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SOCIAL SUPPORT NETWORKS FOR ADOLESCENT MOTHERS

REDES DE APOIO SOCIAL ÀS MÃES ADOLESCENTES

REDES DE APOYO SOCIAL A LAS MADRES ADOLESCENTES

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ABSTRACT

Objective: to identify the meaning of motherhood and social support networks with adolescent mothers. **Method:** it is a descriptive and exploratory study, with a qualitative approach, developed in a Family Health Unit in the city of Patos/PB, Brazil, with 13 adolescent mothers. Data collection took place through techniques of ethnographic observation and interview. **Results:** Most of the interviewees lived with a partner, and only three were studying. They had the support of the family in the gestation and postpartum, especially of the mothers and the partner. In Primary Care, the access was only to prenatal consultations and a puerperal visit. Criticism of maternity cares for delayed labor and delivery. **Conclusion:** the results showed that social support was the focus on kinship relationships and adolescent pregnancy should be studied beyond negative stereotypes. It is expected to contribute with subsidies for actions of Public Policies in Collective Health for assistance to adolescent mothers. **Descriptors:** Social Support; Motherhood in Adolescence; Adolescent.

RESUMO

Objetivo: identificar o significado da maternidade e das redes de apoio social com mães adolescentes. **Método:** estudo descritivo e exploratório, com abordagem qualitativa, desenvolvido em uma Unidade de Saúde da Família no município de Patos/PB, Brasil, com 13 mães adolescentes. A coleta de dados ocorreu por meio de técnicas de observação etnográfica e entrevista. **Resultados:** a maioria das entrevistadas morava com o companheiro e apenas três estavam estudando. Contaram com apoio dos familiares na gestação e pós-parto, em especial das mães e companheiros. Na Atenção Básica, acesso apenas às consultas pré-natais e uma visita puerperal. Críticas ao atendimento na maternidade quanto à demora no trabalho de parto e ao atendimento médico. **Conclusão:** os resultados mostraram que o apoio social foi o foco nas relações de parentesco e que a gravidez na adolescência deve ser estudada além dos estereótipos negativos. Espera-se contribuir com subsídios para ações de Políticas Públicas em Saúde Coletiva para a assistência voltada às mães adolescentes. **Descritores:** Apoio Social; Maternidade na Adolescência; Adolescente.

RESUMEN

Objetivo: identificar el significado de la maternidad y de las redes de apoyo social con madres adolescentes. **Método:** estudio descriptivo y exploratorio, con enfoque cualitativo, desarrollado en una Unidad de Salud de la Familia en la ciudad de Patos/PB, Brasil, con 13 madres adolescentes. La recolección de datos fue por medio de técnicas de observación etnográfica y entrevista. **Resultados:** la mayoría de las entrevistadas vivía con su compañero y apenas tres estaban estudiando. Contaron con el apoyo de los familiares en la gestación y post-parto, en especial de las madres y los compañeros. En la Atención Básica, el acceso apenas a las consultas pre-natal y una visita puerperal. Críticas al atendimento en la maternidad en la demora en el trabajo de parto y al atendimento médico. **Conclusión:** los resultados mostraron que el apoyo social fue el foco en las relaciones de parentesco y que el embarazo en la adolescencia debe ser estudiada fuera de los estereótipos negativos. Se espera contribuir con subsidios para acciones de Políticas Públicas en Salud Colectiva para la asistencia dirigida a las madres adolescentes. **Descriptores:** Apoyo Social; Maternidad en la Adolescencia; Adolescente.

