

## THE DIFFICULTIES OF MOTHERHOOD AND THE FAMILY SUPPORT UNDER THE GAZE OF THE TEENAGE MOTHER

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### ABSTRACT

This is a descriptive study of qualitative nature which aimed to understand the main situations faced by adolescents and ways of coping employed by them, after the baby is born. From the data analysis, emerged five categories: facing new challenges: difficulties in the process of caring that highlights mainly the problems encountered with breastfeeding and baby hygiene; The importance of support from who has more experience, in which are found reports that reflect the need of young people to receive social support; The difficulty in reconciling studies and maternal function, in which are barriers faced by teenagers going to school after the arrival of the baby; Changes triggered by the arrival of the baby, as a change in daily routine and the achievement of autonomy; and A new relationship: the blooming of a yet unknown feeling, in which it is noted, gradually increasing the relationships between mother and son. It is concluded that at that stage of life motherhood causes important transformations in the young mothers, imposing them new challenges and changes in their life and the incorporation of new habits and social relations.

**Keywords:** Pregnancy. Adolescence. Child Care.

### INTRODUCTION

Pregnancy is a period of transition for women, characterized by complex biological transformations, which involves changes in the social role, new adaptations and personal adjustments <sup>(1)</sup>. In adolescence, these changes may be more pronounced, considering the risks and problems associated with this condition.

There is evidence that pregnant adolescents may suffer more medical complications during pregnancy and even after the birth of their babies, than women of other age groups. The problems arising from this condition are related to attempted abortion, anemia, malnutrition, overweight, hypertension, pre-eclampsia and eclampsia, cephalopelvic disproportion, hypertension and postpartum depression <sup>(2)</sup>.

The situations of poverty, single parenthood, school dropout and unemployment, as well as depression, low self-esteem and social isolation, are important social issues that can be triggered, by virtue of the process of pregnancy and motherhood, involving teenager <sup>(3)</sup>. It is believed

that most of the unfavorable factors, accompanying the young during gestation may remain in the postpartum period, influencing the care to the newborn (NB) <sup>(4)</sup>. This strengthens the belief that teenage pregnancy is a phenomenon that involves different risk factors. <sup>(5)</sup> So, it is showed the need for some adolescents receiving more support, considering that, in the face of unexpected pregnancy situations and at an early age, the most effective support forms are usually found in the family and social contacts are closest <sup>(6)</sup>.

The importance of knowledge about the process of motherhood in adolescence is justified by the implications that this event triggers both in the life of the mother and of his son, because pregnancy at this age, besides presenting risks to the health of mothers is also neonatal risk factor and can be characterized as a situation associated with the personal and social risks for the development of both. It is noted, for example, that, in some situations, the teenagers suffer the abandonment of their partners and the family, situations of neglect with the own health during pregnancy, difficulty of access to health

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services and the occurrence of spontaneous or provoked abortion<sup>(7)</sup>.

Due to early sexual initiation of young, teenage pregnancy, in Brazil, can be considered a public health problem, especially in the cases of young people living in less favored socioeconomic status. These teenagers tend to start late prenatal monitoring and, for this reason, their pregnancy can trigger spontaneous or provoked abortion, premature births, and the birth of babies of low weight, in addition to future sequels<sup>(5)</sup>.

Although the data regarding the number of childbirths in adolescents in Brazil, obtained between the years 2005 and 2010, showing a reduction when compared to the numbers of the previous decade, they still account for 19.3% of total births in the country. The State of Paraná has indexes pretty close to nationals (20%), and in the municipality of Maringá, about 10% of births in the same period, were children of teenage mothers<sup>(8)</sup>.

In view of the importance of the need of knowledge related to pregnancy in adolescents and to numerous transformations that the birth of a baby generates this mother and her family, the present study had as objective: to characterize the main difficulties and how to face them in the first year after the birth of the baby.

## METHODOLOGY

This is a descriptive study with a qualitative approach, held in Maringá, Paraná, along with all the teenage mothers of children included in the Surveillance Program of the Baby at Risk (PVBR) in the municipality of Maringá-PR, born in the period from February 1<sup>st</sup> to July 31<sup>st</sup>, 2008.

The choice of participants in the study obeyed only the criterion related to the age less than 17 years old and therefore, they had their children included in PVBR. In the period under study were included 384 babies in the Surveillance Program of the Newborn at Risk of Maringá, but only 238, for various reasons (refusal, non-existent address, residence in another municipality, change of address and death) were followed for 12 months. Of these babies, 78 had been included in the program because they are children of teenage mothers

(with or without other risk criteria) and all were included in this study.

