



Adolescent pregnancy: perceptions of mothers of young pregnant women*

Gravidez na adolescência: percepções das mães de gestantes jovens

Embarazo en la adolescencia: percepciones de las madres de gestantes jóvenes

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ABSTRACT

Objective: To identify the experiences and perceptions of mothers whose daughters became pregnant during adolescence. **Methods:** Research of a qualitative approach, conducted in a teaching hospital in the city of São Paulo. Data were collected using semi-structured interviews, with ten mothers of adolescents. **Results:** Before pregnancy, mothers guided daughters about sexuality, which led to feelings of surprise when they learned of the pregnancy. Nevertheless, the mothers were present throughout the pregnancy and childbirth process. Significant changes in family relationships were not identified as a result of early pregnancy. **Conclusion:** The maternal figure emerges as a representative, both during and after adolescent pregnancy, a fact that provides support in a safer teen pregnancy, and the return to projects of their lives.

Keywords: Pregnancy in adolescence; Perception; Mothers; Women's health; Family relations

RESUMO

Objetivo: Conhecer as experiências e percepções de mães cujas filhas engravidaram durante a adolescência. **Métodos:** Pesquisa de abordagem qualitativa, realizada em hospital de ensino na cidade de São Paulo, com coleta de dados realizada por meio de roteiro de entrevista semiestruturada e com participação de dez mães de adolescentes. **Resultados:** Antes da gravidez, as mães orientaram as filhas a respeito da sexualidade, o que originou sentimentos de surpresa quando souberam da gravidez. Apesar disso, as mães fizeram-se presentes em todo o processo gravídico- puerperal. Não foram identificadas mudanças significativas no relacionamento familiar em função da gravidez precoce. **Conclusão:** A figura materna surge como representativa, tanto durante como após a gestação da adolescente, fato que propicia o suporte, a fim de que a adolescente tenha gestação mais segura e para que possa retomar seus projetos de vida.

Descritores: Gravidez na adolescência ; Percepção; Mães; Saúde da mulher; Relações familiares

RESUMEN

Objetivo: Conocer las experiencias y percepciones de madres cuyas hijas se embarazaron durante la adolescencia. **Métodos:** Investigación de abordaje cualitativo, realizado en un hospital de enseñanza en la ciudad de Sao Paulo, con la recolección de datos llevado a cabo por medio de una guía de entrevista semiestructurada y con la participación de diez madres de adolescentes. **Resultados:** Antes del embarazo, las madres orientaron a sus hijas respecto a la sexualidad, lo que originó sentimientos de sorpresa cuando supieron del embarazo. A pesar de eso, las madres se hicieron presentes en todo el proceso gravídico- puerperal. No fueron identificados cambios significativos en la relación familiar en función del embarazo precoz. **Conclusión:** La figura materna surge como representativa, tanto durante como después de la gestación de la adolescente, hecho que propicia el soporte, a fin de que la adolescente tenga gestación más segura y para que pueda retomar sus proyectos de vida.

Descritores: Embarazo en adolescencia; Madres; Percepción; Salud de la mujer Relaciones familiares

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INTRODUCTION

This research fits within the field of study about teenage pregnancy, defined by the World Health Organization as one that occurs between 10 and 20 years of age, distinguished between early adolescence (10 - 14 years) and late adolescence (15 - 20 years). In Brazil, of the 2.9 million births that occurred in 2008, an estimated 20% corresponded to mothers aged 15-19 years. Mothers aged between 10 - 14 years accounted for about 1% of these births⁽¹⁾.

Adolescence is characterized by a series of transformations that mark this complex moment of transition, and which become even more difficult when a pregnancy occurs. When she becomes a mother, the teenager interrupts the natural course of this age and is faced with countless responsibilities⁽²⁾. The adolescent pregnancy becomes a transforming phenomenon that causes changes in the environment where these young people are embedded.

If, for the adolescent, pregnancy signifies reformulation of life plans and necessitates the assumption of a role for which, perhaps, she is not yet prepared; for her parents such experience is marked by feelings of surprise, and the question: "where did I go wrong?" This fact reveals a phenomenon often overlooked in the family environment, which is education about sexuality in adolescence⁽³⁾.

On the other hand, one study showed that mothers of pregnant adolescents, who had also experienced adolescent pregnancy, were more understanding of the problems experienced by their daughters. This does not mean that they favored the event. But, because they knew the fears of motherhood in this life stage, they became the main source of support for their daughters⁽⁴⁾.

