

MOTHERHOOD IN ADOLESCENT AND FAMILY SUPPORT: IMPLICATIONS IN BREAST CARE AND SELF-CARE IN POSTPARTUM

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ABSTRACT

In addition to the complexity involved in teenage pregnancy, the time after delivery has been made as a critic, when teenagers were faced with the exercise of the maternal role. The objectives of the study are to identify and analyze the meaning of the child care and self care postpartum among adolescent users of primary care network and the resources available in their social environment to promote and support maternal care and self-care. This is a qualitative research conducted with thirteen teenagers in the period April to July 2011. For data collection was chosen semi-structured interview, and was later performed thematic content analysis. To draw the profile of sociodemographic and obstetric adolescents. In the analysis of the meanings of maternal care and self care emerged from the three central themes: maternal care, aid / support and self-care. It is believed that the participation of the family as social support for teenage mothers enables conditions to build as a mother, creating autonomy from the maternal care and self-care. There is a need for greater performance of health professionals participating in the construction of being a teenage mother, acting in supporting families and adolescents.

Keywords: Pregnancy in Adolescence. Social Support. Child Care. Self Care.

INTRODUCTION

Adolescence is an important step, so that one can reach biopsychosocial maturity. It is a period of transformation of the body, mind and interpersonal relationships. Moment of curiosities, anxieties and the search for its role in the world, with a need for personal affirmation, mediated by hormonal changes during puberty^(1,2).

It is during adolescence that the development of sexuality, which is not always an affective and cognitive maturation, occurs. In this sense, many teenagers begin their sexual role without having acquired sufficient knowledge and values that ensure a quiet and responsible sexual life, often encountering situations such as unplanned or desired pregnancy⁽³⁾.

It was found that the United States is the country that has the highest rate of live births of adolescent mothers in the industrialized world⁽⁴⁾. In recent years in Brazil, the fertility rate of adult women decreased significantly; however it has

increased among adolescents at about 2% per year, which corresponds to almost one million adolescents becoming pregnant every year in the country. Approximately, there were 791,812 live births in the age group between 20 and 24 years and in teenagers aged 10-19 years 552,630 live births were registered in 2010⁽⁵⁾.

In the city of Ribeirão Preto, teenage pregnancy corresponded to 12.4% of the total of 8,090 births in 2010, the reference year chosen in this investigation. Of these 8,090 births, 4,478 are from the UHS, of which 18.4% were adolescents⁽⁵⁾.

Given this reality, contrarily to demographic changes, teenage pregnancy increasingly becomes a public health problem⁽⁶⁾. Added to this, the same authors consider that, in the current society, in which schooling, professional integration and the exercise of sexuality is envisioned as detached from reproduction, pregnancy in adolescence tends to be seen as missed opportunities due to its early presence in the lives of adolescents and, therefore, increasing its visibility as a social problem.

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It is understood that there is a stereotyped and oversimplified idea of the teenage pregnancy phenomenon, which requires the understanding of the position of the adolescent in the society, in which pregnancy is related to achieving social status, since, in the less advantaged socioeconomic layers, cultural, gender and age influences have meanings as shares of roles evolve regarding maternity⁽⁷⁾.

Motherhood, alone, is a difficult time for women in terms of the numerous physical and psychological changes, need for dedication and understanding of the mother and, when combined with the transformations and conflicts of adolescence, it may become even more complicated⁽⁸⁾.

In this direction is that the psychological immaturity of adolescents has been considered as a risk in the face of early motherhood⁽⁶⁾ since, although they may acquire biological capacity to bear children, they still require personality maturation, essential to the exercise of motherhood, which, according to the authors, needs to be qualified.

It is worth considering that literature offers studies in which the experience of motherhood is presented as positive from the perspective of teenagers, and often acquires a character of centrality in their lives, becoming an important factor for their personal and social development⁽⁹⁾.

Social support is crucial in the adaptation of adolescents to the maternal condition. Such support has been built mainly in the family environment, by means of a complex network of relationships that is established around the woman and newborn son, in which assistance actions in care for the baby and the puerperal woman are structured⁽¹⁰⁾.

Often, the family support network of the adolescent shows flaws in providing information or reducing the uncertainties of the young mothers and, by their unpreparedness, difficulties associated with lack of information and the non-acceptance of adolescent sexuality are presented, in which case motherhood is a problem⁽¹¹⁾.

