Original Article

General practice of teenage mothers caring for their children*

Práticas populares de mães adolescentes no cuidado aos filhos

Prácticas populares de madres adolescentes en el cuidado a los hijos

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ABSTRACT

Objective: To identify and describe popular practices of teenage mothers caring for their children during the first six month after birth. **Methods:** A qualitative approach was used with six teenage mothers from the city of Cambé, PR. Data were collected through semi-structured interviews from February to April 2007. Interviews were conducted in the participants' home in four different times (one week, one month, four months, and six months after the birth). **Results:** Findings suggested that teenage mothers use popular practices that were part of their family and community culture when caring for their children. These popular practices included cross breast-feeding, teas, syrups, and blessing's plays to treat adverse events, and popular beliefs regarding the umbilical stump, hiccups, and sleeping pattern. **Conclusion:** Health professionals must be aware of practices and beliefs of teenage mothers in order to plan quality care to the mother-child binomial.

Keywords: Infant care; Adolescent; Mother-child relations; Medicine, traditional

RESUMO

Objetivo: Identificar e descrever os cuidados populares adotados por mães adolescentes na assitência aos filhos nos seis primeiros meses de vida. **Métodos:** Pesquisa com abordagem qualitativa desenvolvida com seis mães adolescentes residentes em Cambé - PR. Os dados foram coletados no período de fevereiro a abril de 2007, por meio de entrevistas semi-estruturadas, realizadas no domicílio em quatro momentos distintos:uma semana, um, quatro e seis meses após o nascimento. **Resultados**: As mães adolescentes revelaram reproduzir em seu cotidiano de cuidar várias práticas populares que fazem parte da cultura local e familiar, tais como amamentação cruzada, utilização de benzimentos, xaropes, chás e orações para tratar intercorrências, além de algumas crendices relacionadas com o coto umbilical, soluços e alteração no sono do bebê. **Conclusão:** Os profissionais de saúde precisam conhecer as crenças e práticas das mães adolescentes para então planejar, da melhor forma possível, a assistência a ser prestada ao binômio mãe-filho.

Descritores: Cuidado do lactente; Adolescente; Relações mãe–filho; Medicina tradicional

RESUMEN

Objetivo: Identificar y describir los cuidados populares adoptados por madres adolescentes en la asistencia a los hijos en los seis primeros meses de vida. **Métodos:** Investigación con abordaje cualitativo desarrollado con seis madres adolescentes residentes en Cambé - PR. Los datos fueron recolectados en el período de febrero a abril del 2007, por medio de entrevistas semi-estructuradas, realizadas en el domicilio en cuatro momentos distintos: una semana, uno, cuatro y seis meses después del nacimiento. **Resultados**: Las madres adolescentes revelaron reproducir en su cotidiano de cuidar varias prácticas populares que hacen parte de la cultura local y familiar, tales como amamantamiento cruzado, utilización de bendiciones, jarabes, infusiones y oraciones para tratar ocurrencias, además de algunas creencias relacionadas con el muñón umbilical, hipos y alteraciones en el sueño del bebé. **Conclusión:** Los profesionales de salud precisan conocer las creencias y prácticas de las madres adolescentes para entonces planificar, de la mejor forma posible, la asistencia a ser prestada al binomio madre-hijo.

Descriptores: Cuidado del lactante; Adolescente; Relaciones madre–hijo; Medicina tradicional

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INTRODUCTION

Culture is transmitted to us from the moment we are born. Throughout the years, our way of being and acting is shaped by the values, beliefs and habits of our living environment, making us unique individuals with different needs, usually influenced by the cultural context. Therefore, it is possible to assume that, in some aspects, human beings result from the cultural environment where they were raised, and they are heirs of the experiences acquired by the generations that came before them[1].

Women are the main people responsible for family care and, therefore, often transmit, through home care, beliefs, values and local resources, generally developed from routine life[2].

