Social support and resilience: a look at adolescent motherhood

Apoio social e resiliência: um olhar sobre a maternidade na adolescência

Apoyo social y resiliencia: una mirada sobre la maternidad en la adolescencia

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Abstract

Objective: To verify the influence of social support on the resilience process of adolescent mothers.

Methods: Exploratory, descriptive, cross-sectional study with a quantitative approach. There were 48 adolescents research subjects, who attended Primary Care Centres, in the state of São Paulo, in 2016. Data were collected from the following instruments: a) sociodemographic questionnaire; b) Resilience Scale developed by Wagnild and Young (1993), adapted by Pesce et al. (2005); c) Social Support Scale used in the Medical Outcomes Study, adapted by Griep et al. (2005).

Results: The results showed high scores on the Resilience and Social Support Scales of the adolescents. Of these, 70.83% had significant school delays and 75% did not work. Significant associations were found between the factors of the Resilience Scale and the dimensions of the Social Support Scale. An inverse correlation was identified between the "Independence and determination" factor of the Resilience Scale and the "Affective" dimension of the Social Support Scale. Therefore, the greater the "affective support" perceived by teenage mothers, the less "independence and determination" they present.

Conclusion: The study deepens the knowledge about the influence of social support on the resilience process of teenage mothers. Gender issues and the importance of intersectoral policies focused on teenage mothers and fathers that strengthen social support were highlighted.

Resumo

Objetivo: Verificar a influência do apoio social no processo de resiliência de mães adolescentes.

Métodos: Estudo exploratório, descritivo, transversal, de abordagem quantitativa. Foram sujeitos da pesquisa 48 adolescentes atendidas em Unidades Básicas de Saúde, no estado de São Paulo, em 2016. Os dados foram coletados dos seguintes instrumentos: a) questionário sociodemográfico; b) Escala de Resiliência desenvolvida por Wagnild e Young (1993), adaptada por Pesce et al. (2005); c) Escala de Apoio Social utilizada no Medical Outcomes Study , adaptada por Griep et al. (2005).

Resultados: Os resultados mostraram alta pontuação nas Escalas de Resiliência e de Apoio Social das adolescentes. Destas 70,83% apresentaram atraso escolar significativo e 75% não trabalhavam. Foram encontradas associações significativas entre os fatores da Escala de Resiliência e as dimensões da Escala de Apoio Social. Foi identificada uma correlação inversa entre o fator "Independência e determinação", da Escala de Resiliência e a dimensão "Afetiva" da Escala de Apoio Social. Portanto, quanto maior o "apoio afetivo" percebido pelas mães adolescentes, menor a "independência e determinação" apresentada por elas.

Conclusão: O estudo aprofunda os conhecimentos sobre a influência do apoio social no processo de resiliência de mães adolescentes. Evidenciaram-se questões de gênero e a importância de políticas intersetoriais com foco em mães e pais adolescentes que fortaleçam o apoio social.

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Resumen

Objetivo: Verificar la influencia del apoyo social en el proceso de resiliencia de madres adolescentes.

Métodos: Estudio exploratorio, descriptivo, transversal, de enfoque cuantitativo. Los sujetos de la investigación fueron 48 adolescentes atendidas en Unidades Básicas de Salud, en el estado de São Paulo, en 2016. Los datos fueron recopilados a través de los siguientes instrumentos: a) cuestionario sociodemográfico; b) Escala de Resiliencia, elaborada por Wagnild y Young (1993), adaptada por Pesce et al. (2005); c) Escala de Apoyo Social utilizada en el Medical Outcomes Study, adaptada por Griep et al. (2005).

Resultados: Los resultados reflejaron una puntuación elevada en la Escala de Resiliencia y de Apoyo Social de las adolescentes. De ellas, el 70,83 % presentó retraso escolar significativo y el 75 % no trabajaba. Se descubrieron relaciones significativas entre los factores de la Escala de Resiliencia y las dimensiones de la Escala de Apoyo Social. Se identificó una correlación inversa entre el factor "independencia y determinación" de la Escala de Resiliencia y la dimensión "afectiva" de la Escala de Apoyo Social. Por lo tanto, cuanto mayor era el "apoyo afectivo" percibido por las madres adolescentes, menor "independencia y determinación" presentaron.