Considering the range of this field of research, this study aimed to elucidate the aspects related to maternal care and self-care in the postpartum period among primiparous

adolescents and the resources that they have in their family environment, in order to take care of their children and themselves. Thus, the analytical field of this study relies on the concept of social support that is defined as any type of interaction and contact between people and groups that allow emotional bonds, friendship and information that result in material, emotional or affective support. This interaction generates individual benefits and for the group that are reciprocal to individuals, contributing to the maintenance of wellness, prevention and promotion of health⁽¹²⁾.

The understanding of how the support in maternal care and self-care in the postpartum period among teens, users of the primary care network in the city of Ribeirão Preto is carried out, enables the development of action strategies articulated between health services, family and community that allows greater availability of resources to protect the health of the adolescent and her child. It is considered that, during the postpartum period, which starts after birth and extends up to 40 days after delivery, physical, physiological, psychological and social transformations occur with the mother, as well as changes in the personal and family routine that, associated with the need for child care, can be enhanced, thus demanding preparation and interest of the mother as well as an effective social support.

Thus, this research aims to identify and analyze the meaning of the child care and self-care among teenage mothers, users of the primary care network, in the postpartum period in the city of Ribeirão Preto, and the features that these teenagers have in their social midst for the promotion and support to maternal care and self-care.

METHODOLOGY

This is a qualitative study that was developed with users of the Unified Health System in Ribeirão Preto-SP, in a Health Unit of the sanitary district that presented the highest prevalence of teenage pregnancy, based on the year 2010.

The study included 13 adolescents aged between 10 and 19 years. As an empirical cut, the primiparous mothers, who resided in the city,

with a postpartum period not exceeding six months and pregnancy greater than or equal to 37 weeks were selected. Those who have had premature babies with malformations or complications that required special care were not considered in the study.

Data were collected from April to early July 2011, through individual interviews for which we adopted the technique of personal testimony. The teens were addressed in the Health Unit and, for those who agreed to participate in the study, their consent and authorization of their legal guardian was requested, by signing the consent form.

We used a script with issues related to self-care in the postpartum period and care related to the care of the child's health. The interviews lasted about 30 minutes, were recorded by means of portable digital recorder and transcribed for analysis.

Data analysis was based on content analysis technique, thematic modality⁽¹³⁾. Thus, the material was transcribed and later the floating reading of the lines was carried out⁽¹³⁾, in which case we read the whole interview to grasp the content. Afterwards a more accurate reading was made, seeking to find themes that guided the categorization of data, by thematic nuclei in view of the established goal and interpreted in the light of the concept of social support and adolescent maternity. In order to ensure the privacy and confidentiality of information acquired during the interviews, numbers from 1 to 13 were assigned to each one of the interviewees.

The project was submitted and approved by the Ethics Committee in Research of the School of Nursing of Ribeirão Preto, University of São Paulo, under protocol number: 1235/2010.

RESULTS AND DISCUSSION

Establishing a profile of the socio-demographic characteristics of the 13 adolescents interviewed, their age ranged from 14 to 19 years. All participants lived in Ribeirão Preto, and 15% were born in other cities and other states. As for the type of housing, 100% live in a house, and 46% have their own property, and 100% live with 2 to 4 people. Regarding education, 46% of postpartum

teenage women have not completed secondary school, and 7% had quit studies in elementary education. As for occupation, 69% of respondents strictly perform household activities, and only 15% are students; 23% have family income of a minimum wage (based on the year of 2011).

The presented results allow the contextualization the manner in which the issue of early pregnancy is associated with low education and low income, considering that the adolescents who do not attend school are often more vulnerable to teenage pregnancy, since the school is seen as a protective factor in relation to early pregnancy, acting preventively in providing information about the development of the body and the contraceptive methods⁽¹⁾.

With regard to marital status, 61% of respondents reported being legally single, and 7% do not live with their partner. As for their obstetric history, 53% of the adolescents reported that pregnancy was not planned. And 100% received prenatal care, in which case 84% started follow-up in the first gestational trimester. The majority, 92%, held over six medical appointments and, in relation to the type of delivery, 69% had vaginal route of delivery and, of these, 7% had forceps delivery.

