Child care given by adolescent mothers.

ABSTRACT

Objective: to characterize child care in the context of teenage motherhood. Method: this is a bibliographical study, type integrative, with searches of articles published in scientific journals from 2012 to 2016, indexed in the LILACS and MEDLINE databases and in the SciELO virtual library. The results were presented in the form of figures. Results: 19 articles were selected with the analysis that grouped the results in the thematic units Transition of roles in society; the bond and the care with the child and Network of support to the adolescent mother. It is pointed out, through the results, that teenage motherhood presents situations that are manifested in the intense transition of roles that the adolescent experiences intrinsically linked to the process of caring for oneself and the child and to the development of the mother-child bond. Conclusion: it is understood that the support network has repercussions in facing this context and in the quality of life and maternal and child health. Descriptors: Adolescent; Pregnancy in Adolescence; Child Care; Child Health; Adolescent Health; Maternal-child Nursing.

RESUMO

Objetivo: caracterizar o cuidado da criança no contexto da maternidade na adolescência. Método: trata-se de estudo bibliográfico, tipo revisão integrativa, com buscas de artigos publicados em periódicos científicos de 2012 a 2016, indexados nas bases de dados LILACS e MEDLINE e na biblioteca virtual SciELO. Apresentaram-se os resultados em forma de figuras. Resultados: selecionaram-se 19 artigos com a análise que agrupou os resultados nas unidades temáticas Transição de papéis na sociedade; O vínculo e os cuidados com a criança e Rede de apoio à mãe adolescente. Aponta-se, pelos resultados, que a maternidade na adolescência apresenta situações que se manifestam na intensa transição de papéis que a adolescente vivencia intrinsecamente ligadas ao processo de cuidar de si e da criança e ao desenvolvimento do vínculo mãe-filho. Conclusão: entende-se que a rede de apoio repercute no enfrentamento desse contexto e na qualidade de vida e saúde materno-infantil. Descritores: Adolescente; Gravidez na Adolescência; Cuidado da Criança; Saúde da Criança; Saúde do Adolescente; Enfermagem Materno-Infantil.

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Andrade RD, Hilário JSM, Santos JS, Maia MAC, et al.  

**INTRODUCTION**

It should be emphasized that teenage motherhood may constitute a moment of child vulnerability, considering that teenage pregnancy continues to be considered an important public health problem.\(^1\)

It is known that at a young age, coupled with low schooling and reduced maternal knowledge, is an aspect that can influence the health and illness of children, limiting the care and the search for necessary resources.\(^2\) The study identified the experiences of adolescent mothers after the birth of the child, highlighting difficulties such as insecurity, lack of financial and emotional support, and mothers' doubts regarding the differences between professional care and care based on beliefs.\(^3\)

It was concluded, in another study with mothers from six Brazilian states, that maternal care is a multidetermined phenomenon\(^4\), being that the knowledge and care practices of mothers are influenced by the education, economic conditions and culture of the family, community and society. They are experienced by mothers,\(^1\) changes in the psychological aspect, and it is necessary to create coping mechanisms and adaptation to the new condition.

It is understood that in this context, an important skill is the ability to respond to the challenges that reality imposes and the network of attention can strengthen it.\(^5\) It is explained that life skills consist of actions and reactions to meet everyday demands, including actions for protection and health promotion, aimed at self-care, and child dependence is subject to the ability of third parties, in general, to mother and family.\(^2\)

In this sense, it is planned to establish networks of integral protection for children and adolescents in the Statute of the Child and Adolescent, which provides for the defense of the human rights of this group, among them, the right to health, in its broad conception, dealing with co-responsibility between family, society and State, including here the Executive, Legislative and Judicial Powers, with the fundamental participation of the Public Prosecution Service.\(^6\)

It should be noted that the health and well-being of children are closely linked to the health and education of their mothers, and important research is based on approaches focused on the opportunities for care, education and empowerment\(^7\) of adolescent mothers.

