

GRANDMOTHERS' INVOLVEMENT IN THE CARE OF CHILDREN OF ADOLESCENT MOTHERS

PARTICIPAÇÃO DE AVÓS NO CUIDADO AOS FILHOS DE MÃES ADOLESCENTES

PARTICIPACIÓN DE LAS ABUELAS EN EL CUIDADO DE LOS NIÑOS DE MADRES ADOLESCENTES

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ABSTRACT

The study objective is to identify the role of grandmother in the care of children of adolescent mothers. It is a descriptive qualitative study carried out in the city of Maringá with adolescent mothers who continued living with their parents after their child's birth, regardless of whether or not they were in a relationship. The study subjects were identified from data of the New-born At Risk Surveillance Programme. Data were collected in April and May 2010, through semi-structured previously scheduled interviews held at home. Out of the 14 teenagers interviewed, one was already a mother. From the interviews, two thematic categories emerged: the support provided by grandmothers in the care of babies of adolescent mothers; and the need of shared care between two generations. Data demonstrated that grandmothers were committed to training the mother for the baby care routine; however, some advice was influenced by popular beliefs and previous experiences. In some cases, the adolescents' lack of confidence led grandmothers to assume the mother's role. We conclude that grandmothers provide positive support in the care of children of adolescent mothers, even when they are influenced by popular beliefs.

Keywords: Adolescent; Mother-child Relations; Child Care; Family Relations.

RESUMO

O objetivo foi conhecer o papel das avós no processo de cuidado a filhos de mães adolescentes. Estudo descritivo de natureza qualitativa, realizado em Maringá-PR com mães adolescentes que continuaram residindo com seus pais após o nascimento do filho, independentemente de terem ou não companheiro. As adolescentes foram identificadas a partir das fichas de crianças incluídas no Programa de Vigilância do Recém-Nascido de Risco. Os dados foram coletados nos meses de abril e maio de 2010, por meio de entrevistas semiestruturadas, previamente agendadas e realizadas no domicílio. Das 14 entrevistadas, apenas uma já era mãe pela segunda vez. A partir dos depoimentos obtidos, emergiram duas categorias temáticas: o suporte oferecido pelas avós no processo de cuidado ao recém-nascido na maternidade adolescente e a necessidade de cuidado compartilhado entre duas gerações. Os dados evidenciaram empenho das avós em preparar a mãe adolescente para o cuidado rotineiro ao filho, todavia, algumas orientações eram influenciadas por crenças e por vivências anteriores. Porém, a insegurança das mães adolescentes em relação aos cuidados ao filho, em alguns casos, permitiu que as avós passassem a assumir o papel de mãe. Conclui-se que as avós oferecem suporte positivo no processo de cuidado a filhos de mães adolescentes, mesmo que este seja influenciado por crenças.

Palavras-chave: Adolescente; Relações Mãe-filho; Cuidado da Criança; Relações Familiares.

RESUMEN

El objetivo del presente estudio fue identificar el papel de las abuelas en el proceso de cuidado de hijos de madres adolescentes. Se trata de un estudio cualitativo descriptivo realizado en Maringá -PR con madres adolescentes que seguían viviendo con sus padres después del nacimiento del niño, independientemente de seguir viviendo o no con el compañero. Las adolescentes fueron identificadas a partir de los registros de los niños incluidos en el Programa de Vigilancia de Riesgo del Recién Nacido. Los datos fueron recogidos en abril y mayo de 2010, a través de entrevistas semi-estructuradas, programadas previamente y realizadas en el hogar. De las 14 entrevistadas, sólo una era madre por segunda vez. A partir de las evidencias, se obtuvieron dos categorías temáticas: apoyo de las abuelas en el proceso de cuidado de bebés en la maternidad adolescente y necesidad de atención compartida entre las dos generaciones. Los datos mostraron el compromiso de las abuelas para enseñarles a las adolescentes a cuidar a sus niños y también que algunas de sus orientaciones estaban influenciadas por creencias y experiencias previas. Sin embargo, en algunos casos, la inseguridad de las madres adolescentes permitió que las abuelas asumiesen el papel de madre. Se llega a la conclusión que las abuelas ofrecen un respaldo positivo en el cuidado de los hijos de madres adolescentes, aunque influyan otras creencias.