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INTRODUCTION

Adolescence is a phase of significant development for the human being. There are biological, physical, social, emotional changes, questions about values, conflicts or crises. It is when the individual seeks to construct his identity with customs and perspectives that will often contribute to the next stage of life, the adult stage. It is a phase associated with other factors, especially environmental, that can lead these young people to the beginning of the early sexuality, unplanned pregnancy, and drug use, characterizing it as the one that needs quality monitoring, family, school or health, since the adolescent ceases to be a child to enter adult life with increased responsibilities and charging.¹

Still speaking of conflict and crises of this generation, social pressure and the search for identity give rise to ambiguity, as well as a common problem to adolescents: dealing with bodily changes and internal conflicts in sexuality. Sex is somehow a natural function that exists from birth and varies in intensity according to the life cycle. However, sexuality represents a human, complex and diverse characteristic of the different forms of individual and social manifestation for each human being. Sexuality is an important element in the analysis of adolescent dynamics. The physical changes that characterize the phase include hormonal changes and trigger states of excitement considered as uncontrollable, resulting in the intensification of masturbation activity. In this phase, there is also the consolidation of the type of sexual attraction experienced by the individual.

Moreover, experiencing adolescence is a period of transition, a different experience for each being in which to expand sociability is to have behavior accepted by groups with preponderant factors. According to the Statute of the Child and Adolescent (ECA), a person who is between 12 and 18 years old is considered an adolescent, chronologically. In recent years, there have been important changes in the reproductive profile of Brazilian women in general, particularly adolescents. The trend of rejuvenation was reversed, that is, a higher concentration of fertility levels at younger ages was observed between 1991 and 2000. The 15-19 and 20-24 age groups that concentrated 18.8% and 29.3% of total fertility in 2000, respectively, now concentrate 17.7% and 27.0% in 2010.²

This change does not alter the status of gestation in adolescence as an important issue

for public policies in general and health in particular. In fact, there is an association of gestation in adolescence with greater poverty and lower levels of education, corroborating data from the 2006 National Survey on Demography and Health (PNDS) for Children and Women.

The PNDS is a cross-sectional population study on sexual, contraceptive and reproductive behavior involving 2991 women aged 15 to 20 years old. It is a household survey by complex probabilistic sampling with national representativeness, considering that the girls were classified into three groups: those who started their sexual life and became pregnant before 20 (Group A); those who started sexual life and did not get pregnant before 20 years old (Group B); and those who did not initiate sex life (Group C). The young women of group (A), black, poor, with less education, had the first sexual intercourse earlier, unprotected contraceptive behavior and less knowledge in the physiology of reproduction in relation to group (B); group C was characterized by higher school attendance and preservation of virginity for marriage, 1/3 of this group, meaning an association between pregnancy before 20 years old with greater poverty and lower education. In the absence of better living conditions and opportunities, pregnancy is a "project of life," although not foreseen not its mere absence.³

Adolescent pregnancy is also seen from the angle of the prejudices analyzed in four dimensions: biomedical plan, allocating teenage pregnancy as a health problem; pathological plan, showing risk and favoring the idea that childbirth in adolescents is surgical; social plan, showing that the adolescents do not have the socioeconomic conditions to support the child; and in the conception of gender, where the adolescent partner does not commit in the gestational process.⁴

Early pregnancy in antiquity was settled in the family setting with hasty marriages or temporary exile in homes of relatives in distant places. Currently, it threatens the future of young people, considering the physical, emotional and social risks attributed to this population. By reaching such a high proportion, it is considered a public health problem, revealing the practice of an unsecured sexuality, risks of human immunodeficiency virus (HIV) infection and other sexually transmitted diseases (STDs).⁵

Attending adolescents in the public health system requires knowledge to verify if the health rights of this population are being

fulfilled. The demand for Primary Care (AB) usually occurs in the face of health problems or specific situations such as pregnancy, STDs, and immunoprevention.⁶ However, the World Health Organization (WHO) recognizes that adolescents face services barriers related to availability, accessibility, acceptability and fairness.⁷

Therefore, adolescent pregnancy is always a problematic situation when it comes accompanied by family and social support, compliance with the guidelines received during prenatal care, support for continuing education, the presence of the partner, responsibility, and care for the baby. It is a time of emotional instability in which the support from the family, friends and partner is essential, and may reduce a quite frequent episode in pregnant women within this age group: depression.⁸

Despite the different ways of analyzing teenage pregnancy, social support is an important component of this time of life. To talk about support and social networks, it is necessary to know how to differentiate them. The concepts are interconnected, but they are different. The social network mentions the structural or institutional dimension linked to an individual, for example neighborhood, religious organizations, and health system. Social support refers to the personal dimension, being members of this network, which are effectively important for families.⁹

It is worth noting that it is not easy to talk about social support in the different ways of living in society since they are not identical. Therefore, great care is needed when moving to another context the ideas and concepts that are valid for a given sociocultural context. The dialogue between theories in different contexts needs to consider how close they are to the places where the research takes place. In the case of social support, it is conscious to problematize it, to verify contradictions, limits, and possibilities.

