferencias intergeneracionales entre madres e hijas obreras rurales: características socio demográficas y reproductivas

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ABSTRACT

Objective: To analyze similarities and differences involving socio-demographic and reproductive characteristics between rural working mothers and daughters. **Method:** An analytical and quantitative study was developed in February 2018 with 21 dyads, rural working mothers and daughters, of reproductive age registered in the Chapéu de Palha Mulher Program in Pernambuco State, Brazil. The National Health Survey questionnaire was adopted to verify socio-demographic and reproductive characteristics. **Results:** Mothers and daughters did not show statistical differences for marital status ($p = 1.00$), education level ($p = 0.053$), skin color/race ($p = 1.00$), religion ($p = 1.00$), age when started working ($p = 0.433$) and working hours per week ($p = 1.00$), participation in a family planning group ($p = 0.344$), use of contraceptive methods ($p = 0.065$), miscarriage ($p = 1.00$), and cesarean childbirth ($p = 0.459$). **Conclusion and implications for practice:** The results suggest that the modeling process took place in numerous aspects, meaning these mothers fulfilled a reference role for their daughters in decision-making and behaviors. It requires a greater understanding of intergenerational relationships, especially amongst health professionals, for them to provide a better qualification in assistance, such as in reproductive care.

Keywords: Rural Health; Mother-Child Relationships; Family Relationships; Gender Analysis; Working Women.

RESUMO

Objetivo: analisar as semelhanças e diferenças intergeracionais envolvendo características sociodemográficas e reprodutivas entre mães e filhas trabalhadoras rurais. **Método:** estudo analítico e quantitativo desenvolvido em fevereiro de 2018 com 21 díades, mães e filhas trabalhadoras rurais, em idade reprodutiva cadastradas no Programa Chapéu de Palha Mulher - Pernambuco. Utilizou-se o questionário da Pesquisa Nacional de Saúde para verificar as características sociodemográficas e reprodutivas. **Resultados:** Mães e filhas não apresentaram diferenças estatísticas para estado conjugal ($p = 1,00$), grau de instrução ($p = 0,053$), cor/raça ($p = 1,00$), religião ($p = 1,00$), idade que começou a trabalhar ($p = 0,433$) e horas de trabalho por semana ($p = 1,00$), participação em grupo de planejamento familiar ($p = 0,344$), uso de método contraceptivo ($p = 0,065$), aborto espontâneo ($p = 1,00$) e parto cesáreo ($p = 0,459$). **Conclusão e implicações para a prática:** Os resultados sugerem que ocorreu o processo de modelação em diversos aspectos, ou seja, a mãe serviu de figura de referência para as suas filhas na tomada de atitudes e comportamentos, o que necessita maior entendimento sobre relação intergeracional, inclusive entre profissionais de saúde para melhor qualificação na assistência, a exemplo, no cuidado reprodutivo.

Palavras-chave: Saúde da População Rural; Relações Mãe-Filho; Relações Familiares; Análise de Gênero; Mulheres Trabalhadoras.

RESUMEN

Objetivo: analizar las similitudes y diferencias intergeneracionales que involucran características sociodemográficas y reproductivas entre madres e hijas trabajadoras rurales. **Método:** estudio analítico y cuantitativo desarrollado en febrero de 2018 con 21 díadas, en edad reproductiva, registradas en el Programa Chapéu de Palha Mulher - Pernambuco. Se utilizó el cuestionario de la Encuesta Nacional de Salud para verificar las características sociodemográficas y reproductivas. **Resultados:** Madres e hijas no presentaron diferencias estadísticas para estado civil ($p = 1,00$), nivel educativo ($p = 0,053$), color/raza ($p = 1,00$), religión ($p = 1,00$), edad a la que trabaja ($p = 0,433$) y horas de trabajo a la semana ($p = 1,00$), participación en un grupo de planificación familiar ($p = 0,344$), uso de métodos anticonceptivos ($p = 0,065$), aborto espontáneo ($p = 1,00$) y parto por cesárea ($p = 0,459$). **Conclusión e implicaciones para la práctica:** Los resultados sugieren que el proceso de modelado se dio en varios aspectos, o sea, la madre sirvió como figura de referencia para sus hijas en la toma de actitudes y comportamientos, lo que exige una mayor comprensión de la relación intergeneracional, incluso entre los profesionales de la salud para una mejor calificación en asistencia, por ejemplo, en el cuidado reproductivo.

Palabras clave: Salud Rural; Mother-Child Relations; Family Relations; Gender Analysis; Mujer Trabajadora.