It is added that the complexity of the phenomena experienced in the context of motherhood in adolescence involves vulnerabilities that bring maternal-child repercussions, making it relevant to understand this process in the contemporaneity.

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**OBJECTIVE**

- To characterize child care in the context of teenage motherhood.

**METHOD**

This is a bibliographical study, an integrative review, for the identification of productions about child care by adolescent mothers between 2012 and 2016. The literature review was adopted, since it is pointed out as an essential tool in the field health, since it condenses available research on a given theme and directs practice based on scientific knowledge.\(^8\)

In the integrative literature review, six steps are taken: 1) elaboration of the guiding question; 2) search or sampling in the literature; 3) data collection; 4) critical analysis of included studies; 5) discussion of results; 6) presentation of the integrative review.\(^8\)

The following guiding question was determined: "What is the scientific knowledge produced regarding child care in the context of teenage motherhood?".

A search was carried out in the SCIELO virtual library and the LILACS and MEDLINE databases, from November 2016 to January 2017, using the following keywords: mothers; adolescents; kid. In the MEDLINE, mother, adolescent, child, care (Figure 1).
The following inclusion criteria were established: scientific papers published in the period from 2012 to 2016, made available in full, written in the Portuguese, English and Spanish languages, and that answered the study's guiding question. The publications that did not meet previously established inclusion criteria were excluded.

It is reported that in the SciELO, 62 publications emerged and, after the application of the inclusion criteria, five scientific articles were selected. In the search carried out at LILACS, we used filters, full text and scientific articles as of 2012, and 141 articles were published, of which 131 were excluded because they did not meet the inclusion criteria and four because they were already selected in SciELO, resulting in six articles selected and 135 discarded. The following filters were activated in MEDLINE: Journal Article, Free full text, Publication date from 2012/01/01 to 2016/12/31, Humans, English, Portuguese, Spanish e 701 articles emerged, eight being selected and 693 that did not meet the inclusion criteria excluded.

From the material obtained, 904 articles were taken, with a detailed reading of each abstract / article, highlighting those that answered the objective proposed by this study in order to organize and tabulate the data. For the organization and tabulation of the data, a data collection route was followed: year of publication, periodical, source, article title, country, objectives and method used. We selected, following the inclusion criteria, 19 articles for the analysis, which are referenced in this text.