Conclusión: El estudio profundiza los conocimientos sobre la influencia del apoyo social en el proceso de resiliencia de madres adolescentes. Se evidenciaron cuestiones de género y la importancia de políticas intersectoriales con foco en madres y padres adolescentes que fortalezcan el apoyo social.

Introduction

Adolescent motherhood is considered a situation of vulnerability with profound impacts on the lives of teenagers and the health of the baby.[1,2] The World Health Organization considers an adolescent to be a person between 10 and 19 years old.[3] Vulnerability considers social aspects and access to health services in addition to individual and biological phenomena when recognizing health needs.[4,5] Studies point to poor prenatal care and childbirth for pregnant teenagers, contributing to a higher incidence of prematurity and low birth weight.[6,7] Low education and the consequent early and precarious entry into the labour market, added to poverty, make teenage pregnancy one of the most important factors for the perpetuation of intergenerational cycles of poverty and exclusion.[1,2,8]

In the absence of measures to mitigate the negative consequences of pregnancy and maternity in adolescence, as in the case of unwanted pregnancy and lack of family and social support, this can constitute an adversity because it represents an impediment to advances in the educational and socioeconomic status of women in all parts of the world.[9] Corroborating this, surveys carried out with low-income adolescent mothers show that difficulties in accessing work and socioeconomic well-being were the main social risks they faced.[2,10] Contrary to these assertions, some studies indicate that precarious socioeconomic conditions and restricted opportunities precede teenage pregnancy.[11-13] Therefore, this phenomenon is, simultaneously, cause and consequence of rights violations, undermining the ability of an adolescent to exercise her rights to education, health and autonomy.[9]

Social support is one of the protective factors that help all women in the process of pregnancy and mothering, especially among teenage mothers in building resilience.[9]

Social support refers to resources made available by other people to someone who is in need and may correspond to different functions, such as emotional, material or affective support.[14-16] Social support can be an element that favors empowerment,[17] as it contributes towards creating a sense of coherence and control of life,[18] what would benefit people's health status.

Resilience refers to the ability of human beings to recover psychologically when they are subjected to adversity, violence and catastrophes in life; it corresponds to the ability of people, groups and/or communities not only to resist adversities, but to use them in their processes of personal development and social growth.[19]

Considering the panorama of vulnerability regarding adolescent motherhood, the following questions were raised: 1) How are the resilience and social support of adolescent mothers living in vulnerable contexts characterized? 2) Is there a relationship between resilience and social support and sociodemographic characteristics? and 3) Is there a significant correlation between social support and resilience?

The aim of this study was to verify the influence of social support on the resilience process of adolescent mothers.

Methods

This is an exploratory descriptive, cross-sectional study with a quantitative approach. The population consisted of 48 adolescent mothers from 10 to 19 years old, with children up to one year old, attended at five Primary Care Centres (PCC), in the state of São Paulo, in 2016. Inclusion criteria were: age between 10 and 19 years old; being a teenage mother; having one of the children under one year old and being able to communicate verbally. Exclusion criteria were: not presenting the correct address or another way to be found and impossibility of communication after the third attempt of face-to-face contact.

The calculation of the simple random sample considered the confidence level of 95%, the test power of 95% and the correlation value between resilience and social support of 0.3. We have used the G*Power 3.1.9.2 software, developed by Faul, to calculate the sample,[20] resulting in a sample of 138 and, after that, we made a correction for population, using the following formula:

$$n^* = \frac{n \times N}{n + N - 1} = 47$$

n = 138 (sample number without correction for finite population)

N = 70 (estimated number of total population)

With the correction for finite sample, we reached a sample of 47 adolescents, however, it was possible to interview 48 of them.

Data collection was carried out between July and August, 2016. In this research, the following instruments were applied: sociodemographic questionnaire, Resilience Scale (RE)[21] and Social Support Scale used in the Medical Outcomes Study (MOS) [SSS (MOS)].[16] The sociodemographic questionnaire was prepared by the researcher and has questions related to the following variables: age; number of children; education; marital status; economic activity and time that the teenager spends with her child(ren). Regarding education, the last grade completed with approval or the one the adolescent was attending at the time of the interview was considered, without being asked whether school dropout occurred before or after pregnancy.