The data were collected in six different moments (at 15 and 45 days, and at three, six, nine and twelve months of the child's life), by means of a semi-structured interview with the teenage mother. The interviews had an average duration of 35 minutes and, upon consent, were recorded and subsequently transcribed in full.

For the interpretation of the material collected it was used content analysis technique thematic mode, which includes the pre-analysis, exploration of the material and the processing of the data. The latter is processed from the analysis of subjective and objective communication of material, using systematic procedures to understand the content expressed in the lines of the family<sup>(9)</sup>. To this end, all material was submitted to the categorization process, with detailed readings, highlighting the significant expressions for the encoding of information.

The development of the study occurred in accordance with the ethical principles of research with human beings, governed by Resolution 196/96, and the project was approved by the Permanent Committee on Ethics in Research with human beings at the Federal University of Maringá (opinion No. 451/2008). To protect the identity, the informants were identified by the letter A followed by the indicative number of order of realization of interviews.

## RESULTS AND DISCUSSION

The age of the mothers in the study ranged between 14 and 17 years old, and most of them (38.46%) had 17 years old. Of the 78 participants, 52 (66.67%) had their children included in the Program of the Baby at Risk only because they were teenagers; the other children, in addition to this criterion, were in others, for example, the age at birth less than 37 weeks gestation, weighing less than 2500gr and apgar score in the 5<sup>th</sup> minute of life less than seven.

In the light of the changes that pregnancy and motherhood can trigger in the life of a teenage girl, it is worth noting that, in relation to the level of schooling, only twelve mothers (15.3%) had completed high school; 27 of them (34.7%)

had incomplete high school; seven (8.9%) had completed elementary school; and 24 (30.8%) did not finish elementary school, and most of them (84%) were 15-20 years old or more, and had abandoned their studies even before they got pregnant.

According to the UNICEF report on the *Situation of Brazilian Teenager*, in the year of 2008, most of the girls aged between 10 and 17 years old who had children (75.7%), do not studying, and more than half of them (57.8%) also do not work. Among teenage girls without children, only 6.1% were out of school<sup>(10)</sup>.

The relevance of the education of the teenager is related to social implications, derived from low schooling. The abandonment of studies, as a result of pregnancy, often result in the reduction of opportunities for entry into the labor market, and may trigger a process of poverty, with losses not only to the mother, but also for the baby. In this regard, the child exposed to these conditions run a higher risk of developmental disorders present and suffer some kind of negligence in his care due to misinformation and the immaturity of adolescence itself<sup>(5)</sup>.

In relation to marital situation, 26 were married, 25 had consensual union, 21 had no partner and six have not made reference to this issue. Studies have shown that, although the majority of teenage mothers have a partner, about 30% of them remain single. It is necessary to emphasize that, regardless of the marital situation these young girls are subject to the occurrence of a new pregnancy yet at that stage<sup>(11)</sup>.

Below are the themes categories found in the course of the study, exemplified with verbalization of the mothers.

### **1 Facing new challenges: difficulties in the process of care**

The act of being a mother generates several feelings that are highlighted, especially when their mothers leave the hospital environment, where, until then, remained surrounded by professionals who perform part of the care needed by the baby. It is after this step that they take, with or without support, the responsibilities on the care of their son.

In the first meetings with the teenage mothers it was realized that the greatest difficulty faced by them was concerning the identification of the needs of their babies. The concern in understanding what happened to them, the meanings of the signs made by their bodily expressions and tears, is implied in the words of some mothers:

By the time she starts crying and I don't know what to do, I get very nervous, when crying, this time being my biggest difficulty so far. At the time of her crying, I didn't know if it was a cry of pain, if it was hungry. When crying I still don't know if it's whining or pain. When I came home, there was nobody I could ask, it was just me. (24)

Study<sup>(4)</sup> conducted in order to evaluate the knowledge of recent mothers teenagers about the care of the newborn (NB), it was also found that the baby's crying cause them great discomfort, not feel able to identify the cause of the discomfort and only suspect that something might not be right, suggesting hungry, colic or even irritation of the baby, hindering the confrontation of the situation. Handle these circumstances is a difficult process, because the persistent crying of babies it interferes in the development of other daily activities of those mothers, besides causing frustration for not being able to meet the needs of their child<sup>(12)</sup>.