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INTRODUCTION

Questions on the influences of mothers' and fathers' behaviors on sons and daughters have been gaining prominence in the literature, allowing the analysis of social changes over time based on the sociocultural contextualization of norms and values that surround the family unit and oftentimes grant a specific identity to each family member.¹ Intergenerational transmission, seen as family inheritance, represents a model in transferring behaviors from one generation to another with a repeating pattern.² This is a process in which mothers and/or fathers influence sons and/or daughters in a unidirectional approach through beliefs, values, and practices. In this case, mothers and/or fathers are seen as active agents, and daughters and/or sons are seen as passive receivers.³ This is a phenomenon that acts in many behaviors, whether educational, vocational, and/or social.⁴

This kind of transmission is the most probable one to occur within the same sex, including in traditional contexts with gender-specific characteristics, as in the case of mothers and daughters.⁴ The maternal figure occupies an important place in this process, as she is seen as the most successful influencer, and daughters are placed as the most susceptible receivers for reproducing behavioral patterns,⁵ such as in the reproductive decision making.⁶ The observation and consequent imitation of a person's behavior serves as a learning model for another, especially in the case of mothers and fathers, important figures within the family context, and in the socialization role of their daughters and sons.⁷ The role of the mother also stands out, as she is still seen as the main responsible for the care and education of children, assuming great relevance in the perpetuation of values and beliefs of being both a woman and mother.⁸

The similarity between generations may not only be an intra-family subject since social values change from one generation to another thanks to social, historical, and economic evolution.³ Nonetheless, the mother may act as a model for her daughter, which may be decisive in forming gender identity.⁸ Considering that intergenerational relationships may be seen as connections established between people of different ages, allowing the intersection of experiences that unite, enrich, and motivate its continuity,⁹ rural families stand out, given that patriarchy and socially constructed issues still linger in this context.¹⁰ This is an important point, in particular involving the analysis of the rural mother-daughter dyad, given it composes a disadvantaged and vulnerable class.¹¹

The focus on the generational thematic enables existing analyses on similarities and differences in a particular group to be expanded as it reveals a universe of continuities and discontinuities experienced in the same family environment. This is barely mentioned in most studies that aim to observe the mother-daughter dyad, since they leave aside important aspects for analysis, such as socio-demographic and reproductive characteristics, which are fundamental for health professionals to insert as objects of analysis to distinguish the normative values profile in rural contexts. Hence, this study sought to contribute to reducing this subject gap.

METHOD

This is an analytical study with a quantitative approach; it was carried out with rural working mothers and daughters of reproductive age living in the cities of Petrolina, Lagoa Grande, and Santa Maria da Boa Vista in Pernambuco State, Brazil. The reference population that defined the sample of this study was the number of women registered in the Chapéu de Palha Mulher Program in Pernambuco State ($n = 3,54$). The Chapéu de Palha Mulher Program consists of financial and social assistance for unemployed female rural workers during the off-season period as long as they engage in training and professional qualification courses.¹²

The Program had 3,454 registered rural working women distributed among three cities. The number of participants was set considering the proportionate random sampling of each stratum (city), which is non-probabilistic and intentional. Proportionally, 276 women from Petrolina, 66 from Lagoa Grande, and 4 from Santa Maria da Boa Vista were selected, totaling 346 women (Table 1).

Women (mothers and daughters) were included. When consulted, they were willing to engage by answering the form presented according to the following inclusion criteria: they had to exert a rural worker function; belong to two generations - mothers and daughters; live in one of the cities covered by the program; be of reproductive age (considering the minimum age of 18 years following the principles of the Brazilian Labor Relations Code). In addition to these factors, one crucial inclusion criterion was determined by where a higher concentration of pairs was found among the cities registered in the Chapéu de Palha Mulher Program. Rural working women with morbidities that could hinder the understanding of data collection were excluded.

Result verification occurred in Petrolina, in Pernambuco State, Brazil, where a higher quantity of these pairs was found, counting 42 dyads (21 mothers and 21 daughters). Data collection took place in February 2018 during the registration of rural working women in each city covered by the Chapéu de Palha Mulher Program - Pernambuco State, Brazil. It happened in a private place and was conducted by five female health professionals trained by the responsible researcher.