RE was developed by Wagnild and Young,[22] adapted to Portuguese by Pesce[21] in an adolescent population. This scale is used to measure levels of positive psychosocial adaptation to major life events. It has 25 items described positively with a Likert-type response ranging from 1 (totally disagree) to 7 (totally agree).[21] Social support was measured by the SSS (MOS), adapted to Portuguese by Griep et al.[16] This instrument was designed to cover five dimensions of social support: material; affective; positive social interaction; emotional. On this scale, the highest scores indicate satisfactory social support.[15]

Data were organized and analyzed using the Statistical Package for Social Sciences (SPSS) 22.0 software. The Shapiro-Willk test was used to check whether the samples followed the normal distribution and, as most variables did not follow the normal pattern, Spearman's rank correlation was performed to verify the correlation between the variables. The significance level considered was $p < 0.05$.

This research was carried out in accordance with Resolution nº 466/2012 of the National Health Council, assessed by the Ethics Committee of the University of São Paulo School of Nursing under number 1.622.591, CAAE: 55713216.6.0000.5392 and by the Municipal Health Department of the City of Bertioga which gave its consent.[23]

Results

Sample characterization

The research population consisted of 48 teenage mothers.

The average age of mothers was 17.58 years old, with a standard deviation of 1.39, and adolescents aged between 18 and 19 represent 60.42% (n=29) of the sample. 68.74% (n=33) of the adolescents were in a stable union or married and 75% (n=36) were not working. The number of children per adolescent in this study was 1.15 children with a standard deviation of plus or minus 0.35.

Regarding education, it was found that 75% (n=36) of the adolescents stopped studying; 25% (n=12) continued studying and 70.83% (n=34) were behind in school.

The average educational level was 9.31 years with a standard deviation of 2.08. Of those interviewed, 14.58% (n=7) completed the 3rd year of high school. In relation to elementary school, 12, 50% (n=6) had completed up to the 9th grade; 10.42% (n=5) the 8th grade; 12.50% (n=6) the 7th grade; 2.08% (n=1) the 5th grade and 2.08% (n=1) the 4th grade.

In this research, an inverse correlation was observed between a stable union/marriage with continuity of studies, that is, as the number of teenage mothers in a stable union/marriage increases, the number of those who continue to study decreases (rho = −0.332 ; p = 0.023).

Characterization of resilience

The results of adolescent mothers' resilience were obtained using the Resilience Scale and defined according to Wagnild resilience classification. Of those surveyed, 8.33% (n=4) had very high resilience, 35.42% (n=17) high resilience, 31.25% (n=15) moderate-high resilience, 20.83% (n= 10) moderate-low resilience, 2.08% (n=1) low resilience, and 2.08% (n=1) very low resilience. It is observed that 75% of them achieved scores between moderate-high resilience and very high resilience (Table 1).

Table 1. Characterization of the resilience of adolescent mothers and the factors that make up the Resilience Scale

Factors	n	Minimum of study	Maximum of study	Average	Standard deviation
1. Resolution of actions and values	48	2.93	6.80	5.66	0.65
2. Independence and determination	48	2.00	7.00	5.90	0.84
3. Self-confidence and ability to adapt to situations	48	2.83	6.83	5.27	0.97
Resilience Scale total score	48	72	166	140.31	16.429

Considering that 7 is the maximum score for each resilience factor and the minimum is 1, it was found that the factor best scored by the adolescents was "independence and determination", with 95.83% (n=46) of them scoring between 5 and 7, only two scored below 5, one scored 4.75 and the other 2.

The factor "Self-confidence and ability to adapt to situations" had the lowest average among the RE factors (5.27), however, it appears that more than half of the adolescents, 64.5% (n = 31), had a score between 5 to 6.83, considered high. 29.16% (n = 14) of them, scored between 4 and 4.83 and only 6.25% (n = 3) had a score between 2.83 and 3.33.

The "Resolution of actions and values" factor of the RE is composed of items that convey the idea of friendship, achievement, satisfaction and meaning in life. This was the factor with the second highest number of high scores, as 89.58% (n = 43) of mothers scored between 5 and 6.80, whereas 8.33% (n = 4) between 4.40 and 4.80, and only one scored 2.93.