RESULTS

The selected studies for this integrative review are shown in Figure 2. The articles were categorized according to the method of study, distributed as follows: 11 qualitative studies; four cross-sectional studies; a study of psychoanalytic listening; a retrospective cohort study and a randomized control trial. It was verified that 12 articles were published in national journals and 7 in foreign journals. The concepts discussed in the 19 selected articles were extracted. The work was compared and grouped by content similarity, in the form of thematic units, being: Transition of roles in society 12, 15, 18, 21, 23, 26-27, Bonding and caring for the child 9-10, 12-13, 16-18, 21, 25 and Teen Mother Support Network 11-15, 17-20, 23-24.
<table>
<thead>
<tr>
<th>Year</th>
<th>Source Journal</th>
<th>Country</th>
<th>Objective</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Weekly</td>
<td>United States</td>
<td>To examine the associations between maternity care in line with the Baby-Friendly Hospital Initiative and the results of breastfeeding among adolescent mothers aged 12 to 19.</td>
<td>Qualitative analysis</td>
</tr>
<tr>
<td>2015</td>
<td>BMC Public Health Care</td>
<td>England</td>
<td>It aimed to understand the main barriers to feeding and optimal care of infants and young children perceived by adolescents and young women in rural Bangladesh.</td>
<td>Qualitative approach - thematic analysis</td>
</tr>
<tr>
<td>2015</td>
<td>Pediatrics</td>
<td>United States</td>
<td>The objectives were to evaluate the developmental and behavioral outcomes of extremely low birth weight (ELBW) infants of adolescent mothers &lt;20 as compared to adult mothers ≥20 years and to identify socioeconomic risk factors that affect outcomes.</td>
<td>Retrospective cohort analysis - regression models - Bayley-III score</td>
</tr>
<tr>
<td>2015</td>
<td>Gaúcha Journal of Colect Health Care</td>
<td>Brazil</td>
<td>Understand the meaning of child care for the younger adolescent mother, unveil the demands for care and build a Theoretical Model on this experience.</td>
<td>Qualitative Research - Symbolic Interactionism as theoretical reference and Data Based Theory, as methodological. Cross-sectional study</td>
</tr>
<tr>
<td>2015</td>
<td>Min J Nurs</td>
<td>Brazil</td>
<td>To analyze the factors associated with exclusive breastfeeding among adolescent mothers up to the third month postpartum in Teresina, capital of the State of Piauí.</td>
<td>Exploratory-qualitative study</td>
</tr>
<tr>
<td>2015</td>
<td>USP Scho J Nurs</td>
<td>Brazil</td>
<td>Analyzing child health care and advocacy from the perspective of adolescent mothers.</td>
<td>Descriptive-qualitative</td>
</tr>
<tr>
<td>2015</td>
<td>Min J Nurs</td>
<td>Brazil</td>
<td>The objective was to know the role of grandparents in the process of caring for children of adolescent mothers.</td>
<td>Study protocol for a randomized control trial</td>
</tr>
<tr>
<td>2014</td>
<td>Bras J Nurs</td>
<td>Brazil</td>
<td>To compare the effect of a social media intervention for low-income adolescents, first-time mothers of children, two months of age or younger, versus standard care in infant weight, maternal responsiveness and eating style and practices.</td>
<td>Descriptive, exploratory and qualitative study</td>
</tr>
<tr>
<td>2014</td>
<td>Psych Study</td>
<td>Brazil</td>
<td>To analyze the social representations of the feeding practices of the child in the first year of life from the perspective of adolescent mothers.</td>
<td>Listening psychoanalytically as a reference to the theory of Donald W. Winnicott</td>
</tr>
<tr>
<td>2013</td>
<td>Phisio Resea</td>
<td>Brazil</td>
<td>To evaluate the motor development and environmental opportunities of infants of adolescent mothers.</td>
<td>Descriptive and cross-sectional</td>
</tr>
<tr>
<td>2013</td>
<td>Nuns Inq</td>
<td>United States</td>
<td>To determine the feasibility of a home visiting intervention, entitled Listening with Care (LWC), to cultivate responsive relationships between public health nurses (PHNs) and adolescent mothers.</td>
<td>Qualitative analysis - narrative methods</td>
</tr>
<tr>
<td>2013</td>
<td>Psych Study</td>
<td>Brazil</td>
<td>To evaluate the effectiveness of an intervention program, carried out with adolescent mothers and adult mothers, by comparing maternal educational practices in the pre-intervention and post-intervention moments.</td>
<td>Qualitative</td>
</tr>
<tr>
<td>2013</td>
<td>Acta Paul Nurs</td>
<td>Brazil</td>
<td>To evaluate the quality of life index of adolescents after maternity and the influence of sociodemographic, obstetric and neonatal variables.</td>
<td>Descriptive and cross-sectional</td>
</tr>
<tr>
<td>2012</td>
<td>Scien Health Care</td>
<td>Brazil</td>
<td>To evaluate the quality of life index of adolescents after maternity and the influence of sociodemographic, obstetric and neonatal variables.</td>
<td>Qualitative approach</td>
</tr>
<tr>
<td>2012</td>
<td>Am J Public</td>
<td>United States</td>
<td>To describe a medical home model for adolescent mothers and their children and their families.</td>
<td>Prospective cohort demonstration project</td>
</tr>
<tr>
<td>No.</td>
<td>Year</td>
<td>Journal/Source</td>
<td>Country</td>
<td>Study Description</td>
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</tr>
<tr>
<td>17</td>
<td>2012</td>
<td>Health Aletheia</td>
<td>Brazil</td>
<td>To verify the prevalence and the factors associated to the difficulty in the care of the baby from zero to ten months of adolescent mothers, from 14 to 16 years, who had children in the year 2009 in Porto Alegre.</td>
</tr>
<tr>
<td>18</td>
<td>2012</td>
<td>Psych Journal</td>
<td>Brazil</td>
<td>To investigate the representations of adolescent mothers about their mothers, highlighting the intergenerational aspects present in the mother-child relationship.</td>
</tr>
<tr>
<td>19</td>
<td>2012</td>
<td>Rev salud pública</td>
<td>Colombia</td>
<td>Characterize the social representations of motherhood and pregnancy in adolescence who are participating in their first pregnancy and adolescents with more than one pregnancy.</td>
</tr>
</tbody>
</table>