The National Health Survey questionnaire¹³ was applied to mothers and their daughters to analyze the following socio-demographic data: age, marital status, education level, skin color/race, religion, and age when they started working. Additionally, reproductive characteristics were also inspected, including the use of contraceptive methods, miscarriages, and whether they had been pregnant before or not (this one only addressed daughters). The socio-demographic traits between mothers and daughters were analyzed using descriptive statistics to express results such as absolute and relative frequencies, average or median, standard deviations, and interquartile ranges, and the Shapiro-Wilk test was used to verify the normality of quantitative variables. For comparing the socio-demographic characteristics between mothers and daughters, we used the chi-square test and the Fisher exact test (in cases where there was an expected frequency below five) for the qualitative variables. In turn, the Mann-

Table 1. Locations served by the Chapéu de Palha Mulher Program for fruit growing in Pernambuco State, Brazil, by the number of rural working women registered in 2018 and the proportionate sampling. Petrolina, Pernambuco State, Brazil, February 2018.

Locality	Registered population (n)	Sample (n)	Proportion (%)
Petrolina	2,760	276	80.0
Lagoa Grande	656	66	19.0
Santa Maria da Boa Vista	38	4	1.0
Total	3,454	346	100.0

Source: Secretaria da Mulher de Pernambuco (SecMulher-PE), Pernambuco State Government. 2018

Table 2. Distribution of rural working mothers and daughters according to socio-demographic variables. Petrolina, Pernambuco State, Brazil, February 2018; n = 41.

Variable	Mother	Daughter	*p-value
	Average ± SD/n (%)	Average ± SD/n (%)	
Age (years)	44.00 ± 3.00 [†]	21.00 ± 5.00 [†]	0.001
Marital status			
Single/no partner	5 (23.8)	6 (28.6)	1.000
Married/partnered	16 (76.2)	15 (71.4)	
Education level			
≤ Elementary school	17 (81.0)	10 (47.6)	0.053
Elementary school	4 (19.0)	11 (52.4)	
Skin color/race			
White	13 (61.9)	13 (61.9)	1.000
Black	8 (38.1)	8 (38.1)	
Religion			
Religious	1 (4.8)	2 (9.5)	1.000
Non-religious	20 (95.2)	19 (90.5)	
Age at which started working (years)	16.90 ± 5.04	16.86 ± 2.15	0.433
Work hours per week (hours)	40.00 ± 0.00	40.00 ± 0.00	1.000

Source: Prepared by the authors.

SD: standard deviation

*Mann-Whitney test (age), chi-square test (marital status, education level, and skin color/race), Fisher exact test (religion), and Student's t test for independent samples (age at which started working and working hours per week);

[†]Values expressed in median ± interquartile range.

Whitney test and the Student's t test were used for independent samples in the quantitative variables.

The analysis of intergenerational transmission related to reproductive characteristics, in which each daughter was paired with her mother, took place along with technical statistics for paired samples: the McNemar and Wilcoxon tests were used for the qualitative variables and the Student's t test for the paired samples. The significance level adopted in the study was 5% ($\alpha \leq 0.05$), and all analyses were performed using the IBM SPSS Statistics software for Windows (IBM SPSS. 21.0, 2012, Armonk, NY: IBM Corp.).

This study was approved by the Research Ethics Committee (Comitê de Ética em Pesquisa) of the Federal University of Vale

do São Francisco (no. 2.339.422 of 10/27/2017) and according to Resolution no. 466/2012 of the Brazilian National Health Council.

RESULTS

The socio-demographic characteristics of the dyads subsample are described in Table 2. The average ages were 44 for mothers and 21 for daughters, and no significant statistical difference between mothers and daughters regarding marital status, education level, skin color/race, and religion was observed. Furthermore, there was no significant difference between mothers and daughters concerning the age at which they started to work and work hours per week.

According to the analyses, there were no significant discrepancies between mothers and daughters regarding their participation in a family planning group, use of contraceptive methods, and miscarriages (Table 3).

The quantitative variable comparison of reproductive characteristics between mothers and daughters engaged is listed in Table 4. The analysis revealed a significant statistical difference between mothers and daughters in the age of the first pregnancy, number of childbirths, and number of children born alive. Following the data, mothers had had their first pregnancy at a later age than their daughters. Furthermore, they had had more childbirths and more children born alive than their descendants. The number of cesarean childbirths did not differ between mothers and daughters.

DISCUSSION

Women compose a social group marked by roles that are affected by cultural and social factors. In gender studies, one may

consider the possibility of reconstructing a new reality,¹⁴ primarily due to the abounding sociocultural changes that took place in current times.¹⁰ Nevertheless, the socio-demographic and reproductive characteristics between mothers and daughters, the variables tested within this study (i.e., marital status, education level, skin color/race, religion, participation in a family planning group, use of contraceptive methods, and miscarriages) were not statistically different. These findings indicate intergenerational similarities, suggesting that the daughters had taken their mothers as models and experienced similar behaviors to the ones experienced by them, emphasizing the strength of the maternal identity model as a guide in the family system inserted in the modeling process.