Palabras clave: Adolescente; Relaciones Madre-hijo; Cuidado del Niño; Relaciones Familiares.

INTRODUCTION

Adolescence is a stage in human development characterized by physical and emotional changes.¹ This process is currently accompanied by changes in the sociocultural context. There are also changes in the individual's behavioural patterns, e.g. an earlier beginning of sex life, which often results in unwanted pregnancies.²

In addition to the adolescence's specific concerns and insecurities, other conditions influence teenage pregnancy, such as their social context, low education, early pubertal development, inept use of contraceptive methods, insubstantial intimate relationships.^{2,3} This situation indicates that the adolescent needs adequate support and appropriate guidance to learn effective maternal skills.⁴

Although biologically able to reproduce, adolescents may have difficulties to fulfil effectively their duties as mothers due to the mental immaturity inherent to the age. The baby's health may be harmed by child neglect, inexperience and lack of training to recognize early signs of illness, domestic risks or even the lack of financial resources.⁴

Pregnancy triggers the need for the adolescent's adjustment to a different life dimension. It is basically a swift transition in the young person's life. From "go crying to Mother" she now has to be the one giving tender loving care. Becoming an adult still being a teenager overlaps the processes of physical growth and maturity.⁵ The young mother is not financially independent, she needs to continue her education and feels insecure about how to care for a baby. Guidance and support are generally provided by the family, especially the mother.⁶ Sometimes, however, grandmothers' contributions interfere with the care provided by the young mothers. This is particularly true when the teenager is still living with her family because, by their being physically closer, maternal grandmothers tend to assume the role of guardians.^{6,8}

Lack of recent studies on the issue indicates the need for further researches aiming at identifying the family's life experiences within the context of teenage pregnancy and, more specifically, at characterizing grandmothers' involvement in the care of the babies. The present study investigated the role of grandmothers in the care of children of teenage mothers.

METHOD

It is a descriptive qualitative study carried out with mothers of newborns included in the newborn's risk monitoring programme filed in the Epidemiological Surveillance of the Health Department of Maringá, Paraná. This program aims at monitoring newborn babies at risk after hospital discharge. The newborns participating in this study did not present other risk criterion for inclusion in the programme beyond the fact that their mothers were teenagers.

The inclusion of the adolescents in the study observed the following criteria: to be 18 years old or younger and to be living with the parents after the birth of the child, regardless of having a partner. As there was no prior design to the number of subjects the participants were the first adolescent mothers approached by the researchers. The number of study subjects was determined by data saturation and by the reaching of the established objectives.

Data were collected in April and May 2010, through previously scheduled semi-structured interviews performed at the adolescents' home, according to their availability. The interviews were recorded with a MP3 player with the participants' approval and lasted in average 45 minutes. The authors asked the following guiding questions: "How do you care for your child?"; "What does it mean to you to care for your child?" and "Did or do you receive any advice or help from family members to perform such care? Please, tell us about it".

The interviews were fully transcribed and then submitted to thematic content analysis.⁹ Data corpus, established by pre-analysis of initial readings of collected data, enabled interpretations and initial inquiries. The authors then proceeded to reading thoroughly, coding, enumerating, classifying and grouping the research material. Results were interpreted and categorized according to units of interest, shared elements and inferences.⁹ Presentation of results maintained the participants' colloquial register, correcting though some ungrammaticality to ensure a more fluid and enjoyable reading.

The study complies with Resolution 196/96 of the National Health Council and the project was approved by the Permanent Committee on Ethics in Human Research of the State University of Maringá, as per Resolution 160/2010. All participants and their parents signed two copies of the free and informed consent form. In order to preserve the identity of the study subjects, the mothers' narratives are identified by the letter A and a number indicating the order of the interview.