Figure 2. Distribution of selected studies according to year, title, periodical, source, country, objectives and method. 2017
**Transition of roles in society**

It is understood that adolescence is a complex period of changes in which there is the restructuring of body image, ambivalence and instability regarding feelings and emotions.\(^{18}\)

It is believed that the occurrence of a gestation at this stage represents a transition in the life cycle in which the adolescent, who played the role of daughter, also assumed the position of mother\(^{19}\). Thus, by the pregnancy, the triggering of changes in the process of living, in need of adjustment.\(^{15}\) In the face of the discovery of gestation, adolescents may be related to fear and doubt about how the family will react to this event.\(^{22}\) Also, due to the demands of motherhood, changes in family life.\(^{21}\)

The motherhood is experienced in the phase of adolescence in a way different from the adult phase.\(^{21}\) Pregnancy and motherhood can be represented in adolescence as an event that results in the postponement of studies and the family’s economic and emotional dependence;\(^{27}\) however, they may also have positive representations as a possibility of belonging, of establishing a social function and of experiencing affections.\(^{18}\)

It is considered that the adolescent mother needs support to assume the maternal role.\(^{18}\) An important role is played by the family through the support, guidance and encouragement of the adolescent mother in the care of the child.\(^{23}\) It is also recognized that intergenerational aspects may influence the relationship between the adolescent mother and the baby.\(^{26}\)

It is observed that some adolescents undergo transformations in their way of being\(^{22}\) and change of focus in life.\(^{22}\) It is pointed out, in study, that the interaction with the child triggers positive feelings in the adolescent mother.\(^{12}\) The child tends to assume a central position, and the teenager values the child, pointing him as the best aspect of life\(^{22}\), his reason for living.\(^{12}\)

**Bonding and caring for the child**

The adolescent mother is challenged through the perception of the baby's behavior and needs, and maternal sensitivity is a component that plays a central role in the mother-baby relationship and in the child's emotional and social development.\(^{25}\)

The mother influences positively by the bonding of affection with the child.\(^{18}\) It is important for the adolescent mother to recognize that play functions as a significant resource for child care, as it strengthens the mother-child interaction.\(^{12}\)

It is inferred that the performance of child care is a unique experience for the adolescent mother.\(^{12}\) It was found, in a study,\(^{25}\) that in the perception of adolescent mothers, the main factors related to the difficulties in baby care were the sex and the age of the child, the amount of crying and colic, and the baby's difficulties regarding feeding and sleep.

It should be pointed out that the adolescent mother has a particular vulnerability to reducing breastfeeding rates, regarding aspects related to infant feeding, with emphasis on the maternal and infant health benefits from breastfeeding;\(^{29}\) thus, for the experience of breastfeeding, the adolescent needs support.\(^{13}\)

It is suggested, through the results of a study,\(^{17}\) that the protective nature of breast milk diseases can positively influence breastfeeding practice. It is important to note, however, that the discomfort caused by breastfeeding, referred to by adolescents.

A study\(^{13}\) indicates that adolescents who returned to school were more likely to interrupt exclusive breastfeeding (EBF) in the third month postpartum, being an important factor related to early weaning.