Based on the above, it is necessary to program social support networks with the purpose of providing meaningful services and people that provide a basis and reinforce strategies to cope with the situations experienced by pregnant adolescents. In this context, the following question arises: Do the pregnant teenage mothers or adolescents have this social support in the sociocultural context in which they are inserted? How is this support provided and by whom?

Therefore, more than a problem to be faced by the health services, gestation in adolescence should be considered as a social and cultural phenomenon involving different

actors. Based on these considerations, it is intended to identify the meaning of motherhood and the social support networks of adolescent mothers according to their insertion in the local community.

METHOD

This is a descriptive and exploratory study with a qualitative approach, developed at a Family Health Unit (ESF) located in the eastern zone of the city of Patos/PB, Brazil, with 13 adolescent mothers, from October 2012 to March 2013, contemplating the morning time (7 am to 11 am). The inclusion criteria were to be an adolescent mother (10 to 19 years old) and to accept to participate in the study after clarification regarding the research. The exclusion criteria were not being able to respond to the interview (drug users with mental disorders) or refusing to participate in the study.

The instrument for the data collection was the semistructured interview, containing questions previously elaborated for the adolescent mothers who contemplated the objective proposed with ethnographic observation technique. The option to use this technique is justified by allowing the interviewee to discuss the subject in question without being confined solely to the question asked.¹⁰

This stage of the research sought to know the operation of the service for the care of adolescents during the prenatal and puerperium. The ethnographic interview aims at the projects that the researchers establish their relationship and respect with the interviewees so that there is a flow of an exchange of views. Both time and frequency and the quality of the relationship distinguish an ethnographic interview.¹¹

The study complied with the determinations recommended by Resolution 466/12 of the National Health Council (CNS), which regulates research involving human beings, and it was approved by the Research Ethics Committee of the Civil Service of the State of São Paulo (SECONCI/SP), CAAE nº 07669912.2.0000.0089 and Opinion nº 108.904.

The interviews were recorded and transcribed in the literal form of colloquial speech to increase the approximation of the cultural universe of these young women. The data were collected from the transcribed interviews, being later analyzed qualitatively and presented in thematic categories. The main verb of qualitative analysis is to understand. Thus, it is necessary to put

ourselves in the place of the other, considering the singularity of the individual.¹² After interpretation, the data were presented for the purpose of systematizing the reports provided by the interviewees, field observation and literal quotations in the discussion section. The names were changed by codenames to facilitate the interpretation of the data and to maintain the anonymity of the interviewees. The interpretation must go beyond the interviewees and surprise them, since when addressing their testimonies, they were not aware of everything that could be understood from their talk about time, their contemporaries and the society where they live, obtaining the following categories: **Life before pregnancy/contraception; Feelings when discovering pregnancy; Discovery of pregnancy and family; Social support; And Life today and plans.**

RESULTS AND DISCUSSION

The age range of the 13 adolescent mothers was between 13 and 19 years. They had incomplete elementary school, three studying at the time, and they came from single-parent families with a family income around a minimum wage. Sexual activity at age 14 was observed, with one teenager living with her parents waiting for her boyfriend to get a job so they could live together. Two were living with their mothers, both single and with two children of different companions. Nine lived in small rented houses with the partner, and one worked as a waste picker.

The main factors associated with the occurrence of pregnancy in adolescence are related to early sexual initiation, low socioeconomic and cultural conditions, poor school performance, few opportunities for progress and family history of teenage pregnancy. This scenario shapes the national and international literature of scholars on the subject.^{3,13-4}

♦ Life before pregnancy/contraception

When we questioned the interviewees about life before becoming pregnant, the reports differed, observing that while some did not accept pregnancy, others already had plans for a planned pregnancy and presented their experiences in different social and family contexts in different ways.