Another difficulty experienced by 33 of the mothers in this study is related to breastfeeding, evidenced by the presence of breast pain, cracks and bleeds on the nipples, among others.

I had problem to breastfeed because I had no nipple, there was hard for him to get, hurting a lot, now it formed the nipple, but now it's okay (4).

I do not have too much milk (7).

It was the nipple, it cracked and it was bleeding and there I wasn't going to give him blood with milk...(28)

However it was observed that, even in the face of difficulties, some mothers insisted on maintaining breastfeeding.

The nipple of the chest when pulls it hurts, but it's okay. I had a lot of pain. It hurt a lot, but even so I insisted. To this day it hurts a little bit. She bites and hurts. (10)

The complaint of pain or discomfort while breastfeeding, in the initial period of

breastfeeding is common <sup>(12)</sup>, being important cause of early weaning.

I had enough problems, he didn't want to be breastfed, he didn't, I searched a lot, my mom helped me a lot, he didn't want to, he just did it during five days, after that he did not breastfeed more. (3)

... then I started to take the bottle. He kept biting the nipple of the breast, I wouldn't be with him biting, so I stopped to give the chest. Then he took the milk from the bottle, so I kept it ... he take the bottle, there had no problem anymore. (28)

One of the reasons found for not breastfeeding or for early weaning is the fact that the baby does not have accepted the breast or not having been able to suck it properly and with ease <sup>(13)</sup>.

Given these difficulties, there was a search for part of teenage girls by people who could target them or even help them to properly perform this procedure, however, the help came only from relatives, mainly from their mothers, as observed in a previous study <sup>(14)</sup>, there are no citations for health professionals, which can justify that, often, negative experiences or even lack of determination may lead mothers to give up breast-feeding.

The first two weeks after the baby is born correspond to the most difficult period of breastfeeding, due to the unpreparedness of the mother in the face of new situation and, in many cases, is the lack of guidance <sup>(14)</sup>. Thus, the woman takes decisions based on interactions with their social environment, and often feels compelled to accept the intervention of family and friends. Accordingly, the opinions and external interference may or may not contribute to the "success" of breastfeeding <sup>(15)</sup>.

With the growth of babies, other difficulties related to the lack of experience of the mother and involving situations of childhood were emerging:

Ah, the worst was when he started crawling, that wouldn't stop anywhere, he wanted to jump from any place. The difficulty is that (Baby walking in the baby walker everywhere), he does not stop, I give food to him and I have to chase after, because if I put him sitting, he soon disappeared in the room. If you put the food in front of him, he puts his hand on the plate and knocks down everything. You have to get patience. (38)

The adaptation of the teenage mother to new responsibilities triggers greater confidence to develop the maternal role. The young girl has the possibility to adapt better to motherhood and find ways to overcome difficulties and strengthen the bond with the baby.

## 2 The importance of support from who has more experience

The family presented itself as the largest contributor of teenage girls, providing them with opinions, suggesting possible diagnoses of the symptoms presented by the babies and helping them in care:

When she had colic or when I didn't know how to handle, what to do. I asked for help for my mother, my grandmother, my sister-in-law. Ah, is that they understand more than I do (laughs). (12)

... She started having cramping, then I don't know what to do. My father-in-law and my sister-in-law told me that tea was good, then I gave and she got better. The worst period was this. When she was with colic I didn't know how to handle, what to do. I also asked for help for my mother, my sister-in-law and my husband ... (1)

My mother-in-law helps take care of the baby whenever I need. (26)

In most reports, in moments of discomfort of their babies, teenage girls sought to share their troubles with people closest, in general the maternal grandmother of the baby.

As soon as she got home, she had a lot of cramping. Then, as soon as my mother walked away, apparently she had more cramps. It felt like I was going crazy ... I gave her to my husband, he was shaking and she couldn't stop crying. I called my mom to come here for her stop crying. I didn't think it was going to take care of her ... I thought I had to take my mother to take care. (25)

Ah, my question today I took with my mother, that it was the belly button. I was cleaning, then he moved. It was ready to fall. Then I said: Mom come here; come to help me here this thing is soft. Then my mother said: No! It is this way that is going to fall; it is ready to fall. (1)

The family support exercised primarily by the maternal grandmother, as mentioned, has also been evidenced in other studies <sup>(4, 14)</sup>. The aid, mostly of this member of the family, and the perception of its importance are evident. This predominance is the closeness between mother

and daughter and prior experience in the care of their children, which triggers, in the role of grandmother, participation both in help in the care of the newborn and the child support <sup>(14,15)</sup>.