Anthropological research has identified that pregnancy in adolescents brings significant changes in the behavior of families, with the mother figure being highlighted as a source of support and maintenance of the family structure. It has also recognized the importance of emotional support, affection and information sources throughout the gestational process, with these factors considered to be decisive for the adjustment to pregnancy and the maternal role⁽⁵⁾.

As to the role played by mothers in the face of their teenage daughters' pregnancies, typical situations occur: in some cases, mothers (grandmothers) assume responsibility for the care of the baby, interfering with and inhibiting adolescent motherhood, because they are not confident of their maturity; in other situations, they are available only as a source of support, leaving the adolescent to assume her maternal role⁽⁴⁾.

Thus, it is noted that the family group is the reference on which the life of an adolescent is based. The way in which the family works in the context of the pregnancy, its cooperation and support, especially the mother-daughter relationship, is extremely important to the flourishing of the new mother and her baby's development.

Themes that involve the reason for becoming a pregnant adolescent, from the adolescent perspective regarding this event, are the subject of many publications in the scientific literature^(2,4-5); however, when it refers to the vision of the family, especially the experience of mothers of these pregnant adolescents, we are faced with incipient scientific production. Knowing the different dimensions of this process makes it possible to plan the best model of care for the group of pregnant adolescents and their families.

OBJECTIVE

To learn about the experiences and perceptions of mothers whose daughters became pregnant during adolescence.

METHODS

This was a qualitative, descriptive research study. This approach considers the source of the study to be the perspective of the individuals who experienced a given phenomena, her universe of significances, aspirations, beliefs, values and attitudes⁽⁶⁾. Therefore, in seeking to amplify the understanding about the phenomena of pregnancy in adolescents, the use of a qualitative method permits understanding of the experience of mothers whose daughters became pregnant during this phase.

The study was based in anthropology, which has culture as its foundation, represents the shared knowledge and learning of a society, and serves as the basis for its action⁽⁷⁾. This approach stems from the presupposition that adolescent pregnancy is to be understood beyond the biophysiological process, because it presents peculiar characteristics that have different significance for each woman, developing, therefore, in a process of health that brings significant changes to the life cycle.

This study was conducted in the "rooming in" section of the Division of Maternal-Infant Nursing of the University Hospital of the University of São Paulo (HU/USP), during the period of December 2009 to March 2010. This is a reference institution for basic health units belonging to the Health Coordinator of the Subprefecture of Butantã, a region west of São Paulo. In regard to birthing rates, it averages 320 births per month, of which 14% of these births occur among adolescents.

To compile the group of participants for this study, we contacted mothers of the adolescents during the period of the post-partum rooming-in hospital stay. Thus, the sample consisted of 10 women who agreed to participate and corresponded to the inclusion criteria: mothers with adolescents who had been pregnant and had an uneventful delivery; single deliveries with gestational ages of 36 weeks or more. These criteria were established so that aggravating issues, such as

gestational illnesses or early delivery, would not influence the mother's participation in supporting the adolescent. For exclusionary criteria we adopted: mothers who reported not having contact with their daughters during pregnancy. The closure of data collection was determined using the criteria of saturation⁽⁸⁾.

The strategy adopted for data collection was the semistructured interview, which permitted the interviewee to discuss the theme in question without being attached solely to the formulated question⁽⁹⁾. Observation of the interactions of the mothers and their adolescents also occurred during the period of data collection.

Participants were free to choose the location and hour for completing the interview, in accordance with each person's preference. This, most interviews occurred in the "rooming in" section of HU/USP, during a visit of the mothers to their adolescents in her hospital room during the period of postpartum hospitalization. One interview was conducted in the home of a participant. No differences were noted between the interviews conducted in the institution and in the home. Each interview lasted between 30 – 40 minutes. Participants signed the Terms of Free and Informed Consent, and signed an authorization for the recording of their narrative using a recorder. A script was used to conduct the interviews, using the following guiding questions: "How did you discover that your daughter was pregnant?", "How was your relationship with your daughter before and during her pregnancy?", and, "How do you view your participation in the care of your daughter and grandchild?"

The data obtained were treated in an ethical manner, with absolute secrecy, with the preservation of anonymity, faithfully transcribed by the researcher and without the interference of prejudgments. After completing transcription and rereading the reports, data analysis began, which was based on thematic analysis⁽⁶⁾, a method which made it possible to identify categories. During this process of categorization, data were grouped, using the reports of perceptions of each participant in relationship to the discussed theme.