Ah, I worked there in aluminum (aluminum factory) [...] I only worked, I stopped studying in the eighth grade, I did not finish or finish eighth [...] I had fun, I went to the party [Sic], worked, had my money [...] I did not want to have a child. (Raquel, 19 years old)

Ah! It was only a walk, just an adventure ... I was studying in a school here in the neighboring district [...] Ah, I went to the bath [sic], every corner I went [...] But I always wanted to have a child, huh? The others had my friend, and I wanted to have them too. There is a lot of younger girl out there who has a son; that is silly. (Ana, 18 years old)

It was too difficult, I did not live in the house, I lived alone in the middle of the street, it was a struggle to study, I never liked to study, I lived in the street, I ran away from home, from school ... to stay in school was sacrifice, I did not like it. (Naomi, 17 years old)

There are different school insertions among the young women: some continued to study (only three) even after pregnancy, others stopped studying, and there were also those who did not study even before becoming pregnant. Others worked and stopped working; one lived in the street.

In adolescence, there is an abandonment of children's thoughts in search of new ideals in the environment in which they coexist and choose social and affective ties. In this phase, the peer group exerts great influence imposing norms and rules in the form of models, behaviors, customs, laws and diverse practices. Adolescents are susceptible to the influences of these groups. However, according to the social environment in which they live, their attitudes about sex may differ. The influence of the peer group is observed, for example, the interviewee of Ana, 18 years old, reporting that her friends had children and she also had a desire to be a mother.¹⁵

When asked about contraceptive use, most said they did not use it regularly. Among those who used it, the pill and the condom were highlighted. Also, they reported never having used before the first gestation, although they had knowledge of such methods. In other words, most interviewees only started using contraceptive methods after the first gestation.

I never used anything, but I knew it. My husband's cousin advised my sister and me, she talked to me a lot. (Madalena, 17 years old)

No, I never used it, I knew it, but, I never used it [...] Oh, I learned at school with the teachers [...] At home, we never talked about these things,] There, when I had him [sic] (1st child), I took a pill to avoid it, the doctor who gave it to me. (Sara, 19 years old)

Sexual and reproductive behavior of adolescents appear to be shaped by structural opportunities and cultural norms. The poorer and less educated women presented a lower

percentage of current contraceptive use and, in the first sexual relations, showed a more unprotected behavior than the young women in better social conditions, thus providing pregnancy and STD acquisition.³

Therefore, it is necessary for adolescents to be aware of contraceptive methods and the risks of unprotected sex, which is essential if they are to experience sex in a safe and healthy way, as well as to prevent STDs. The exercise of sexuality for these youngsters leads to conflicts and changes in the future, resulting in school dropout, which interferes with the health of the population.¹⁶ These considerations were in line with this research when it was identified that adolescents did not use contraceptive methods habitually, confused, dropped out of school before pregnancy, and did not talk to family members about sexuality, contraception, and pregnancy because they felt embarrassed to talk about those issues.

◆ Feelings when discovering pregnancy

When questioned about what they felt when they discovered the pregnancy, there were differences in the reports, being expressed feelings of joy, fear, and despair. The following statement illustrates the situation:

Ah, I was desperate, crying, that I did not know if he would accept it or not, because we only stayed practically, we only stayed twice, and that was it. Thank God he worked there where I worked, at the factory, he knew me, right? Moreover, it worked [...]. (Raquel, 19 years old)

The adolescents in this study reported that at first they were frightened, they were afraid, but then they were happy with the news of the pregnancy, especially when they started to have family support. Three who became pregnant at 13 years old (Dalila, Ruth, and Noemi) said they did not know what to do because of lack of knowledge and dialogue about sexuality and contraception with their family members. Therefore, it should be noted that these statements were after the birth of the children.