It is believed that in the presence of the mother or another caregiver, the teenagers feel that their troubles and sufferings are softened <sup>(12,15)</sup>. However, over the dates it was noted, too, that as they acquired experience, the teenage mothers aims to conquer autonomy in relation to the care of their son.

A lot of people on top sometimes it is hard. Oh, she sometimes helps and sometimes hinders! Sometimes she looks, is crying too much, I know it's morning something, so she goes there and gets the baby, shaking him and hitting the ass. Mom, he's sleepy. Sometimes it helps, an sometimes it is difficult. (38)

Although, in most reports, the teenage mothers have made reference to the difficulties in the care of babies, it was found that they feel need to be independent and to develop a way of taking care of the child. Many of them consider that the people who, at certain times, facilitated the care in other negative way interfered, as they wished to impose conducts to be followed or take responsibility for child care.

My mother-in-law, too, because she helps a lot, even financially, she thinks she's entitled to interfere in everything, to take care of him. (26)

My mother sometimes hampers a little because she wants to do it in a way and I want to do it in other way. (3)

The same people who help make it difficult, too. My grandmother, she gets worse, suffocates me. Sometimes I talk like that: I'll change it; No, don't change now because the boy is asleep. But I saw that he peed, or he pooped, if not he is going to hurt. Sometimes I say I'm not going to give the chest now, because there's an hour that he breastfed, she wants to make me sometimes to give the breast, then she talks like that: you're doing the child get hungry. You know, so she suffocates me. My mom, she lets me decide. No, are you going to give the breast now? My grandmother suffocates me. (16)

The interference of the family over the young mother can either provide an emotional and practical support as being a source of stress for the adolescent <sup>(12)</sup>. In many cases the grandmother may want to take the place of the

mother for imagine having major conditions of caring for the baby, which can have a negative effect on the self-esteem of the mother <sup>(16)</sup>.

The experience of the adolescent with motherhood seems to have a positive aspect, because effective emotional gains occur and the affirmation of the mother's self-esteem. She assumes the role of mother and an adult, expected by society and feel fully capable of performing that role <sup>(17)</sup>.

As in the previous study <sup>(12)</sup>, it is important to note that few reports were verified moms support on the part of health professionals, and when they occurred, guidance is restricted to hospital framework.

There Is! The girls at the hospital helped me a lot, taught me all over again, even what I already knew.(4)

It is important, therefore, consider the need of health professionals become source of support and care in practice, not limited only to the prescriptive actions performance, mandatory and supervision <sup>(12,16)</sup>. The health professional must develop effective communication skills with the teenager in order to help in decision-making, listening to it with interest, no trials or charges <sup>(16)</sup>, as well as provide guidance about the care the baby continuously, considering the unique needs of each mother.

### 3 The difficulty in reconciling and maternal function studies

Many teenagers opted to leave the school, with the intention of giving continuity to the studies at a later time:

Have to go to school gets in the way, when there's time he's sick or he's not well, then he doesn't stay with anyone, so I caught him and he shut up. Or I have a job to do and he does not want to stop.(63)

Knowing that motherhood is a process of major change in women's lives, it is understandable that he becomes even more complex when it comes to the teenage mother. With these young motherhood triggers the need to adjust to the different dimensions of the process of living <sup>(4)</sup>. Generally, the teenager is unprepared for this new role and additionally finds difficulty in reconciling the studies with the job, in addition to the new household and

maternal responsibilities, what hinders or prevents the resumption of school career<sup>(18)</sup>. It occurs, then, cases in which the teenagers also face a lack of family support for the return to school activities<sup>(11)</sup>.

According to the United Nations Children's Fund-UNICEF (2011), teenage pregnancy is, among others, a factor that exposes young people to the vulnerability, predisposing them to abandon their studies, justifying the fact due to lack of interest, economic needs and the issue of gender, which leads to a greater number of girls away from school.