Care practices and knowledge usually start right after conception, only becoming established after birth, when the child is totally dependent. This is because, despite its having full potential to survive, the child needs some care, which should be provided by someone else, usually the mother[3].

The puerperium is a period full of myths, beliefs and habits concerning what one should pay attention to. Health professionals should also attempt to respect family beliefs and cultural practices, if the mother's or child's health is not harmed. Care is influenced by cultural practices and transmitted from mother to daughter throughout generations. Despite being quite evident during this period, it is sometimes underestimated or ignored by the nursing team, causing conflicts with the families.

This study agrees with Leininger's[4] concept that care is the essence of nursing, though not being exclusive to this profession. Despite health care being intrinsic to human beings, its forms may vary, according to one's experiences and beliefs. As regards the adolescent mother, one question usually raised is whether she also adopts popular practices when caring for a newborn or not.

Care involves patterns, values and the adolescent mothers' way of living. However, respecting their culture does not mean to abandon or reject the health professional system. Therefore, the aim of this study was to identify and describe popular care performed by adolescent mothers, who were cared for in a Maternity Hospital of the city of Cambé, in the state of Paraná**,** during the child's first six months of life.

METHODS

This qualitative research used the Theory of Culture Care Diversity and Universality as theoretical framework for the complete study from which this manuscript was extracted. This theory recognizes the importance of culture and its influence on all that involves nursing care objectives and providers.

This study was performed in the city of Cambé, located in northern Paraná, and with nearly 88,186 inhabitants[5]. Adolescent mothers who gave birth in a maternity hospital of this city, residents of the urban area, and who volunteered to join this study, were included in this research.

Data were collected from February to October 2007 and obtained from six adolescent mothers and their children, who were followed until the child was six months of age. Although two mothers decided to be excluded from this research before the end of this period (one on the 15th day and the other on the 30th day), their reports were also included in this study. Data were collected in five different moments: just after the child's birth, at the hospital; and at the end of the first week, and in the first, fourth and sixth months, at home. Open interviews and observation procedures were used to collect data.

At the first meeting, in the hospital, the purpose was to establish initial rapport and to invite the mother to join the study. On this occasion, no interview was performed, but all the interaction was observed and recorded in a field journal. At the other meetings, the focus was to determine the mother's experience with child care. The interviews were recorded and fully transcribed. Data resulting from observation during home visits and reflection on the study development were also recorded in the journal, right after each interaction with the adolescents.

Home visits were previously determined and, whenever possible, confirmed by telephone one day before. At each meeting, some of the following questions were introduced: "How has your baby been since the last meeting?" "How has it been for you to care for him/her?" It should be emphasized that there were guidelines on some aspects which should be discussed with the mothers, in case they did not mention these, including the following: difficult and easy aspects associated with child care, maternal and child health problems, and attitudes towards these situations.

Each meeting lasted about 60 minutes and not just the adolescent, but also people who were at home at that time (the adolescent's mother, for example) were invited to join the meeting.

Data obtained were treated according to content analysis[6], which means that, after content transcription, the material was fully read, thus beginning preliminary analysis and data exploration. Subsequently, data were organized systematically and compacted into units, allowing an exact description of related characteristics. Next, a categorization was performed to isolate speech elements and to organize the messages, investigating the common points among them. The results allowed the identification of beliefs and practices related to breastfeeding, routine care and attitudes towards

unpredictable problems.

This study was performed according to Resolution no. 196/96 from the *Conselho Nacional de Saúde* (National Health Council)[7] and the research project was approved by the *Comitê de Ética em Pesquisa Envolvendo Seres Humano* (Human Research Ethics Committee) of the *Universidade Estadual de Maringá* (Document n.º 035/2007). All adolescents, as well as their legal guardians, were informed about the research purposes and signed an informed consent form.