Worldwide, approximately 25% of women have their first child before reaching the age of 20, with higher rates in developing countries⁽¹⁴⁾. Although teenage pregnancy occurs in all social levels, it happens more frequently in adolescents from lower social classes and low education⁽¹⁴⁾. Such characteristics resemble the profile of adolescents, subjects of this study, which comprises adolescents with low educational, social and economic levels.

In this respect, the social, economic and cultural conditions impose significant modulations regarding adolescent pregnancy, both in decision making before its occurrence and in the impact on the lives of adolescents in relation to school and work trajectories⁽⁶⁾ narrowing the horizon of opportunities, as in the case of these adolescents who belong to lower classes.

Regarding obstetric profile, the above authors state that pregnant adolescents attend fewer consultations in prenatal or join this monitoring lately. Some factors related to the difficulty in

assuming pregnancy are family conflicts and the unfamiliarity concerning the importance of this assistance. Such a condition, however, was not observed in the present study, in which all of them did the pre-natal, and 84% started monitoring in the first gestational trimester⁽¹⁴⁾.

We found that most teens have had previous experience in caring for babies, either with siblings, cousins or neighbors. One must take these experiences into account as to whether they were favorable or not as a reference to establish maternal care, which leaves room for professional intervention in order to help this mother to face the new situation that is presented.

Regarding the sense of the meaning of child care and self-care in the postpartum period for adolescent mothers, the interviewees' discourse analysis enabled the deduction of three central themes: **maternal care, aid/support and self-care**.

About the first central theme category, **maternal care**, we identify the following core meanings: a) *"Take Good Care"* b) *"Caring for generating health, not disease"* c) *"Difficulty in handling care"*.

Good care means to meet the basic needs of the newborn (nutrition, sleep and hygiene); keep vigil/protection and give affection.

Feeding him properly, taking good care of him (E.2).

Breastfeeding him well, bathing in the right time, what else? Oh, a lot of stuff. Give love, give attention to him, for what he needs (E.4).

Leave him always pretty clean... give love, clean the navel and tell people not to go kissing him because otherwise his face will get full of spots (E. 12).

Give the breast [...] give a home to live. You have to give him medicine when he needs and affection, I think, understand? (E.9).

A *good care* features peculiarities such as facing a weak and dependent being as the newborn that requires protection, nurturing and have their basic needs cared for, but it is also sustained on the construction of motherhood sociocultural bases. The meanings that adolescents attach to maternal care are linked to the social conception of motherhood⁽²⁾, which

can be translated into the good mother who *duly cares*.

A *good care* is regarded as a guarantee of maintaining the health of the child. Thus, when it is not correct, it can make children vulnerable to disease, based on the core of meaning: *"Caring for generating health, not disease"*

[...] Feed her correctly so she will not to lose weight, lift her to burp, bathe her carefully so water will not drop in her ears and she will not have ear pain. No drug use, no drinking, no smoking, take care of her so she will not get sick. (E.3)

Do not let her be in the cold weather, bathe her every day, always change the diaper to avoid rash [...] (E.13)

Oh, I think it's necessary to take care to not get sick, isn't it? Once she had high fever and I didn't know what to do. Now I'm smarter. (E.11)

To breastfeed her when she cries, cuddle her, do everything for her not to get sick. You have to make her warm to sleep. (E.10)

We identify an enlarged vision about the vulnerability of children regarding illness, not only in the dependence of the child direct care, but also indirectly through a maternal way. Such a condition is sustained in the fact that the baby's health is directly related to the health of the mother, since the dependence of the child remains with the mother after birth due to breastfeeding⁽¹⁵⁾.

A *good care* is built in a mother-child relationship, in which the maternal condition has the sense of being continent to the infinite demands of the child. In this sense, it points out to deprivation, abdication of time and attention to the child, in order to ensure the welfare of the child and avoid exposing the child to the risk of becoming ill.

We have to treat her well, you know, every time she cries I take her in my arms, so she can see that I'm paying attention to her, that she's not alone [...] I spend all day, I give her the breast every time she asks [...] (E.1) ...

[...] You gotta give love, you have to give affection. We must never fail in anything to them (E.5).

Now I have more responsibility, I have to wake up at dawn to give him the breast. We care about everything (E.11).