This study made it possible to note that the family support to mothers were more related to baby care in the first few days of life, decreasing gradually, and not persisting, the payback period to studies of adolescents. Still, some mothers have opted to go back to school and adapted motherhood to the routine of the student:

When I go out at night, I'm going to study, I let him with my mother-in-law and my father-in-law (14)

However, by the fact of his childhood as a period in which the child is susceptible to several health complications due to the weakness of his immune system, the disease situation of children, in some cases, became a limiting factor for the continuity of studies. Although they acknowledge to be missing opportunities for professional growth for lack of studies, by virtue of not meet conditions to entrust the care of the baby to someone else, mothers emphasize the quality of life of their children as paramount, excelling always for your health:

I couldn't go to school. He went to the hospital, he was hospitalized twice. Then he kept going, he went to daycare and I was going to work out when I got nine hours the woman called: Mom come to picking him that he's burning up with fever and shortness of breath. It was there when the doctor told me to choose: either keep it in house, or get someone to care ... and I stayed home with him. (14)

The fact that many teenagers are unable to resume their studies after the birth of their babies<sup>(11,18)</sup> entails difficulties in returning to the labor market due to low education. Consequently, this fact leads to conditions that make it difficult to overcoming poverty, as a minor qualification and chance to compete in the labor market and

the submission to the informal and poorly paid work. Although many times the teenager has already stopped attending school before they even become pregnant, it is common that the school drop-out happens during pregnancy and, frequently, young mothers do not return to school after the birth of the son<sup>(5,11)</sup>

#### **4 Changes triggered by the arrival of the baby**

Motherhood for some teenagers becomes a confrontational experience, because, at the same time that reach a certain maturity, experience insecurity, lack of preparation, dependency and childishness<sup>(19)</sup>.

To meet the demands and needs of babies, parents' routine changes are incorporated. Feedings without timetables defined, diaper changes, crying, pain, anyway, all part of the universe that involves the care of a new being directly interferes in routine of sleep and rest, mainly from mother:

The baby, he is excited, stressed, nervous, angry, starts screaming, breastfed all night. (7)

Wake up in the night ... breastfeeding was complicated. (31)

For some teenage mothers lack of sleep and rest caused by requirements of child care are considered complicating factors, found in the early months of the baby's life. It should be noted that the need for sleep adolescents is due to biopsychosocial changes important, including in relation to the standard of the sleep-wake cycle<sup>(19)</sup>.

The new routine of these young people, although autonomy and independence is conducive in beware of the baby, also triggers situations marked by losses and restrictions, in a phase of life in which would enjoy freedom, they would need to relate to their peers and respond only by the responsibilities of adolescence.

#### **5 A new relationship: the blooming of a yet unknown feeling**

The teenage mothers undergo various difficult situations<sup>(17, 20)</sup>, which may or may not be related to the young age. It is interesting to note that few mothers have shown impatience or difficulty in the relationship with the children. Among the different justifications for some

moments of disarray with the baby, we highlight the fact that they don't feel able to face unexpected situations, or not know dealing with phases of child development:

There are times that she starts crying, I don't know what to do, I get really nervous. (24)

My impatience ... I have no patience with her, because I think she's very whining. I'd like to slap her. (74)

In many instances, the drawbacks serve as a tool of rapprochement between mother and baby<sup>(17)</sup>. During the reports it was noticed that the affection for his kids and building a relationship of intimacy between the binomial mother-son was developing gradually:

... once in a while starts crying and I'm just wondering: what does she have, if she's in pain, but I'm not nervous about it, I hug her, I turn on the radio to see if that's what she wants because with music she stop crying. For me great. I play with her, hug. There are times when I let her in the stroller. She doesn't like it, then I caught her in my lap. I get all day with her. (10)

The involvement of mothers with their children, over time, required maturity and self-control not usually not identified as typical characteristics of adolescents, which leads to the conclusion that the child's birth was something interfered not only in everyday life of mothers, but also in their personal growth.

I never had patience, but with him I have patience, but sometimes I get too stressed. (56)

I just think I'm too worried when she gets sick. Then I fight with everyone, husband, son, I get very nervous and discount on everyone, but with her I am very calm. (42)

Although, in the early days, mothers face situations that may seem impossible to be solved, as the months passed they become more independent and secure in service to their children.

She is choking the whole day. Found difficulty and many ... before yesterday she was in HU (University Hospital) because of that. Then they (doctors) saw and did tests on her it was nothing. Now I know what to do. (2)

In fact, with the passage of time and the conviviality with the baby, mothers learn to read in their body, by their signals, what happens

with him, which is suggestive of some disease or some other problem<sup>(12)</sup>. The daily coexistence with the son makes the teenage mothers will meet increasingly the son<sup>(20)</sup>, experienced feeling to take care of him, understanding their needs and looking for solving their problems.