RESULTS

Adolescent mothers were aged between 15 and 18 years (one was 15, two were 16, two were 17 and one was 18). Three of them were living with the child's father, four were primiparous and two were secundiparous. When they became pregnant, these adolescents were all studying and none of them were working. However, two of them stopped studying as soon as they found out about the pregnancy. It is also worth mentioning that the other two adolescents did the same thing during their first pregnancy. Family income varied from one to three minimum wages among the population studied.

The first times researchers and adolescents interacted, which occurred while they were at the hospital, there were adolescent mothers who took care of their newborn with ease and confidence. However, some others showed little confidence, especially when touching the newborn. For one adolescent, interaction occurred right after labor, while her baby had not been brought to the hospital room yet. Thus, it was not possible to evaluate her interaction with the baby.

The mothers' reports, related to care practices adopted at home during the six-month follow-up period, allowed three categories to be identified: beliefs and practices related to breastfeeding; beliefs and practices related to routine care; popular beliefs and practices when dealing with unpredictable problems.

Beliefs and practices related to breastfeeding

There were several beliefs and practices related to breastfeeding, usually showing the influence of familiar and external environments on these young mothers, since their first day with the baby at home:

My aunt has asked me why I wasn't offering the bottle [...] I was afraid the baby was starving [...]. Then, I talked to my mother [...] and she told me that my milk was enough for the baby, since the baby suckles and sleeps, quite different from the time when we were children and she had to offer us the bottle because she had no milk at all [...] If the milk wasn't OK, the baby would cry.

At the end of the first week, one adolescent, though having no fissures, was using a silicone nipple on her breast to obtain pain relief:

I went to the drugstore looking for medication, because I was feeling too much pain [...]. Then, the clerk told me to use a silicone nipple as protection, so I started using this and it was OK for the baby [...].

In the case of one adolescent who showed fissures on her breasts, sometimes her neighbor would breastfeed the baby. The adolescent's mother believed that she could rest when this was done. In addition, her child would still be receiving breast milk. The mother also reported that a similar situation had occurred with her first daughter.

[...] That time I had breast fissures as well, but I was lucky because my sister had a small baby and she helped me out, feeding my baby until my breasts were healed.

Beliefs concerning "weak milk" or "little milk" were also present in the adolescents' routine, causing one of them to start giving her newborn child artificial milk already in the first week.

[...] It seemed I had no milk. He suckled over and over and it was as if that wasn't enough. Then, I got NAN milk [...] and gave it to him in a bottle [...] he slept [...] and soon I got my milk again [...].

Popular beliefs and practices related to routine care

At the four meetings performed at home, during the six-month follow-up period, adolescents were usually found to adopt popular practices based on their family's practices or on their own previous experiences.

One fact that raised questions and caused insecurity was whether water was necessary for the baby or not. The region's warmer climate seems to contribute to their doubts, although adolescents were informed by health professionals to avoid offering anything but breast milk.

[...] My mother tells me to give him water when it's too hot. Then, I just give water.

Although discouraged by their mothers, some adolescents believed that a pacifier helped to calm down their baby. In addition, they also found it beautiful to see a child using a pacifier. Some had bought one even before the baby was born.

I gave him the pacifier when I was changing his clothes [...]. He doesn't go to sleep with the pacifier, because he doesn't cry then

[...]. However, when it's time to change his clothes, he cries and screams [...]. Then, I give him the pacifier [...].

I found it cute; it hasn't been long since he started using a pacifier.

They also adopted the popular care practice to obtain hiccup relief by placing a small piece of wool on the child's forehead and keeping a glass upside down.

When she has the hiccups, I get a piece of wool and put it on her forehead. Then, I go to the kitchen, turn a glass down [...] and wait until it's gone.

Concern about the umbilical stump was evident, since it is supposed to be "something dangerous" and "likely to bleed".

[...] I was afraid that it stayed open [...].When it fell off, I panicked! My mother wasn't home and as it was bleeding on the clothes I kept it in my hands, not knowing what I was supposed to do [...] I called her immediately, because I was afraid that the baby could die [...] Nobody told me it could bleed. As it was dry, how could it bleed?