Now I'm worried with her all the time (E.13)

The teenager who is faced with a newborn child goes through a maturation process characterized by the search for her identity, with the involvement and integration of physical, psycho-emotional, family and social development characteristic of the stage at which she is. It is a phase of ambiguity, in which the adolescent is faced with responsibility and must take charge and play adult roles, such as performing household chores and child care⁽¹²⁾.

The condition regarding teens' motherhood experiences bring about changes in their way of being and thinking, in which the responsibility, the fear of not doing the right thing and the fear of feeling old weigh, is revealed in the speech of adolescents, when they verbalize concerns of "not coping with care", including the difficulty of taking care of the bath, the navel or even deal with situations such as: colic, choking, crying and recognizing the child's needs.

I don't know when it's colic. That's what I do not know. It's the only thing that makes me nervous is that I don't know exactly when it's colic [...] I'm afraid of him choking, you know? I'm afraid he has a fever and I don't know what to do [...]. (E.11)

I'm afraid of him vomiting and choking like the last time and in the beginning I was afraid to bathing him too. (E.10).

[...] And when he cried I didn't know if it was hunger or colic, so I gave him the breast and also tea because I didn't know it? (E.9)

For teenage mothers, maternal care is seen as a priority to meet and fulfill all the needs of the child, as an obligation inherent to the feminine condition⁽⁸⁾.

The experiences of difficulties are common to beginning mothers, regardless of age. In the case of adolescents, the difficult situations can foster social stereotypes about their "irresponsibility", however such situations allow for the possibility of becoming an event that contributes to the affirmation of juvenile personal identity that cannot be neglected⁽¹⁵⁾.

As to the second central thematic category, **help/support**, the following core meanings are identified: a) *"it might even help, but it is you who must take care"* b) *"it helps through teaching, assisting and answering questions"*.

Although society attributed to teenagers an underestimated capacity to care for the child, which seems to be the keynote of the speeches of these adolescents, is the realization that they have responsibilities, and that it is their duty, in a first instance, to care for the child, that is:

It may even help, but it's you must look after your kid [...] it's you who has to take care of your daughter, because if you don't, no one else will. I may even help, but it's not the same thing. You are her stronghold, her support (E.1).

Before I even was [...] before I was afraid, you know, of looking after children, now I have no fear anymore, 'cause now I take care of her alone (E.3).

Well, not to take care of her. No. I take care of her myself. When I need some help my husband or my mother in law help me (E.5).

It is identified by the interviewees' discourse, that maternal care is a skill that is built through practice and experience; it is not exempt from insecurities and dependence of reference persons in their social environment, such as the mother and mother in law.

The aid is temporary and presents the idea of providing teaching aid, clarifying doubts, *"it helps by teaching, assisting and clearing up doubts"*, keeping the teenage mother as a subject of the caring process of the child.

I'm in a bit of trouble at the time of bathing. Getting her is difficult. I'm not picking her up the way I should, isn't it? But then, my mother stays there by my side, assisting me, helping me (E.1)

What I don't know I ask my grandmother; everything. I do everything myself, like bathing, everything; she just answers what I ask her (E.2).

In family life, the construction of values and the transmission of information occur through interactions among family members, the experience and expertise of other women who have already experienced family puerperium are important in the construction of "motherhood"⁽¹⁶⁾.

In the family, help is largely comprised by the female figure, such as mother, mother in law, sister and sister in law. Family support is seen as a benefit and strategy in the support for adolescents, in overcoming adversities in child care, which favors the development of their

competence, maturity and safety in relation to the motherhood role⁽¹⁶⁾.

Despite the importance of family support, it was identified that three of the 13 interviewees, said they had no assistance for carrying out care to the child or to herself. The support becomes crucial particularly on the experiences of breastfeeding, in which the lack of help or consistent information about breastfeeding, coming from friends, family and health professionals, contribute to early weaning, as reported⁽¹⁷⁾ in a study that sought to identify, among adolescent mothers, breastfeeding experiences and their behavior after hospital discharge. On male participation, the figure of the husband was the most referenced.

I also have my husband's help. He grabs my baby in his arms, makes him stop crying a little bit and so on. It is a good thing. It is difficult to have the husband's help (E.4).

And my husband also helps me with her at night. But at night he gets so attached to the baby, so I can even rest a little. He "stay" with the girl while I take a shower, looks after her so I can eat and, sometimes, he wakes up at night to see how she is. It is really beautiful to see. (E.10).