The similarity between behaviors relating to marital status, education level, religion, age at which they started working, and work hours per week revealed that mothers present traditional behaviors concerning gender roles and social models, affecting their daughters' personal and familiar lives. The perspective of gender socialization reveals that the mother is predisposed to pass on her behavioral model to her daughter. A similar situation

Table 3. Differences between the proportions of mothers and daughters regarding their participation in a family planning group and reproductive characteristics. Petrolina, Pernambuco State, Brazil, February 2018; n = 41.

Variable	Daughter		*p-value
	No	Yes	
Participation in a family planning group			
No	11	7	0.344
Yes	3	0	
Use of contraceptive methods			
No	3	9	0.065
Yes	2	7	
Has already had a miscarriage[†]			
No	9	4	1.000
Yes	3	1	

Source: Prepared by the authors.

*McNemar test; [†]Only the pairs in which both had been pregnant before were included.

Table 4. Differences between the proportions of mothers and daughters according to reproductive characteristics. Petrolina, Pernambuco State, Brazil, February 2018; n = 41.

Variable	Mother	Daughter	*p-value
	Median ± IQR	Median ± IQR	
Age of first pregnancy (years)	20.41 ± 2.50 [†]	17.47 ± 2.07 [†]	< 0.001
Number of childbirths	3.00 ± 2.00	1.00 ± 1.00	0.002
Number of cesarean childbirths	0.00 ± 2.00	1.00 ± 1.00	0.459
Number of children born alive	3.00 ± 1.00	1.00 ± 1.00	0.012

Source: Prepared by the authors.

IQR: interquartile range. *Student's t test for paired samples (age of first pregnancy) and Wilcoxon test (number of childbirths, number of cesarean childbirths, and number of children born alive); [†]Values expressed as average ± standard deviation.

occurred in a previous study conducted with rural women, which identified intergenerational similarities between socio-demographic characteristics of mothers and daughters for the variables of skin color/race and religion. Ergo, one may suggest the mother may have served as a reference or model for transmitting social behaviors to her daughter.¹⁵

The mother acts as a socialization agent in the family environment and seeks to stimulate socially appropriate behaviors or avoid inadequate conduct before society.¹⁶ The mother, when acting as a sociocultural model, tends not to present innovation stimuli, since mothers and daughters share unique values. Moreover, this study revealed that the familiar pattern related to marital status between these two generations did not change linearly in time. Even when considering that the marital status nowadays may be marked by social transformations and freedom of choice, parents tend to influence their children by consolidating family values, principles, and customs.²

Although the statistical analysis did not identify the frequency, there is a higher concentration of married mothers and daughters in numerical terms. A study carried out in Rio de Janeiro State (Brazil) addressed women of two different generations and assigned the concept of family as centered on marriage importance, considering that the influence of the values of the “traditional family” is set around marriage to build a family.¹⁷ In the rural context, as in the case of the present study, marriage is a life project among women; it is socially expected and grants appreciation to society and family.¹⁸

The similarity between mothers and daughters of this study concerning their educational level and age at which they had started working deserves special attention. These two variables are interconnected since immediate financial concern oftentimes overlaps the necessity of reaching a desired educational level. The search for improvement in educational level does not depend solely on women but on a series of cultural and economic aspects in each family environment. Among impoverished family backgrounds, individuals seek work early due to the need for surviving and bettering living conditions.¹⁹

The similitude between the age at which mothers and daughters began working reflects the absence of social evolution or significant statistical difference for bettering the second generation, a negative point¹⁹ that greatly impacts vulnerable populations as in the case of female rural workers. This result corroborates a previous study carried out with information on the characteristics of mothers and daughters in unfavorable socioeconomic conditions, in which the age at which the mother began working serves as a decisive variable for the employment of the daughter.²⁰ Thus, the mother as a primary socialization agent represents a potential influence on the professional choice of the daughter.