One practice related to the umbilical stump was that it should be kept:

Then, my mother told me to keep it in a small bottle to bring me luck. I kept the belly button [...] I've also kept my other daughter's.

Two adolescents dressed their babies with the clothes inside out to prevent them from mistaking night for day.

My grandmother says that this is to prevent her from mistaking night for day [...] she's supposed to sleep at night and be awake during the day.

He doesn't sleep at night. During the day, the radio is on and he's sleeping. At night, he cries and doesn't sleep [...]. He sleeps during the day and stays awake at night.

Routine care adopted by adolescents concerning teeth eruption in children is influenced by popular practices passed down through generations.

When I looked in her mouth, I could see no teeth [...]. My grandmother taught me to put a spoon in her mouth to see if I hear some noise, because, sometimes, the tooth has come out, but we can't see it yet.

Popular beliefs and practices when dealing with unpredictable problems

For the young mothers in this study, there were two types of problems: some that were expected, such as intestinal cramps, and others that were unpredictable.

As regards intestinal cramps, mothers seem to use different herb teas for prevention and cramp relief, and also to calm down the baby. For some adolescents, offering their baby some kind of tea is part of their family culture.

I was offering him chamomile and anise tea [...]. Now, I'm offering a tea that my mother told me about. It's been passed down for generations, my grandmother used to tell me about it [...] and it was really good. I didn't know about it and I think you don't know about it either; it is "erva-de-são-joão", an herbal tranquilizer. It showed no unpleasant reactions, but soothed the baby instead.

For the other adolescents, offering tea to their baby was a practice they adopted after they began to live with their husband's family:

Breastfeeding is to raise the baby, but I'm also offering her some tea. My mother-in-law told me it's good to prevent cramps. I also gave it to my first baby.

Another practice reported was found to be different from family habits:

[...] She cried a lot when in pain. Then, I made anise tea and gave it to her in a bottle, and the pain was gone [...]. I gave the tea because somebody told me it is good for cramp relief [...]. I think it calmed her down and she stopped crying.

The presence of intestinal cramps in children was associated with the adolescents' food intake. Thus, they started avoiding certain foods:

I drink lots of tea and eat no chocolate cookies [...]. I went to a birthday party, where I ate lots of chocolate cookies, and then the baby's cramps started.

For cramp relief, adolescents would also give their child a massage and put a hot towel on its abdomen. In addition, they made use of certain positions, such as laying the baby prone.

[...] When my baby has the cramps, I stay with him in my arms. When the pain's gone, [...] I lay him on his belly [...]. I give him no medication.

My baby often has the cramps! I massage his little legs, just like they told me to do at the Maternity Hospital.

In terms of unpredictable problems, young mothers use popular care and, sometimes, seek professional care.

When they felt that a certain change could be a warning that something bad was harming the baby's health, they became nervous and sought help from a health professional. However, professional care was followed concomitantly with popular care, as suggested by mothers or mothers-in-law, because they were the adolescents' point of reference in the family.

One unexpected problem concerning the baby's perineum was associated with a hospital visit.

I took him to the 24-hour Hospital because I noticed some little spots on his bottom. There, they did some laboratory exams, but the doctor said it wasn't chafing, just some kind of skin irritation [...]. It was really bad, but now I am using "Hipoglos" (a type of diaper cream). It was much worse [...] and it got bad in a matter of a day [...]. When I showed it to my mother, she knew it wasn't chafing [...]. I got scared and she got scared too [...] but now it's healed.

When dealing with an intestinal constipation that occurred on the 20th day, the mother reported:

I spent many nights without sleeping [...] She cried, suckled and cried. It happened because she couldn't poop, just when a suppository was used.

When this adolescent searched for a health service, the pediatrician told her that the intestinal constipation was probably caused by the mother's milk intake, advising her to interrupt this and to start offering her child artificial milk as supplementation.

The doctor asked me to buy NAN milk [...] because my breasts were sagging.