In this sense, research shows that the discovery of pregnancy is seen with multiple feelings. A qualitative study of 12 pregnant adolescents in the municipality of Jucás, Ceará between February and March 2005, in a health unit, with the objective of investigating the conflicts experienced by the adolescents with the discovery of the pregnancy, showed feelings of suffering, despair, and even the will to suicide, for fear of sharing their discovery with the family or their partners.¹⁷ Another study with a

qualitative approach carried out in Bogotá, Colombia, with a group of 22 adolescents, revealed negative feelings. Pregnancy is seen as a traumatic event, with feelings of displeasure related to anxiety, fear, sadness, uncertainty, loneliness, instability and frustration; negative thoughts about how to get pregnant; reactions of people with affective significance and also the idea of abortion.¹⁸ The current study shows divergent results about those mentioned above, noting that this is not a homogeneous situation, since, depending on the social, economic and affective context feelings can vary, including social support.

Also, a qualitative study with ten young people living in communities located in neighborhoods of the North Zone of Rio de Janeiro and its neighborhoods presented similar results to this study, considering that none of the interviewees reported an emotional picture of greater severity. Insecurities and anxieties were demonstrated by mothers experiencing the first time of pregnancy. The adolescents did not feel depressed, extremely anxious or unhappy with motherhood. Although not all had consciously chosen to have a child at that time, they considered able to care for the baby. Also, the constitution of a new family nucleus and the remembrance of already existing ties around the care of the child provided an experience of shelter and security.¹⁹

It is observed that in certain situations, teenage motherhood reveals negative feelings, especially when discovering that being pregnant since the uncertainty about the support of the family and the partner generates these feelings. On the other hand, since pregnant adolescents are supported, these feelings are reported positively, and pregnancy is seen and accepted in a more natural way, as can be observed in the interviewee's speech:

At the moment, I was scared because I was still living with my mother, I was afraid of her reaction, but, thank God, she was and still is my hands and my feet, what can help me, she helps me, I had all her support, thank God. (Marta, 18 years old)

It is noticed that the family and social support to the adolescent mothers makes all the difference in their experience during the gestation and after the birth of the child.

◆ Discovery of pregnancy and family

Most participants lived with their parents (or at least one of them) at the time of pregnancy confirmation. In this way, it was necessary to communicate the new condition. Despite the initial disappointment by some

parents, most accepted and supported the gestation of their daughters, as the following lines show:

It was difficult, my parents went crazy, I new, very young, pregnant, my father rebelled a lot, the youngest, very fast, but later they overcame, I did everything for me to live with my boy's father, they thought a lot about the study [Sic], afraid of stopping, right? [...]. (Sara, 19 years old)

At first, my mother was angry, but then it passed, she did not want it. Oh, at first she got angry, even hit me. From the first one, but from the second, my mother gave me medicine to abort, but I did not take her at all [...] because she did not want me to have another boy. Today she keeps fighting with me, saying things, but I do not even care. She hits me. Because she does not want me to have contact with the younger's father, either he seeing the boy. He is bad, but he is the father, right? (Ana, 18 years old, 2 children)

According to the interviewees' statements, the reaction of the parents at first was marked by feelings of sadness, difficult agreement, but with the passage of time, there was acceptance of the family, the mother was easier than the partner. The reaction of these parents is justified because, with the gestation of the daughters, they discover the sexual life of these girls and subjects related to them, something that is still reprimanded, this happens because there are cultural marks that cross generations, especially when it refers to female sexuality.²⁰

A study with relatives of adolescent pregnant women in a municipality in the interior of São Paulo showed that they understood pregnancy in adolescence as a family and social event, expected or not, which should be assumed and experienced by the young woman with support and each with responsibilities. In this context, the experience of teenage pregnancy, despite having contradictory meanings and experiences can contribute to the overall development of both adolescents and their families.²¹

A qualitative explanatory research, developed at an ESF in the city of Cuiabá/MS, with 12 pregnant adolescents from April to September 2014, aimed to understand the construction of a network of social feelings about gestation and self-care in the experience expressed in speeches with adolescents living in adverse social conditions. The researchers identified that the family was the main reference for the users to make themselves understood what they thought they did not know or what they said they

thought they would know to care for their child. The mother, grandmother or godmother who represented the family community were people who visited these young women as a reference for their choice even before pregnancy.²² Based on this, this study corroborates with the current thematic about adolescents about the discovery of pregnancy by relatives.