Despite the fact that paternal participation is restricted, it is seen in an awkward way by the adolescent mothers, since the participation of the father-husband is traditionally related to the support of the family. In this respect, some authors note that, although the male experience of parenthood is too close to the traditional model, it is currently broader and it values the affective and supportive intensity, pointing out to the possibility of transformation of social gender relations, which implies the review of maternal and paternal attributes⁽¹⁸⁾.

In the daily lives of families, opportunities for supportive interaction in meeting the needs that are present arise. In these interaction processes the expression of practices and cultural beliefs of the relational environment are common. Among the contents presented, we may include these care issues: rash and baby colic.

If there is a rash in her butt, my mother has taught me how to make a natural ointment with corn flour and oil (E.1)

My mother in law told me to give her tea when she has colic. I give her tea, chamomile tea, you know? Then she gets calm, stops crying and sleeps. (E.9)

Still regarding the other information transmitted are the technical nature ones, made by the health professionals. Teenagers mention the guidance received during hospitalization, regarding care in the postpartum period.

Waiting for forty days to have sex, not to get pregnant again, not to blow what we have inside... We have to take be careful. Because the doctor said that we may get depressed, get a lot of things, bursting everything inside (E.3)

On the perception of pregnant adolescents, about the satisfaction and the composition of their social support network, it is observed that adolescents were satisfied with the social support received and that the main protagonists were the mother, partner, friends and father demonstrating that the support of parents and partner to the adolescent during pregnancy may be crucial for the feeling of satisfaction regarding the social support received⁽¹⁹⁾. It is also observed that the presence of the partner becomes positive, bringing certainty, support and love for the pregnant teenager, allowing her to better overcome the adversities arising with motherhood⁽²⁰⁾.

About the third central thematic category, **self-care**, the following core meanings are identified: a) *"the right care for hygiene, feeding"* b) *"Take care not to get pregnant and sick"*.

The postpartum period called "diet", "rest" or "quarantine" suggests self-care and restrictions that allow a good recovery. In this sense the *"correct hygiene and food"* care and *"care to avoid pregnancy"* are valued.

As we bleed for forty days, we have to take a shower every day, you know, at least three times a day, depending on how much you're bleeding, you know, I think this is hygiene. Washing your hair, even if you don't have time to eat, even if you don't have time to brush your teeth, you have to brush it, because I think that it is part of hygiene [...] sometimes there is no time, then she doesn't let me do it, but at night I take a shower, I brush my teeth, I eat, I do everything (E.1).

Oh [...] we always have to be clean, right? Wash the hair; even if people don't tell us to do it, we

have to wash it, you know? Clean and dry the stitches [...] (E.11)

We can observe the priority given to the child care at the expense of self-care, as demonstrated in a study on beliefs and taboos in the postpartum period in adult women, highlighting that the social imaginary of motherhood has enormous reducing power over the status of women, placing her as a being related to the child⁽¹⁵⁾.

Such a condition allows us to understand the fact that assistance is mostly directed to child care than the mother's self-care. It is observed that the concern of the adolescent with her own health is seen as an issue primarily related to the condition of being a good mother, with the maternal condition to provide care to her child⁽¹⁰⁾.

Among the interviewed ten reported having received help, releasing them from the care to the child or to take care of household chores.

When my mom was here I could sleep during the day, but now it is no longer possible. Only when my mom is here I sleep in the afternoon, then she takes care of him [...] but that's it. Nobody else helps me this way (E.12)

My husband stays with him for me to cook and he puts him to sleep [...] That's been great, because I can also rest, you know? It's really good. I rest a bit and I can take a shower and eat calmly, with no rush. (13)

One caution that proved evident in the speech of adolescents is the concern of not becoming pregnant again, as it is loaded with certain moral values.

Take the pills. Oh, take the tablets and prevent it, right? Be more careful, more responsible. Have more responsibility, before doing something stupid (E.5).

The birth of the child makes teenagers confront the maturing process as mentioned above, and in this sense a new pregnancy becomes unacceptable before the social environment. However, there is no consensus,

and there is little evidence to answer why the teenager who had gone through the experience of early motherhood and knows the methods of contraception gets pregnant again⁽¹⁹⁾.