It can be observed that the professional, who also has inherited beliefs, discouraged breastfeeding, suggesting that the adolescent did not have enough milk. Subsequently, the adolescent started taking the child to be blessed. She believed that this practice could prevent health problems and protect the child.

I'm taking my baby to be blessed [...] My mother-in-law told me that this is good to prevent "mau-olhado" (according to Brazilian popular belief, negative energy that affects one and is caused by another's envy), and she needs protection [...] I had to take her to get better.

One child showed certain reactions after vaccination, such as fever, indisposition and apathy. The adolescent subsequently gave the baby an immersion bath to lower its fever and also gave it some medication.

[...] I gave the baby a bath to get better. I know a bath can help lower a fever and cool down the body, so the medication's more effective.

Another adolescent, when her baby became ill in the 4th month, took the baby to the hospital and started the treatment with the recommended inhalation. However, she began to follow some popular practices soon afterwards.

I did the inhalation procedure at the hospital, but on the next day, it seemed the baby was getting worse, so I stopped the inhalation. Then, my mother got a home-made syrup [...] made with honey and sugar, only natural things. I started giving it to him three times a day and, after a few days, he was OK.

Prayer was also a type of care practice adopted by this adolescent, who believed in its benefits:

As he was sick, I took him to the pastor and our brothers also prayed [...] After this, he got better quickly [...] Prayer can heal people.

Yet another adolescent, when finding out that her son was ill in the 4th month, only adopted popular care and avoided seeking a health service.

[...] In that cold week, she caught the flu, but as she had no fever, I didn't take her to the doctor; my mother made some tea and a sweet syrup and that's all I gave her [...] I gave her no medication.

DISCUSSION

Adolescents who showed more confidence and ability to care for their babies at the Maternity Hospital were all secundiparous mothers, but one who, despite being primiparous, had already cared for her younger brother, facts that are in agreement with what is described in the literature[8].

As regards beliefs and practices related to breastfeeding, the adolescents in this study showed the importance of early identification of problems for successful breastfeeding, as well as the identification, during prenatal care, of the adolescent's cultural background – comprised by her beliefs and habits as well as her predisposition towards breastfeeding. Two of them showed, for example, the influence of a previous experience on the current one. Thus, if the first experience was negative, it can be assumed that the mother will expect the same to happen the second time. This probably happened with the adolescent who, while in the maternity hospital,

was afraid that she could not breastfeed, on which occasion her nipples showed hyperemia, despite the sucking procedure being correct.

Similar situation occurred with the adolescent who repeated the cross breastfeeding, which was a natural procedure for her and her family, and accepted by her neighbor who was offering milk to the baby. For her family, it is important that the baby receives human milk, regardless of whose it is.

According to the Brazilian Ministry of Health, cross breastfeeding, including those practiced in public dormitories, should not be performed[9]. This is a popular practice, though not recommended by health professionals. Good anamnesis during prenatal care is believed by researchers in this study to help health professionals to identify previous occurrence of such behavior. Then, they could promptly raise this question for the adolescent to understand all the risks involved in cross breastfeeding and to acquire knowledge about good practices, instead of trying to change a popular care practice which is already being used.

The reason given by the adolescent who started to supplement her baby's diet with artificial milk reinforces the need for health professionals providing further clarification about the question that there is no such thing as "weak milk" and that the baby's crying is not always caused by hunger, since crying is the baby's first way of social communication, thus considered a normal and physiological manifestation during the first months of life[10].

This fact is very important, since low quality or quantity of milk is usually the first factor associated with the baby's crying[11].

The account of one adolescent revealed her aunt's attitude, trying to influence her to start supplementation. This is a common problem faced by new mothers, showing that the family can also play a negative role in breastfeeding, even though the family is considered a source of strength and knowledge.

In this specific case, the adolescent was in doubt when her aunt asked her questions, despite her having received information from health professionals about the importance of breastfeeding until the baby is six months of age. However, her mother's influence – which was closer and represented her point of reference for care – was conclusive to reinforce her decision to continue breastfeeding.