RESULTS

Out of the 14 participants, ten were living with a partner at his parents' home, and at the time of data collection, six of them were 17 years old, four 16, three 18 and one 15 years old; eleven had not completed elementary school and three had dropped out of school when they became pregnant. Only one (17 years old at the time of data collection) was a second time mother. Four adolescents gave birth at 37 weeks, one at 36 weeks; the others between 38 and 40 weeks gestation. Five of them reported cases of adolescent pregnancy in the family: in four instances, their own mother and one's aunt.

Two thematic categories emerged from the recorded testimonies: "Grandmother's support to young mother for new-

born baby care"; and "Shared care between the two generations". These are described below.

GRANDMOTHER'S SUPPORT TO YOUNG MOTHER FOR NEWBORN BABY CARE

Grandmothers were highly committed to instruct the young person about baby care routine: baths, care of baby's umbilical cord stump; encouragement of exclusive breastfeeding.

Mother used to stay nearby, watching if I was bathing the baby correctly, telling me water should not get into his ears [...] she told me how to care for the umbilical stump, that you had to clean it with alcohol (referring to alcohol 70%) [...] (A2)

Mother always said I had to nurse him up 'til he was six months, because I had enough milk to do it. I still do [...] (A6)

Some advice was influenced by popular beliefs and previous experiences and did not always meet the actual child's needs.

[...] "Mother cared for the umbilical stump. She swaddled it. I didn't even know I had to do that, others said we couldn't [...] But as she cried a lot, it also swelled and I got scared, then swaddled her. I used castor oil as well (A5).

She [the teenager's mother] told me to give her cow's milk; she said it was better. She said only breast milk wasn't enough for the baby. So I gave her cow's milk since she was two months old (A13).

SHARED CARE BETWEEN THE TWO GENERATIONS

In the face of the mothers' lack of confidence, in some cases, grandmothers' involvement is not restricted to providing the necessary support but they assume the role of mother. They are legitimized by the fact that they "hold the knowledge and therefore also the decision-making".

One of these days, I came home from school and he [the son] was not there. I went crazy, I started crying. So many things going through my mind, you know? After two hours my mother arrived with him [laughs]. She had taken him for a walk. When she saw me so anxious, she said I was a fool and laughed at me, that I should not worry because she takes care of him better than I do. It doesn't look like he is my son, you know? (A14).

[...] The first three months, my mother bathed the baby. I was afraid he would fall, he was so tiny.....[laughs]!

One day when there was no one at home I bathed him. I did it, but I was afraid, because my mom had never let me bathe him (A10).

[...] My mother changes her clothes; she's afraid I'll hurt the baby or let her fall [...] I like to take care of her, but my mother's afraid; she prefers doing things herself [...] (A6).

[...] I nursed him just right; I wanted to nurse him for the six whole months, you know? But I had to go back to school and my mother gave NAN® milk. There's no way to complain, right? She knows what's best for him more than I do (A11).

DISCUSSION

The family is the main reference for the teenage mother: it provides social, economic, emotional and educational support as detailed in bibliographical study.¹⁰ How the family experiences the phenomenon of adolescent pregnancy, cooperation and support and, especially, the mother - daughter relationship are vital for a healthy development of mother and child.¹¹ A study carried out with adolescent mothers at a maternity hospital in the city of Cambé revealed that assistance provided by the family helps the young person to take on her role as a mother. Family members acquire knowledge that will help her care for the child, as well as support, guide and encourage her to find the ways to do it.¹²

In this sense, the grandmother's role is to be the pillar of the family; her emotional importance is appreciated, as well as the part she plays as owner of knowledge and source of information throughout the pregnancy and after the baby is born. Her contribution is critical for the teenager's adjustment to motherhood.¹³

The statements of A2 and A6 show grandparents' commitment in training the teenager in baby care basics. It is important that the young mother feels sure about herself for her to assume motherhood safely and successfully. The results of a study carried out with adolescent mothers in Maringá demonstrate that the advice imparted by grandmothers helps to build self-confidence in their caring ability and in the bonding between mother and child. These factors contribute to the healthy development of children.¹⁴