The research Project was approved by the Committees on Ethics in Research of the School of Nursing of the University of São Paulo (Process n° 854/2009/CEP-EEUSP) and of the University Hospital of USP (Register CEP-HU/USP 960/09), respecting the requirements of Resolution n° 196/96, of the National Health Council.

RESULTS

To better understand the results, we present the profile of the collaborators: the mothers who participated in the research were in the age range of 34-47 years, six were from the Northeast region and four were from the Southeast. Of the ten participants, eight had paid work. In terms of educational level, six had not completed

primary education, three had concluded high school, and only one had completed higher education. In regard to the number of children, six participants had four or more children. Another important fact was that nine of the ten interviewed, like their daughters, also had their first child during adolescence.

Following, we present a description of the analytical categories.

Dialogue between mother and daughter with respect to sexuality before pregnancy.

Mothers were questioned about the guidance they gave to their daughters with regard to sexuality during adolescence. All of those interviewed reported talking with their daughters about this. With regard to what was addressed during these dialogues, some referred to orienting their daughters to the use of condoms to prevent diseases and avoid pregnancy:

"I told her to protect herself, use condoms, be careful...So, I talked a lot, but talk and nothing is the same thing!" (M.L.S.O.)

Another guided her daughter to go to the Health Center to access birth control that was available free of charge:

"I talked with her about being careful. They have condoms, they have a remedy. At the center, it is all free. Previously, nothing was for free." (M.R.F.Q.)

Other participants described guidance about consequences of adolescent pregnancy, the loss of youth and early adulthood, and emphasized the inconvenience of having to leave school early because of the need to raise a child:

"I always talked with her about adolescent pregnancy, I always said that she had to take advantage and study while she was young. After there is a child, adolescence passes very quickly." (M.R.F.Q.)

Feelings when discovering that a daughter was pregnant

Mothers described their reactions and feelings resulting from the discovery of the pregnancy of their adolescent daughters. All of the interviewees, although they accepted the pregnancy, demonstrated that they had not liked receiving the news, and that it was difficult to accept the situation:

"It was difficult, I could not believe it. It took me a long time to accept, but it had already happened, there was no use in fighting. The solution was to accept and to support." (D.S.J.)

The mothers also related the condition of fearfulness, when they learned of the pregnancy, because they had talked about prevention with their daughters.

"It was a scare, because I had talked with her. I always talked about prevention." (R.R.M.)

"It was a shock, but then I said: I will not say anything because I was also pregnant at her age." (Z.S.S.)

Relationship between mother and daughter, and between other family members, during the pregnancy

The mother-daughter relationship during the adolescent pregnancy was reported as normal and good for the majority of the mothers. Many of them said they conversed a lot with their daughters, trying to support and accompany them during this new phase.

"It was a good relationship. I gave much support, conversed with her a lot. I always tried to accompany her to her prenatal care, to stay with her." (R.R.M.)

One of the mothers reported that after she knew about the pregnancy, both of them, mother and daughter, were nervous and the relationship suffered alterations:

"At first, I was very nervous; she was too. She was already very stressed. Then, during the pregnancy, she was even more. Everything was a matter of exploding. So, it was very bad." (E.L.B.)

Apart from the involvement between mother and daughter during the pregnancy, the mothers mentioned that the acceptance of the family did not come immediately, but that they received criticisms from them.

"I think that all the world was against it, because she was very young. While everybody was saying it was a mistake, I was supporting. But later the family got used to it and now it is all good." (E.B.L.)

"The rest of the family was good too, but her father was a little angry, he only accepted it later." (M.B.P.S.)

Participation of mothers during the childbirth of the adolescents

The participation of the mother during the adolescent birth occurred in three forms: mothers that participated with the labor process through the birth of the baby; mothers that accompanied the adolescents during the labor process, but did not assist in the birth of the grandchild; and mothers that did not accompany the labor process and were not present during the birth of the grandchild.

The first group of mothers related that their participation was in the form of support and dialogue, provided to their daughter through all of the labor process. The experience was seen as emotional and memorable.

"I accompanied her from admission. Participating was good, attending the birth, gave her enough strength. It was unforgettable, emotional. It was very good, to accompany her." (R.R.M.)

Mothers who participated in the work of labor process, but who were not able to participate in the birth, also related that they provided support to their adolescent during the entire period. One mother who did not accompany her daughter during labor, because she had to resolve problems related to documentation of her daughter, was replaced, in that moment, by the father of the baby.