Aiming to increase breastfeeding rates, researchers reinforce that health professionals should follow young mothers frequently and carefully, especially when these do not have social support. It is also important to be aware of their family history of breastfeeding, as this could help to identify the most vulnerable cases.

The importance of the mother's experience and advice could also be observed when one adolescent was unsure whether she should start offering water for the baby or not, as her mother believed it was important to give it some water to avoid dehydration due to heat. As regards this fact, researchers consider it necessary to analyze how decisions about the introduction of other liquids are made, based on each individual's experience. Therefore, professionals can identify situations when not giving water could bring about more damage, because it would cause the mother and family to feel anxious.

When considering the practices included in the second category, the movement of beliefs being transmitted through generations could be observed. The use of a pacifier is an exception, because adolescents do not always consider their mother's advice and experiences.

In terms of the umbilical stump, adolescent mothers, especially those who were "new mothers", showed how they felt insecure about this, reinforcing the fact that, for many women, the umbilical stump is surrounded by mystery, lack of knowledge and duality, once it helps "to feed the child", but it can also "make them ill"[12].

It is important to observe that, among these six adolescents, certain popular beliefs related to the umbilical stump, identified in some other studies and well accepted by the population, such as tying bandage over the umbilical stump and placing a coin on it, as well as putting different ingredients on it, such as chicken fat, rue and hard pressed tobacco, could not be found[12], could not be found. On the other hand, the belief that one should keep the umbilical stump "to bring luck "was expressed, a fact that was not observed by other studies. Therefore, this may represent a local belief, showing the importance of the social context in the dissemination of beliefs and popular practices, clearly observed in the adolescents' trust in other women's knowledge[13].

Beliefs about different ways of hiccup relief; avoiding that the baby mistakes the day for night; and checking for the presence of new teeth also show that family knowledge is full of feelings and all those involved in the baby's care share concepts, experiences and practices[12].

Finally, beliefs and practices when dealing with unpredictable problems represent a clear example of the importance of the social and family context in the adoption of practices related to health care. The use of herb teas to soothe the baby or as a treatment for intestinal cramps is a common practice passed down by the family or learned from the interaction

with new people, such as the mother-in-law or health professionals. Scientific literature shows that homemade teas are well accepted by the population and their regular use results from experiences acquired through life. This use is usually brought about by information passed down through generations, and is connected to socio-cultural tradition and habits[14].

Therefore, knowledge about herb teas is spread by popular culture through family practices and advice from people who have already used them[15]. It is interesting to observe that one who adopts popular practices is not concerned about the scientific merit of resources involved in disease treatment, but rather about one's needs at a certain moment[14,16].

Women acquire their knowledge about natural medicine through information transmitted from older women to younger ones, and such knowledge is exclusively composed by effective practices. However, emotional aspects involved in care within the family context allow these adolescent women to adopt these resources. Indeed, social networks composed by the family and neighbors are effective for the exchange and promotion of popular health practices[17].

By recognizing these self-care popular practices, nurses can keep this wisdom, adding scientific knowledge to the popular one[18].

Adolescents adopted popular care practices in many unpredictable situations, and did not even seek medical care. Moreover, even when they did seek medical care, popular practices were used concomitantly with the practices recommended by health professionals. Therefore, one may assume that adolescents combine scientific knowledge and popular knowledge and such combination is progressively incorporated by them and their families, being present in their decisions as well. These exchanges of information enable better knowledge to be constructed, formed from the combination of popular knowledge and scientific knowledge[19].

The problem concerning the baby's perineum showed that families primarily try to solve their health problems based on their previous knowledge, seeking health care only when they cannot manage on their own. In this specific case, the adolescent's mother recognized it was not chafing and tried a specific diaper cream. The adolescent used the medication for moniliasis recommended by the health professional, but continued to use the cream suggested by her mother, perhaps because the baby's problem was not sufficiently clarified to her.