In the set of thematic categories analyzed, it can be concluded that the group of adolescents is constructed as mothers through experiences in caring for the frail and dependent child, placing him as a priority in their lives, and in line with the social and moral values of being a mother in the society. Maternal condition of being continent to the infinite demands of the child and the social support structure have an effect on the senses they attach to self-care in the postpartum period, sustained in the same symbolic universe of motherhood.

It is recognized that social support from the family is crucial to promote the health of the adolescent and her child, ensuring the leading role of the adolescent regarding the experiences of motherhood. Practices in postpartum care are transmitted to each generation by beliefs and customs. It is mainly in the family environment that women seek support and resources for the practice of care, learning and adaptation.

FINAL CONSIDERATIONS

Understanding the dynamics governing the social construction of adolescents as mothers in contemporary times is essential, in order to establish policies and programs of action more consistent with the real health needs of adolescents in maternity. Such policies and programs should not be anchored only in the transmission of information relating to contraception, but should promote qualified listening to their life goals and desires so as to enable the gradual construction of personal autonomy. In this direction, the singularities of the experiences of every teenager should be considered in her family context, so health professionals should understand what the best way to promote this care is.

NA ADOLESCÊNCIA E APOIO FAMILIAR: IMPLICAÇÕES NO CUIDADO MATERNO À CRIANÇA E AUTOCUIDADO NO PUERPÉRIO

RESUMO

Para além da complexidade que envolve a gravidez na adolescência, o momento após o parto tem se constituído como crítico, quando as adolescentes se deparam com o exercício do papel materno. Os objetivos do estudo são

identificar e analisar os sentidos do cuidado com a criança e do autocuidado no puerpério entre mães adolescentes, usuárias da rede básica de saúde, e os recursos disponíveis, em seu meio social, para a promoção e apoio ao cuidado materno e ao autocuidado. Trata-se de uma pesquisa qualitativa realizada com 13 adolescentes, no período de abril a julho de 2011. Para a coleta de dados, optou-se pela entrevista semiestruturada, e, posteriormente, foi realizada a análise de conteúdo modalidade temática. Foi traçado o perfil sociodemográfico e obstétrico das adolescentes. Na análise dos sentidos do cuidado materno e do autocuidado, emergiram das três categorias temáticas centrais: o cuidado materno, a ajuda/apoio e o autocuidado. Acredita-se que a participação da família, como apoio social para a mãe adolescente, possibilita condições de a adolescente se construir enquanto mãe, criando autonomia frente ao cuidado materno e ao autocuidado. Observou-se a necessidade de maior atuação do profissional de saúde que deve participar da construção do ser mãe adolescente, atuando no apoio aos familiares e às adolescentes.

Palavras-chave: Gravidez na Adolescência. Apoio Social. Cuidado da Criança. Autocuidado.

MATERNIDAD EN APOYO DEL ADOLESCENTE Y FAMILIA: IMPLICACIONES EN LA ATENCIÓN DE MAMA Y EL AUTOCUIDADO EN EL POSTPARTO

RESUMEN

Para más allá de la complejidad que implica el embarazo en la adolescencia, el momento después del parto se ha constituido como crítico, cuando las adolescentes se enfrentan con el ejercicio del papel materno. Los objetivos del estudio son identificar y analizar los sentidos del cuidado al niño y del autocuidado en el puerperio entre madres adolescentes, usuarias de la red básica de salud, y los recursos disponibles en su medio social para la promoción y apoyo a la atención materna y al autocuidado. Se trata de una investigación cualitativa realizada con 13 adolescentes, en el período de abril a julio de 2011. Para la recolección de datos, se optó por la entrevista semiestruturada, y posteriormente fue realizado el análisis de contenido modalidad temática. Fue delineado el perfil socio-demográfico y obstétrico de las adolescentes. En el análisis de los significados de la atención materna y del autocuidado, emergieron tres temas centrales: la atención materna, la ayuda/apoyo y el autocuidado. Se cree que la participación de la familia como apoyo social a la madre adolescente permite condiciones de que la adolescente se construya como madre, creando autonomía frente a la atención materna y al autocuidado. Se observó la necesidad de una mayor actuación del profesional de salud que debe participar de la construcción del ser madre adolescente, actuando en el apoyo a los familiares y a las adolescentes.

Palabras clave: Embarazo en la Adolescencia. Apoyo Social. Atención al Niño. Autocuidado.

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Submitted: 18/06/2013

Accepted: 05/11/2013