"So, I went along with her, but I could not believe it was going to be that day. When the doctor said it was, I freaked out. Then

my heart sank, I was with her all the time. I did not watch [...] Who entered was her husband. I had to resolve a problem of her documentation." [S.M.O.]

Those who did not participate in the labor and birth of their grandchild, reported that the fact was due to complications. One of the mothers brought her daughter to the hospital, but also had to take care of her young granddaughter, and so it was not possible for her to participate. After the birth of the baby, she visited them both.

"I did not participate. When I took her, I also had my 8-year old granddaughter. We waited in the street, but I was getting cold and I left. But when he was born, I visited." [L.M.C.]

Perspectives on the participation of mothers / grandmothers in the care of the grandchild

After the birth of the baby, the mothers/grandmothers reported that their participation would come through support and help with caring for the newborns, since the majority of the adolescents returned to live in the house of their parents.

"You have to help now, give advice, to explain what is right, and what is wrong. Only those who have cared for four know what it is to care! What they can or cannot eat, or what they can or cannot do. The most important thing is to teach her to breastfeed properly." [M.L.S.O.]

During one interview, one of the mothers said that she would participate, assisting in the care of her grandson, only in cases of real necessities of the adolescent, such as work. For other activities, such as leisure, she would refuse, because she believe the adolescent had to assume a commitment to being a mother:

"[...] while she is working, I will watch. For fun, I will not watch. For play, for dancing, I will not take account. For something very serious, I can provide care." [M.L.C.]

"It is this negotiation: to take the role of grandmother and let her take the role of mother. I will give a lot of support, because I have more experience than her; it is her first child, and so, I will provide direction. But I will not provide care for her to go out for parties or other things." [R.R.M.]

Relationship between mother and daughter and other relatives after the birth

Based on what the mothers stated, we found that the relationship between the mother and her adolescent daughter changed for the better after the baby's birth.

"Our relationship has improved because the baby is a blessing, a joy. When I am nervous, I look at him, and it's over! I am more calm now, because I leave everything to stay with him." [E.B.L.]

"Our relationship is much better. I learned to respect her more. I do not see her only as my friendly daughter, but also as a friendly mother." [R.R.M.]

According to the mothers' reports, family involvement occurred in a positive manner after the birth of the baby. They described positive feelings, such as happiness,

joy and support in the relationship with their adolescents. But, some also reported resistance of the adolescents' fathers in accepting the pregnancy; this position changed after the birth of the grandchild.

"In my family everyone was happy with the coming of the baby. Her father had the most difficulty. At the beginning, he didn't accept it: not the marriage, not the child, nothing! But now he wants to connect, he wants to know how his daughter and his grandson are doing." [E.B.L.]

DISCUSSION

The results of this present study permit us to reflect on the perceptions of mothers who are faced with the situation of a pregnant adolescent daughter. The themes that emerged included: providing guidance about sexuality, before the pregnancy, through to the relationship between mother, daughter and other relatives after the birth of the baby.

In regard to the approach to adolescent sexuality before the pregnancy, the mothers were unanimous in relating that this was present during their dialogues, but many indicated that this fact was not enough to change what occurred. Included among the themes that the mothers declared they discussed with their daughters were: utilization of condoms during intercourse, as a way to prevent diseases and avoid pregnancy; the use of contraceptives, allied with the argument provided to use the free basic health centers; and, the very occurrence of an unwanted pregnancy, associated with consequences such as loss of their youth and interruptions in their studies.

In accordance with these results, other studies point out that parents seek to establish a dialogue about sexuality in the hope of providing adolescents information that they consider to be necessary. It is observed that they can perceive adequately what happens to their daughters in terms of sexuality, however, they fail to offer effective sexual guidance because they overestimate the knowledge of their daughters in respect to contraceptive methods, either by trying to delay their initial sexual encounter, or because they feel inept to deal with these issues⁽³⁾.

With regard to the notice of the adolescent pregnancy, the initial reaction of the majority of the mothers was one of surprise and discontent. The mothers related feelings of shock, difficulty believing what had happened, deception and sadness. This was especially true because of the fact that they had maintained an "open dialogue" with their daughters, by means of providing guidance about preventing pregnancy. But, despite their initial discontent, all interviewees cited the acceptance of supporting their daughter during the pregnancy. This conduct was a favorable factor, along with the fact that the interviewees also had lived experience of being a mother during their adolescence.