It is evident that, when the explanation provided by health professionals is not enough to convince adolescent mothers about the practice recommended, they seek other therapeutic resources (such as taking the baby to be blessed), even before trying to follow this practice. Taking the baby to be blessed is a common practice, considered efficient for health problem prevention as well as child protection[16]. In a study performed with fishermen's wives, taking the child to be blessed was identified as an essential care ritual to prevent 'spiritual diseases' that are 'manifested in the child's body'[12].

This study pointed out that adolescents expect for immediate healing when they seek health care. Otherwise, they replace the practices recommended by health professionals with popular practices that are well accepted and considered 'natural'.

This situation was identified in the case of a young mother who started the inhalation recommended by the doctor, but also used a home-made syrup (made with honey, sugar, lemon and some herbs), widely accepted by the community where she lived. In this case, such popular practice went beyond the family context, since it was known by her community. This fact shows that care is composed by beliefs, values and attitudes, and it is transmitted from one person to another in a certain social context[1].

Another type of popular practice was child blessing, practiced by one protestant adolescent. She believed in its efficiency to prevent health problems and heal diseases. 'Spiritual medicine' is determined by the social and cultural background of families or social groups. It is still present nowadays, despite all technological innovations[14]. Religious behavior involves doctrine shared by a social group and therefore shows specific value, behavioral, doctrinal and social characteristics[20].

Several studies show that religion/ spirituality plays an important role in dealing with a disease and maintaining/recovering one's health[21-22], once faith and hope can help to bring pain and suffering relief, as well as hope for healing[22].

Based on the report of the adolescent whose child caught the flu but had no fever, it was possible to observe that adolescents, supported by their mothers, adopt a point of reference for care that allows the identification of a situation when seeking professional help becomes necessary.

This adolescent reported that the home-made tea and syrup were recipes taught by her mother, prepared for all children when they became ill. This exchange of experiences between mother and daughter showed how popular care is transmitted through generations. Moreover, it shows that people's attitudes result from the cultural environment and that such environment inherits and transmits experiences and knowledge acquired by previous generations[1].

Therefore, adolescents try to heal their babies

from unpredictable problems using popular practices, and only seek health care in serious cases[16].

Despite the idea that adolescents are incapable of caring for a baby, the experience of child care is full of positive aspects, even for adolescent mothers, especially when these are supported by a network with a social, financial and emotional background[23].

FINAL CONSIDERATIONS

Adolescent mothers from this study were found to adopt popular practices to solve the unpredictable health problems of their babies. These practices have been used for a long time and certainly tested by the community. This fact shows that popular resources are still well accepted, once they fulfill one's expectations, despite all technological advances in health.

In this study, popular care is present in adolescents' lives and in the community where they live, being recommended by older people and often used as their first option.

Adolescent mothers adopted popular practices present in their familiar culture, such as cross breastfeeding, offering tea, making the baby wear clothes inside out, keeping the umbilical stump, making homemade syrups, and having the baby blessed. Additionally, adolescent mothers from this study adopted popular practices when unpredictable health problems occurred, sometimes alongside professional recommendations. However, they did not seek health services at times, but only used popular practices.

Health professionals need to identify beliefs and practices of adolescent mothers to plan health care provided to the mother-child relation. It is also important that health professionals acquire deeper knowledge about different care practices to understand and interact with the mothers, bearing in mind that they are involved with a familiar context comprised by knowledge, values and beliefs that are part of their routine. Then, it will be possible to establish a therapeutic strategy to help these mothers to take care of their babies. Popular knowledge should be understood and incorporated into scientific knowledge, once these popular practices, transmitted through generations, are rooted in the context of the population and rarely change.

In conclusion, it is believed that the results of this study can contribute to change health care as it is practiced, especially concerning how adolescent mothers care for their babies, by understanding the importance of the cultural facts involved in care. It is also hoped that this study can help to develop future related research and educational programs.

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