Characterization of Social Support

In the Social Support Scale (MOS) applied in this study, the minimum score is 2 and the maximum is 10. Of the adolescents, 50% (n=24) had very high scores, between 9 and 10.29; 16% (n=14) scored between 7.66 and 8.88; 10.41% (n=5) between 5.11 and 6.66, and only 10.41% (n=5) between 3.33 and 4.94 and the average obtained was 8.24. It appears that 79.16% of respondents achieved above 7.66 points. A very small number of participants scored 4 points or less (Table 2).

Table 2. Characterization of the social support of adolescent mothers and the dimensions that make up the Social Support Scale

Dimensions	n	Minimum of study	Maximum of study	Average	Standard deviation
1. Affective	48	1.33	5.00	4.19	0.97
2. Material	48	1.50	5.00	3.94	1.09
3. Positive social interaction	48	1.25	5.00	3.85	1.04
4. Information	48	1.50	5.00	3.73	0.88
5. Emotional	48	1.25	5.00	3.59	1.14
Social Support Scale (MOS) total score	48	3.33	10.00	8.24	1.89

It was observed that the highest score of the dimensions of the SSS (MOS) presented was 5 and the lowest was 1, the highest average presented was in the dimension "Affective" (4.19), followed by "Material" (3.94) and then, by "Positive social interaction" (3.85) and the lowest average found was in the "Emotional" dimension (3.59).

Out of the interviewees, 70.83% (n=34) had scores between 4 and 5 in the "Affective" dimension, which refers to their perceptions regarding expressions of affection received that make them feel

loved. 18.75% (n = 9) scored between 3 and 3.37 and 10.41% (n=5) between 1.33 and 2.67, the dimension being the best scored.

Although more than half 66.66% (n=32) of young women have high scores in the "Material" dimension of the SSS (MOS), only 10.41% (n=5) scored between 3 and 3.50 and a considerable portion, 22.91% (n=11), had lower scores, between 1.50 and 2.75.

The "Material" dimension of the SSS (MOS) refers to the adolescents' perception of the help they receive to perform daily tasks and to go to the doctor. A significant percentage scored low in this dimension, as 22.91% (n=11) of them reached between 1.50 to 2.75 points and 10.41% (n=5) between 3 to 3.50.

Regarding the dimension "Positive social interaction" of the SSS (MOS), which refers to the adolescents' perception of how much they can count on people to do pleasant things, we found more than half of them, 56.25% (n=27) who scored between 4 and 5; 20.83% (n=10) between 3 and 3.75 and 22.91% (n=11) between 1.25 and 2.75, it can be observed that a significant percentage obtained a lower score for this factor.

Half (n=24) of the interviewees scored between 4 and 5 in the "Information" dimension, which refers to the perception of how much they can count on significant people to give good advice in a crisis situation or how to deal with a problem, 33.33% (n=16) scored between 3 and 3.75 and 16.66% (n=8) between 1.50 and 2.75. In this dimension, few had very low scores, appearing that most of them receive information from significant people in their lives.

The "Emotional" dimension of the EAS (MOS), which refers to the mothers' perception of how much they can count on people to understand, trust and share their problems and concerns, was the worst scored by the adolescents: 29.16% (n=14) scored between 1.25 and 2.75; already 20.83% (n=10) between 3.25 and 3.75 and 50% (n=24) between 4 and 5.

There was a direct correlation between the factor "Resolution of actions and values" of the RE and the dimension "Positive social interaction" of the SSS (MOS) presented by the surveyed. The greater the "Positive social interaction", the greater the "Resolution of actions and values" (rho = 0.338; p = 0.019).

An inverse correlation was identified between factor 2 "Independence and determination" of the RE and the "affective" dimension of the SSS (MOS). This result shows that the greater the "Affective support" received by adolescent mothers, the lower the "Independence and determination" presented by them (rho = -0.288; p = 0.047) (Figure 1).