The critical period is the transition period of the child's diet, since it is at that moment that the eating habits are established.\(^{17}\) The adolescent mother is required to stimulate the child to perceive the food, besides having availability and patience.\(^{17}\)

The first years of the child's life are constituted at a favorable time for the development of preventive interventions.\(^{21}\) Health education related to the promotion of healthy eating habits in childhood, also in the context of teenage motherhood is emphasized.\(^{17}\) The study\(^{10}\) indicates the need for educational actions related to the feeding of infants and young children, and social media can be used to support adolescent mothers in infant feeding.\(^{16}\)

It is revealed that the difficulties presented by adolescent mothers may also be related to the overload of activities, since, in addition to direct care with the child, they often have to fulfill the school and household tasks.\(^{12}\)

It is believed that, faced with the difficulties encountered, the adolescent mother mobilizes resources to be able to carry out the care with the child.\(^{12}\) It should be pointed out here that overcoming difficulties points to strengthening the expansion of the concept of child care.\(^{25}\)

**Support network for the adolescent mother**

It is recalled that teenage motherhood involves the need to support and reconcile different moments and demands.\(^{18}\) It is necessary to understand the adolescent needs with its new social role, the maternal role, considering its adaptation, anxieties and fears.\(^{23}\)

In view of these issues, the family emerges as an important source of support\(^{21}\) which contributes to reducing the difficulties encountered in daily life\(^{15}\) and confidence in the performance of child care...
care. It is also possible for the adolescent, through negotiation with the family network, financial support and support to resume school activities.

It is noted, at this juncture, that the figure of the child’s grandmother appears as significant. However, it is noted that in some situations, adolescent mothers may refer to the loss of mastery over the maternal role, because the grandparents take over the role of mother and make decisions without consulting them, which can have negative repercussions for both the mother-infant bond and child development. It reinforces the understanding that adequate support ensures that adolescents remain as protagonists in caring for their child.

In one study, when grandparents encouraged and supported adolescent mothers to take increasing responsibility for child care, they offered positive support. The adolescent mother is thus motivated by the adequate support of the child’s maternal grandmother, providing security and autonomy for the care of the child. It favors, for the appreciation of the family, also, the self-esteem of this adolescent.

Some grandmother orientations are influenced by previous experiences and beliefs. Considering the participation of the grandparents in the care, by the health professionals, especially the nurses, a particular prenatal care with orientations directed to the adolescent and to her mother, with the possibility of discussing the experiences of the grandparents related to care. The recognition of the importance of the family leads to a redefinition of the health professionals’ position with the adolescent mother and her family, with an emphasis on approach, bonding and partnerships for child health care.

Health professionals are an important source of support for the adolescent mother, demystifying and providing guidance, counseling, favoring mother-infant interaction, promoting the involvement of family members and the autonomy of the adolescent mother.

Preference is given to guidelines on infant feeding in the prenatal period. Health professionals should also seek to promote strategies for the adolescent mother to continue breastfeeding the baby, even after her return to school. There is, however, also an emphasis on public policies aimed at promoting healthy eating in childhood and adolescence.

It is pointed out the need for coordinated care and an expanded follow-up in view of the possibility of high social and environmental risks that may occur with premature, extremely low birth weight, adolescent mother.

Integrated care is needed because of the complexity involved in teenage motherhood. It can contribute, through the use of educational methods by nurses, to strengthen responsive relationships with adolescent mothers.

A study is presented, involving the contributions of nurses in the adolescent mother’s care through readiness, listening and support. It is noticed that the nurses also have responsibilities in guaranteeing integral care and in reducing the inequalities and sufferings that can be brought about by the experience of motherhood in adolescence.

It is thus recognized that health professionals working at different points in the care network can have an expanded role, develop actions in defense of children’s health and encourage attitudes of child protection and the empowerment of the adolescent mother.

DISCUSSION

It can be seen, following the complexity of pregnancy in adolescence, that the phase that begins after childbirth brings many vulnerabilities when the adolescents are faced with the exercise of motherhood. Therefore, it is fundamental to understand this process in the contemporaneity in order to establish policies more adequate to the real health needs of adolescents and their children in the context of maternity.