Well. Satisfied. Okay, I'm fulfilled and happy. (16)

I feel better about being her mother. (22)

Baby dedication is closely linked to maternal love. It is by touch, of speech and of affection that builds the mother-child relationship, making the affective links stronger between both<sup>(13)</sup>. Despite the ambivalence of their own feelings of adolescence, it was observed that prevailed, these mothers, the positive feelings in the face of the difficulties in raising a child.

## FINAL CONSIDERATIONS

This study showed that the teenage mothers have experienced difficulties in the process of learning how to take care of their children and that, in General, received support from family and from their social network to take the first steps in this new stage of their lives. As regards the social life and everyday issues important changes occurred, with possible future implications for these mothers, considering the young age.

The presence of health professionals was evidenced by the mothers, which points to the need for a more active participation, as regards guidance regarding baby care and identification of possible difficulties.

Prescriptive and mandatory actions should be avoided in the relationship with the teenager. The nurse in her health education initiatives must address the needs of the NB, guiding these mothers not only regarding the correct mode of care, but also about which aspects should be highlighted in the care. An integrated work between the primary, secondary and tertiary attention is the ideal accompaniment for the teens during the gravid-puerperal cycle.

Given the particularities of adolescence and the influence that social group exerts on the young it is necessary the development of public policies that provide guidance moves by health

professionals in an attempt to decrease the pregnancy rate in this age group.

For pregnancy and motherhood a continuous learning process for mothers, it becomes essential to the preparation of the teenager for

confronting the situations that will be experienced by her. Being prepared is likely to understand better the changes in their body, the birthing process and participating, with greater confidence, decision-making in the motherhood.

## AS DIFICULDADES DA MATERNIDADE E O APOIO FAMILIAR SOB O OLHAR DA MÃE ADOLESCENTE

### RESUMO

Trata-se de um estudo descritivo de natureza qualitativa que teve por objetivo compreender as principais situações enfrentadas pelas adolescentes e as formas de enfrentamento utilizadas por elas, após o nascimento do bebê. A partir da análise dos dados, emergiram cinco categorias: Enfrentando novos desafios: dificuldades no processo de cuidar, que destaca principalmente os problemas encontrados com a amamentação e higiene do bebê; A importância do apoio de quem tem mais experiência, na qual são encontrados relatos que refletem a necessidade das jovens de receberem suporte social; A dificuldade em conciliar estudos e a função materna, em que se verificam as barreiras enfrentadas pelas adolescentes em dar continuidade à vida escolar após a chegada do bebê; Alterações desencadeadas pela chegada do bebê, como mudança na rotina diária e a conquista da autonomia; e Uma nova relação: o desabrochar de um sentimento ainda desconhecido, na qual se observa, gradativamente, o aumento do envolvimento afetivo entre mãe e filho. Conclui-se que nessa etapa da vida a maternidade provoca importantes transformações nas jovens, impondo-lhes novos desafios e mudanças em sua vida e a incorporação de novos hábitos e relações sociais.

**Palavras-chave:** Gravidez. Adolescência. Cuidado da Criança.

## LAS DIFICULTADES DE LA MATERNIDAD Y EL APOYO FAMILIAR BAJO LA PERSPECTIVA DE LA MADRE ADOLESCENTE

### RESUMEN

Se trata de un estudio descriptivo de naturaleza cualitativa que tuvo por objetivo comprender las principales situaciones enfrentadas por las adolescentes y las formas de enfrentamiento utilizadas por ellas después del nacimiento del bebé. A partir del análisis de los datos, emergieron cinco categorías: Enfrentando nuevos desafíos: dificultades en el proceso de cuidar, que destaca principalmente los problemas encontrados con el amamantamiento e higiene del bebé; La importancia del apoyo de quien tiene más experiencia, en la cual son encontrados relatos que reflejan la necesidad de las jóvenes de recibir soporte social; La dificultad en conciliar estudios y la función materna, en que se verifican las barreras enfrentadas por las adolescentes en dar continuidad a la vida escolar después de la llegada del bebé; Alteraciones desencadenadas por la llegada del bebé, como cambios en la rutina diaria y la conquista de la autonomía; y Una nueva relación: el brotar de un sentimiento aún desconocido, en la cual se observa, gradualmente, el aumento del involucramiento afectivo entre madre e hijo. Se concluye que en esta etapa de la vida la maternidad provoca importantes transformaciones en las jóvenes, imponiéndoles nuevos desafíos y cambios en su vida y la incorporación de nuevos hábitos y relaciones sociales.

**Palabras clave:** Embarazo. Adolescencia. Cuidado al Niño.

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