Equally noteworthy is that besides the intergenerational and cultural issues, these choices may be marked by a set of cross-cutting policies which conserve social inequalities. In addition, these inequalities influence the intergenerational mobility of these women, considering it depends on individual characteristics,

socioeconomic scenario, expansion of educational and vocational opportunities, and inclusive social policies.²¹ Despite the lack of significant statistical difference revealed by the test, mothers negatively impacted their daughters at the age at which they began working, which characterized child labor. The variability was lower among daughters and showed they had had greater possibilities of studying compared to their mothers (14.7 and 11.86 years old, respectively), a fact comprised by the analysis of their educational level. A higher educational level is a factor that may protect the individual from child labor and its future consequences, such as informal and precarious employment, formal employment with a low-income quantile,²² or even unemployment in adult life. It may contribute to the perpetuation of poverty and, subsequently, the subservience of the daughters to the same conditions.

When mothers can combine work with a productive and familiar role in a satisfactory manner, daughters create expectations and are influenced to follow the same behavior. As for the situation presented herein, specific and naturalized skills related to the female gender performance, such as careful and cautious behavior, were employed in rural work in grape cultivation. These abilities were introduced not only in the modeling process but also in the social learning in which women are inserted when developing professional competencies.

When working in rural areas, it is part of the social culture of rural families for the parents to take their children to accompany them. Hence, distancing children from labor would have the same effect as taking them out of the social organization as they are inserted into a collective work environment which means their labor is required for them to survive.²³ Intergenerational transmission among families in precarious living conditions is more intense: the children, since their childhood, embody the social notions of the exclusion of other forms of social inclusion of their parents. Numerous parents advance the insertion of their children into adulthood and, in many cases, these children are therefore socially recognized as adults.²⁴

Even though few studies have inspected the intergenerational process regarding variables on reproductive health between mothers and daughters, the literature points out that despite having endured social changes, the patriarchal family presents traditional practices on reproductive health which are resistant to modifications.²⁵ As for the variable regarding age at which they first had been pregnant, the mothers of this study had their first pregnancy later than their daughters. This fact was presented reported by a study in Sweden that aimed to analyze early pregnancy and its association with intergenerational transmission between mothers and daughters, identifying that the daughters were most likely to have their first pregnancy earlier if compared with their mothers.²⁶

Therefore, we suggest that the higher earliness of the pregnancy of the daughters, when compared to their mothers, may be related to reproductive autonomy regarding the time of having children² or social requirement for early procreation that still persists¹⁰ among mothers. The choice of postponed maternity among mothers may be related to socioeconomic issues, the

consequences of early pregnancy or daughters mimicking their mothers' behaviors;^{26,27} early pregnancy is also associated with lower educational levels.²⁸

Regardless of the existence of an abounding number of conflicts surrounding maternal life and its difficulties when balanced with a professional life, being a mother is still something that integrates the life plans of women² and remains an element that grounds female identity²⁹ due to the social belief that every woman must become a mother persists.³⁰ Concerning the number of childbirths and children born alive among women in this study, the significant statistical difference may be interconnected to the age of women on the day of the interview. As for cesarean childbirths, there was no significant statistical difference, an effect that is related to personal explanations strongly influenced by family or sociocultural values.³¹ Traditionally, copious social groups associate normal labor with negative meanings such as pain, suffering, and death.³² In many times, this situation occurs thanks to the lack of information of women that end up in a subservient role of following a closer reference model, as their mothers,³³ because when they have some report that a person suffered during labor, the choice will be for cesarean childbirth.³⁴

Overall, the literature points out that rural families strive to preserve culture and legacy in various contexts, including in the relationship with groups belonging to the same group, to promote socio-emotional well-being. Otherwise, coexistence may result in conflicts due to differences in expectations and values.¹⁵ Due to the scarcity of research concerning the generational thematic represented here by a specific subset of rural women and the small sample size, the conclusion is limited to quantitatively examining the similitude of values. Accordingly, the necessity for future studies emerges, and these studies should adopt a longitudinal and qualitative perspective, encompassing an expansion of the sample population and involving socialization factors that may be relevant to shed more light on the development of value patterns over time.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

Based on the results, it is possible to state that the daughters followed the same choices as their mothers, such as the ones related to marital status, education level, skin color/race, religion, participation in a family planning group, use of contraceptive methods, miscarriage, and the number of cesarean childbirth. Ergo, behaviors between rural mothers and daughters may be related to the generational apprehension of customs, that is, the learning of values and attitudes. This may indicate that mothers were a model for transmitting values and behaviors among their daughters, tending not to introduce innovative stimuli among an offspring that repeated pre-existing values.

Therefore, the interpretation of intergenerational relationships between mothers and daughters, or the transmission that happens between them, are fundamental aspects that need to be understood by health professionals, especially nursing professionals who

work in rural communities, so they can provide care according to certain specificities and also work strategies that will empower these women in issues involving their reproductive health.

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