It is worth emphasizing a fact that is in opposition to the one described up to the moment of this discussion in the speech of Ana, with 18 years old and two children. The girl reported being beaten by her mother even during her pregnancy; also, her mother forced her to abort the second child without success in the attempt. When we talked informally with the Community Health Agent (ACS) accompanying the family, he reported that the teenager's mother did not have a permanent job, she used to work sometimes (housework) to support her daughter and grandchildren. They killed their son involved with drugs for less than a year, and the teenager is very laborious, disobedient, also emphasizes that the father of the second son is always involved with drugs. Thus, there is a certain lack of structure within the family.

♦ Social support

Social support works in groups or individually (family, friends or neighbors), in certain moments of life, subjectivity and individuality, which will depend on how each interprets them. In this study, this support was offered to adolescents mainly by family members, as can be observed in the following statements:

Ah, a lot of people, my mother, my aunt [sic], my grandmother, my ex-mother-in-law, my sister-in-law [sic], my godmother (my father's aunt), only who did not help me with her was her father, I did not call and still beat me, did not let me study ... The people of the Tutelary Council and Health Center, when I lived there in Rio de Janeiro, I had many visits at my house, I was oriented, I was careful not to get pregnant again. When I came here for Patos, my mother inscribed her [sic] in CRAS, I went there, and I liked it, it was very good to go there. (Delilah, 18 years old)

Who helps me is my husband, but there is my sister who goes to get him in the daycare, and there is the woman that I paid her to stay with him while I go to work (dump) [...] No one else helps me. (Naomi, 17 years old)

It is observed that the support received by the interviewees was basically from family members, especially from their mothers. For those who cohabited with their partners, they

also appear as a strong support for these young women. It was observed that the school also supported the adolescents who were studying, enforcing the right to redo the activities after childbirth and even staying with the child, while the adolescent attended the class, as reported by 18-year-old Delilah. In the speech of this girl, it was also cited the support of the Tutelary Council and the Health Unit of Rio de Janeiro, following their visits at home with guidelines to avoid a new pregnancy, since the teenager was only 13 years old and her parents did not live in that city. The support of the CRAS (Social Assistance Referral Center) of the municipality of Patos/PB, which provided recreationally and follow-up activities for this young woman, was also mentioned.

Corroborating this study, a survey shows the mother as the main provider of social support, regardless of whether the daughter accepts her pregnancy or whether she cohabits with the partner. She portrays that the constitution of a family network is a mainstay in the individual project of the adolescent since it supports the burden of daily life that presents a trajectory with social, cultural and gender inequalities.²³ This support promoted by family support is observed in the satisfaction of one of the interviewees in her speech:

I got support from my sister, my mother who went there to take care of me, spent more than a month. Helping me [sic] with things from home, with him. I did not need financial help, my husband never stop helping in the house, he is very good; he was the one who was the most careful, he did not let me take the weight, he made a fair time to eat, he was always attentive to me, and he is still. My niece who lives there and my husband's cousin, they help me a lot [...] nobody else helped me. (Madalena, 17 years old)

Regarding the social support provided by the health services, there are gaps in what constitutes the support networks of these adolescents, as well as the family in the production of care in collective and interactive spaces on the role of health teams in the promotion of opportunities for the adolescent pregnant women expressing their doubts and difficulties with a participatory methodology that allows the user to know this action as support placed at the disposal and inserted in their social network.

The assistance offered by the USF to adolescents is very restricted, as can be observed in the following speech: They should talk more with the person, because who does the prenatal here, here comes, listen, just ask

if you are feeling something and ready [...] No [sic], a group of pregnant women, there is no such thing here. (Eva, 16 years old)

The follow-up of prenatal consultations occurred assiduously by all participants in both studies, but the Health Services and School were seldom indicated as “counselors,” suggesting that these institutions are not fulfilling their social role to the satisfaction of the questions of this nature.