In this context, it is promoted the redesign of the mother as to her identity and her life, taking into account the fact that these, from now on, will be associated with the demands of the child.

It is reflected, in relation to the daily and social life issues, that important changes occur that become especially impacting due to the adolescent age. It is pointed out that, since this is a period of great transformation, the mother needs to develop skills and experiences that make her capable of adapting and meeting maternal and child needs.

Life plans and projects are redefined at this stage as a function of motherhood, for the fantasy of the age tends to give way to reality in an abrupt way that can involve fear, anguish, loneliness and rejection.

A study that highlights the family participation and its importance, at that moment, as a source of support so that the adolescent can give continuity to the own projects of life and take care of the child in all its dimensions. It is revealed that the way the family acts and acts in the face of pregnancy and motherhood is an important factor in the construction of the maternal role, and the participation of the partner also has a differential importance in this stage.

The family is presented as the largest collaborator of adolescents, especially their mothers, who clarify doubts, orient and observe the new mother in this period of adaptation. It is added, however, that as they gain experience,
adolescent mothers seek to gain autonomy in relation to the care of their child.30

In this scenario, the mother-child bond and the autonomy of the adolescent to assume the responsibility of being a mother 32, being that the affection for the children and the construction of a relationship of intimacy between the mother-child binomials are being progressively developed.30

It is seen that care with the child tends to be established under the influence of the socioeconomic-cultural and family environment; however, in order to create a care relationship, it is necessary to have an intentionality and disposition of the caregiver to be and interact with being under care.7

The importance of breastfeeding in this process is highlighted30, and a study indicates that adolescent mothers associate the act of breastfeeding with the protection, bonding, care and health of the child.31 It is pointed out in another study that the adolescent study negatively influences the maintenance of exclusive breastfeeding, while family support is a protective factor, showing the participation of health professionals in breastfeeding assistance, especially when the teen returns to school, including alternatives such as milking, breast milk storage, guidance on the right to breastfeed at school and daycare centers.13

It is evident that the first measure to be stimulated for health promotion and the formation of healthy eating habits is breastfeeding, and the transition from breastfeeding to the introduction of food is a fundamental period in the health and training of children under one year of maternal eating habits.31

Health professionals are an important source of guidance for mothers, but there are often problems in communicating.14 It is perceived that prejudiced positions on the part of the professional tend to distance him from this public, while welcoming professionals attract and achieve better adherence to actions and orientations, and authoritarian professional attitudes, queues of waiting, difficulty in attendance and lack of privacy are difficult factors.32

It is understood that, from a good communication of the professionals, the mothers tend to feel more supported in the health services and safe to look for the care.14 It is an important professional strategy to receive with respect and dignity to welcome and establish the bond with the adolescent.32 With adequate professional support, adolescent mothers have the opportunity to resolve doubts and difficulties regarding self-care and care with the child, which can prevent them from feeling lost, helpless and insecure in the face of new demands for care.1

It is considered that professionals, through listening, welcoming and caring for the adolescent mother and her family, can favor and stimulate the development of own resources by the adolescent and the family nucleus in the care of the child.31 It is believed that building spaces of interaction between adolescents, health professionals, teachers, parents, caregivers and the community can be an important tool to create a social response to the elements of vulnerability to the phenomenon of motherhood in adolescence.29

CONCLUSION

The results of this study show that motherhood in adolescence brings complexities, ambivalences and vulnerabilities manifested in the intense transition of roles that become intrinsically linked to the process of caring for oneself and the child, which presents difficulties and challenges in the construction of identity and in the role of motherhood.

In view of the difficulties and potentialities represented in this context, it is concluded that the adolescent mother support network is relevant, highlighting the family, the child's father and the health professionals, offering support that has repercussions in coping with this process and therefore on quality of life and maternal and child health.

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