With their grandmothers' encouragement to develop caring skills, teenagers feel more secure and willing to practice the antenatal care guidance. In such cases, grandmothers are considered allies. They are involved in the maternity process, but without taking on the responsibility for the child care. Such attitude tends to alienate the young person from her obligations and the right to play the role of mother and make decisions related to this role.¹⁵

The interviews with A5 and A13 show the different views on breastfeeding, generally influenced by popular beliefs and by their mothers' experiences. Although current media and health professionals make its importance clear, the grandmothers' background disregards the positive impact of exclusive breastfeeding on the baby's development.¹⁶ A study carried out with adolescent mothers in the city of Maringá showed lack of incentive and family support on that area. The adolescents reported that their mothers and grandmothers always told them that, apart from breastfeeding, they had to give the baby water and herbal infusions as milk supplements.⁷

Therefore, during antenatal care sessions, adolescents and their mothers should be advised by health professionals, especially nurses, so that they can discuss their grandmothers' experience from the scientific knowledge of the guidelines.

Although grandmothers' support is positive, in some instances, care has to be shared in order to avoid reversal of roles. In the discourse of A6, A10 and A14 the authors detected the adolescent's attitude of detachment toward motherhood because the grandmother was the main character in the child's daily care. The daughter loses her identity as mother increasing the insecurity that arises from age and pregnancy. A study carried out in Rio Grande do Sul with teenage mothers also revealed loss of autonomy, due to grandmothers' active involvement with the babies. Such young mothers felt therefore unprepared to assume their role as mothers.¹⁷

As above, at the interviews, the new mothers also found it difficult to verbalize their experience in caring for their babies due to their own mothers' anticipating answers to the questions. The adolescents kept quiet or agreed with their mothers' versions of events.

The feeling of insecurity causes the adolescent to be a passive spectator of her child's development, reassigning its care to someone she believes "could do a better job."^{10, 18} Systematic literature review revealed that the family environment can be a risk factor, influenced by problems in family relationships, the replaying of a family pregnancy experience, consecutive pregnancies during adolescence, lack of or inadequate sexual education, amount and quality of social support, amongst others.¹⁹

The nursing staff should provide therefore a humane welcome to the adolescent during antenatal and post-delivery sessions. The health professional should offer guidance and clarify her doubts so she can build confidence in her ability to take care of her newborn. As a result, the love and bond between the mother and her child typically strenghtens.²⁰

Due to grandmothers' involvement in the caring process, it is essential to provide differentiated antenatal care, adapted to that particular context, including, at the same time, such grandmothers in guiding and training sessions. Guidance should be delivered through clear guidelines to adolescent

mother and grandmother for them to be able to follow the instructions at home. Continued support to other family members should be provided for those relatives to also get involved in the caring process. The nursing professionals should display a humanized attitude, not only providing information, but also listening carefully and attentively, since needs change depending on different contexts.

FINAL CONSIDERATIONS

The study results showed the positive role grandmothers play in the care of children of teenage mothers. Through their encouragement and support the adolescents themselves will undertake increased responsibility for taking good care of the child. However, in some cases, the researchers observed that this support is influenced by popular beliefs and by grandmothers' previous experiences. A shared care routine between the grandmother and the child's mother should also be built. This would strengthen the mother's role as main character in the child - caring process and prevent any role reversal that could have a negative impact on the bond between mother and child and on the child development.

Therefore, it is important that health professionals recognize grandmothers as co-participants in the care of children of adolescent mothers, incorporating them in the practices, motivating and empowering them so that they can act as guides. Health professionals should also help the implementation of the guidelines offered to the adolescents. Furthermore, they should always stress the importance of such teenagers' autonomy and the establishment and maintenance of the mother and child bond.

Despite the small number of participants and the grandmothers' constant interference during the interviews, making the young mothers feel fearful and cornered, the research results contributed to expand current knowledge on the subject.

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