♦ Life today and plans

Only three teenagers were studying at the time of the research. Despite this fact, they reveal that the promising future depends on the studies and express in their speeches the plans to take them back, in addition to the desire for financial independence.

Nothing has changed! It is the same way my life is. Because I was going to school, and my mother was with him, just give it to me now that I am not going to school now, but I am going to start going again [...] I think of finding someone to help me. Because I left their father, I do not live with anyone. I think of working on anything, except making food, a taste for cooking [...] No [sic], I do not regret it at all. I think this is normal; there are many that have two, three very new ones [sic]. This is normal. (Ana, 18 years old)

Oh, I think it is good to be a mother! I have my little house, I have my little thing [sic], he (my partner) treats me well, in a creek I miss him, I like him very much, I think it is good to be a mother, to have my place? Moreover, now I have my place. I can have you do what I want. For you to see, one hour of this [sic], I woke up a short time ago (it was almost ten o'clock in the morning). Moreover, that is good, right? [...] I want to go back to school, but I am only going to come back when this one has been walking, I have more [sic] because I want to do something of my life because, in the house, I am not going to any place, right? [...] I want to work, to earn my money to take care of them, to help my husband [...]. (Raquel, 19 years old)

In this sense, a research developed by a group of young people of popular strata in the municipality of Belém, Pará, aimed at understanding the cultural meanings of the event, corroborating with this study noting that it does not imply for girls the rupture or abandonment of projects of life. However, pregnancy/maternity is valued for manifesting both changes in social status and the affirmation of projects of social mobility for the future of these young women, justifying the continuity of studies in the face of the difficulties that the situation imposes. It also showed how research for the project of social

mobility is important, taking a prominent place and being present in the speech of the people of the family. In the interview period, while the researcher listened to a teenager's report, her sister said, "You have to study! Not to follow our parents' example."²⁴ In this study, listening to the girl's report, certain mothers were present at the time, and it was observed that they encouraged teenagers to resume their studies.

FINAL REMARKS

Motherhood is a desired event in the lives of many women, regardless of age. In this study, adolescents do not see pregnancy as a problem and show their positive side as a change in their lives that has brought responsibility, recognition, and maturity. Pregnancy is understood as a desirable event that gives teenage mothers greater purposes in their lives. When a pregnancy has acceptance, social support from family, companions, friends and institutions contribute to the constitution of the new role of the adolescent as woman and mother.

It was observed in the reports that, despite most of the pregnancies were not planned, none were considered undesirable. Despite the surprise of the fact, some already had the desire to become mothers and had decided not to use contraceptive methods. Others, because of their inexperience, thought they would not get pregnant and did not use it regularly or had never done so. However, they all mentioned knowing about contraceptive methods, although they did not talk to their parents and/or older relatives about sexuality, reproduction, and contraception.

Although the parents did not accept the pregnancy of the adolescent at first, feeling betrayed and disappointed, later the fact was accepted and supported by the family. The mother, in addition to offering support primarily, was the intermediary for the reception of the adolescent pregnant by the rest of the relatives. It was also noted the important role of the companion in the support offered to those who had it. The support offered to adolescents in the pregnancy-puerperal cycle was provided by relatives. Institutions, entities, schools and USF were little mentioned.

It was observed that most of the girls interviewed no longer studied at the time of the interview, but recognized the importance of the studies for their personal and professional growth. They also demonstrated the desire for financial independence, since all lived at the expense of parents or partners. They reported that studies resume

as a plan to achieve financial independence, as well as provide a better quality of life for the children and help the companion in household expenses.

Adolescent motherhood did not indicate the absence of educational training projects or the desire to achieve professional growth, but it was observed the need to build a network of family and social support, as well as actions and public policies aimed at the assistance of adolescents in the three levels of health care, despite the satisfaction declared by the study participants in relation to the services provided by both the USF and maternity.

The need for young mothers to enter the labor market and the creation of support services such as daycare centers for adolescents to leave their children while working and/or studying was another point detected. Also, there was a lack of greater participation of the schools, not only in the orientation on teenage pregnancy but also in the incentive to the return of the studies by the adolescent mothers.

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