This acceptance has been shown to be fundamental for the adolescent to be able to overcome difficulties of pregnancy, and the fact that although she is assuming the role of a mother, it is also necessary to return to her life projects, such as studying and working, after the birth of the baby. Such claims, generally, are well regarded and stimulated by relatives, especially by the mother who can assist in the care of the child. Thus, the possibility exists for guaranteeing a better future for the child and also permitting the adolescent to complete her development and maturation⁽⁹⁾.

In respect to the relationship between the mother and her daughter, and between other members of the family, there were no reports of significant changes resulting from the adolescent pregnancy. The mothers exerted their role, accompanying and guiding their adolescent daughters during this new phase, while the rest of the family, despite initial criticisms, accepted the fact. This result is similar to what was observed in other studies conducted with relatives of pregnant adolescents, which revealed that the relatives of pregnant adolescents were concerned with the physical well-being of the adolescent and mobilized to provide care and offer support during the pregnancy⁽¹⁰⁾.

With regard to the participation of the mother during the adolescent's birthing process, the majority participated in the birthing process, and were present for the birth of their grandchild. This experience was narrated with emotion and was memorable, and the labor process was a moment that involved feelings of fear, anxiety and expectation. According to one study, the presence of the mother during this period provides a source of comfort and support, and it is extremely important for the pregnant youth to feel more secure during the birth of her child⁽⁹⁾.

In an anthropologic study about the experience of labor among lower socioeconomic class adolescents, it was noted that these youth, when impeded from having the company of a relative during the birth of the child, experienced a labor process dominated by feelings of fear and pain. The desire of the mother to be present in this moment was evidenced in diverse reports of teenagers, and is linked to the relationship between mother-daughter, and of great importance for the pregnant adolescent during the birth of her baby. Because, in the process of becoming a mother, a youth reflects on her situation as a daughter⁽¹¹⁾.

With regard to the role of grandmother, participation is seen both as helping with the care of the newborn and support of her daughter. These results are equivalent to those obtained in another study⁽⁴⁾ in which grandmothers, although they considered it a mistake that the adolescent had become a mother, related love for the child and related feelings about their role: the care and support of the adolescent mother and her child.

With respect to the changes that had occurred in the relationship between the mother and her adolescent daughter after the baby was born, the data demonstrated

that the relationship was improved, because the fact related by the participants was that the greater maturity of their daughters resulted in a much closer bond between mother and daughter. Another study showed that the advent of motherhood makes adolescents mature early, causing an immediate impact on their behaviors, and making them more responsible⁽¹²⁾.

For the other relatives, according to what participants shared, the involvement with the teenager remained similar to what it was before the pregnancy. They also ended up taking on the function of ensuring the well-being of the baby, and assisted in providing care. Another study also found that families provided support for adolescents to care for the child, both in the financial aspects, and with household chores. When the adolescent needs to work or to be absent, it is the family that cares for the child⁽⁹⁾. The father figure was reported by the mothers as the one having the most problems with accepting both the pregnancy and the arrival of the new baby. In most cases, the fathers were able to overcome this conflict, however, in discussion with one of the mothers, the father, beyond being unable to accept the pregnancy, also broke contact with his daughter, and stopped telephoning and visiting her.

In reviewing what was presented and discussed, we can draw several implications for nursing practice: for prenatal and childcare assistance, the possibility of joint participation of the mother and the adolescent daughter during consultations and guidance should be offered, in order to share experiences and to show the value of family support; another important point is to inform adolescents and their relatives about the possibility of having a companion during the delivery. This inclusion of the mother of the youth in the processes of pregnancy and childbirth can promote favorable sentiments and more security in the adolescent,

along with providing more confidence in the development of her maternal role, with the strengthening of family ties and the continuity of life projects.

Finally, we point to several questions for future investigations: “What is the participation of the father during the pregnancy of his adolescent daughter?” “Does the support of the mother/grandmother contribute to or compromise the performance of the adolescent’s motherhood role?” and, “What is the adolescent’s perception about the family support?”

CONCLUSIONS

In this study, we identified the maternal figure as representative, both during and after the adolescent pregnancy, because it is the mother who provides the emotional support and, many times, also the support material necessary in this phase. Thus, the support provides the adolescent a more secure pregnancy, the possibility for the youth to return to her life projects and, as a consequence, the possibility for the child to have a better future, as well.

The study contributes to the construction of knowledge about adolescent pregnancy, family participation and its importance to this phenomenon. The family, notably the mother figure, was considered to be a significant source of support for the adolescent to enable her to continue projects in her own life and to care for the child to her full potential.

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