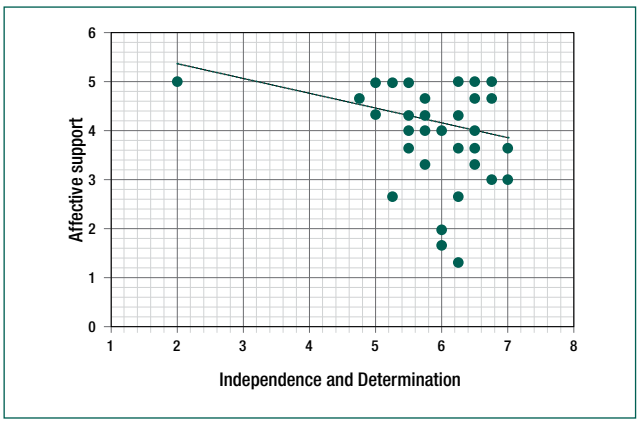

Figure 1. Correlation between factor 2, "Independence and determination", of the Resilience Scale and the "Affective" dimension of the Social Support Scale (MOS)

Discussion

Studies carried out in different regions of Brazil corroborate the tendency of pregnancy/maternity in adolescence to occur in greater numbers over 15 years old.[2,24-26]

The significant school delay among adolescent mothers/pregnant women indicates a lack of socioeconomic support during pregnancy, which is associated with school dropout and, consequently, the difficulty of resuming formal education to complete elementary or high school, with a significant impact on the lives of these teenagers, as most of them are at the end of adolescence, between 18 and 19 years old.[2,8,25,27,28]

As resilience is a dynamic construct and built through the life experiences of each individual, this study showed that the maternal experience in ado-

lescence contributes to a more resilient behaviour of these mothers.[10,12]

Some authors have identified motherhood as a personal achievement that reveals the teenager's conscious intention to become a mother, and may represent a life project that makes her recognized as a woman and a mother.[26,28,29] However, these teenagers continue to want to study, work and invest in the quality of the mother-child relationship, with the determination that both will have a better future.[26,28,30]

However, the teenage mothers interviewed are inserted in a context of social vulnerability. The lack of effective public policies to help the continuity of studies and the difficulty in accessing day care centres negatively impact their insertion in the labour market and transform them into a group with a considerable degree of vulnerability.[2,8,28,31] Such elements end up setting a panorama of social adversity of adolescent motherhood.

The more the researched teenage mothers had affectionate relationships, the less independent/determined they presented and the more inserted in a stable/married union, the less they continued to study. These results may reflect the strong acceptance of stereotypes about traditional roles between men and women that identify motherhood and domesticity as women's natural trajectories,[32] causing them to abandon their studies and the possibilities of professional qualification, undermining their potential.[33] However, more research is needed to understand these correlations verified in this study.

Therefore, social support in the context of these adolescent mothers' lives, such as family and partner support, are essential to provide financial support and help in the daily care of the child, so that they can experience taking care of their child in a more peaceful way.[28-30,34]

The family is considered an important source of support and communication with adolescent mothers and its lack can be harmful, requiring health professionals to be an open channel of information, offering them subsidies to develop skills and competences to take more conscious decisions.[30]

Considering the findings, in the material dimension of the SSS (MOS), it is essential to include in health services, together with education, spaces where adolescents can discuss and reflect on life projects, desires and expectations for the future, as well as on the female and male roles in parenting expected in society and in the context in which they are inserted. Such spaces can support the emancipatory and empowering process that contributes to making them more sensitive to adopting positions of co-responsibility for tasks and gender equality, especially in the care of young children.[34]

In general, the mothers in this study presented attributes such as independence, determination, self-confidence, ability to adapt to situations, personal fulfilment, satisfaction and meaning in life, characterizing them as resilient in the midst of a vulnerable life context. However, it is important to note the need to pay special attention to strengthening the attributes of self-confidence and ability to adapt to situations due to the lower score in this factor, in relation to the other factors of the ER.

There is room for further research to unveil the factors that strengthen or not the support they receive, especially in the emotional dimension of SSS (MOS), since in this study, many of them felt poorly understood, unable to share and confide their concerns to people around them. These elements constituted the limitations of the present study.

Conclusion

In this study, it was observed that the affective support reflected in the reduction of independence and determination, which may have harmed the potential of resilience of teenage mothers in facing adversities during the period of pregnancy and motherhood. Mothers who felt emotionally safe showed greater resilience in adverse situations. Dropping out of school is characterized as a key finding to understand that motherhood in adolescence directly affects the construction of life projects for teenage mothers, which directly impacts the perpetuation of the cycle of poverty and misery.

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Collaborations

Andrade BG, Assis CA, Lima DCM, Neves LF, Silva LA, Silva RC, Fracolli LA and Chiesa AM contributed to the study design, data analysis and interpretation, article review, critical review of the intellectual content and approval of the final version to be published.

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