

## Adolescent mothers' experiences in the feeding care of their children

## Vivências de mães adolescentes no cuidado alimentar de seus filhos

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## ABSTRACT

**Objective:** Understanding the meanings produced by adolescent mothers who experience the feeding care of their children. **Methods:** Qualitative research carried out with nine primiparous teenagers. Semi-structured interview and thematic content analysis were applied. **Results:** From the analysis, meaning categories of feeding care emerged, related to insecurity, responsibility, pleasure, satisfaction, frustration, dissatisfaction, impatience, burden, and losses. Feeding care implies insecurity and great responsibility to the mother, who recognizes it as a determinant of her child's health and an indicator of maternal competence. There also emerged senses of pleasure and satisfaction, frustrations and dissatisfactions, derived from food acceptance or rejection by the child. Senses of impatience and burden were produced, too, as preparing and offering food to the child requires time and patience. Taking responsibility for this care is assigned to the sense of losses for the teenagers, who drop out of school and move away from their social groups. **Conclusions:** It is concluded that experiencing motherhood in adolescence and properly feeding the child is a task surrounded by expectations and uncertainties that require a special attention at this life stage, when self-care is not consolidated, yet.

**KEYWORDS:** Adolescent; Child Care; Child Nutrition.

## RESUMO

**Objetivo:** Compreender os sentidos produzidos por mães adolescentes na vivência do cuidado alimentar de seus filhos. **Métodos:** Pesquisa qualitativa realizada com nove adolescentes primíparas. Aplicou-se entrevista semiestruturada e análise de conteúdo temática. **Resultados:** Emergiram da análise categorias de sentidos do cuidado alimentar, relativas à insegurança, responsabilidade, prazer, satisfação, frustrações, insatisfações, impaciência, sobrecarga e perdas. O cuidado alimentar implica insegurança e grande responsabilidade para a mãe, que o reconhece como determinante da saúde do filho e indicador da competência materna. Surgiram, ainda, sentidos de prazer e satisfação, frustrações e insatisfações, decorrentes da aceitação ou recusa alimentar pela criança. Também foram produzidos sentidos de impaciência e sobrecarga, pois preparar e oferecer a alimentação à criança exige tempo e paciência. Responsabilizar-se por esse cuidado assume sentido de perdas para as adolescentes, que abandonam os estudos e afastam-se de seus grupos sociais. **Conclusões:** Conclui-se que vivenciar a condição de mãe na adolescência e alimentar adequadamente o filho é tarefa rodeada de expectativas e incertezas que requerem atenção especial nessa fase da vida, na qual o cuidado de si ainda não está consolidado.

**PALAVRAS-CHAVE:** Adolescente; Cuidado da Criança; Nutrição da Criança.

## INTRODUCTION

According to the World Health Organization (WHO), adolescence is the phase between 10 and 19 years of age<sup>1</sup>. Conceptually, it is a transition period between childhood and adulthood, marked by social, biological, and psychological changes. In this context, pregnancy and consequent motherhood in adolescence emerge as issues that deserve public attention<sup>2</sup>, considering that, around the world, about 16 million teenagers between 15 and 19 years get pregnant each year. Out of these births, 95% take place in low and middle income countries<sup>1</sup>.

In Brazil, it is estimated that one in five women has their first child before the age of 20, statistic that have remained in the last ten years, despite a fall in live births from 2000 to 2011. However, the reduction was observed in all regions for adolescents from 15 to 19 years old, with an increase for the 10 to 14 years-old group in the North and Northeast regions of the country. In this sense, it is necessary to strengthen strategies for addressing this issue, so that adolescent pregnancy is not a consequence of the lack of public policies aimed at this group<sup>3-4</sup>.

Among the repercussions of pregnancy on this life stage, it is emphasized that the pregnant teenager starts planning her future not as a single individual anymore, but having a child, she needs to reconfigure her identity and her role in society and/or in the family<sup>5</sup>.

As a mother, she will play a determining role in child care, including that with regard to feeding. Such care, specifically, is perhaps one of the most delicate, implying that the teenager takes a position, either as protagonist, sharer, or observer of decisions made by others concerning the food being offered to the child<sup>6</sup>. This demand arises at a time when the teenager often shows unhealthy eating habits, which include excessive consumption of sweet foods, processed snack foods, soft drinks, and fried foods, as well as low consumption of fruits and vegetables<sup>7,8</sup>.

Recognizing that adolescence is marked by numerous changes, it is pertinent to discuss that, for the adolescent mother, these changes are also associated with motherhood, a condition in which she is the behavioral reference for her child, making this context more complex. Faced with the problem, this study aimed to understand the meanings produced by adolescent mothers experiencing the feeding care of their children.

## METHODS

This is an exploratory and descriptive study, with a qualitative approach, something which enabled the subjective analysis of data associated with senses that the experience of child's feeding care takes for adolescent mothers. The stu-

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dy population consisted of adolescent mothers provided with care in the primary health centers (PHCs) in a municipality in the state of Santa Catarina, Brazil's South Region. The survey included teenagers who became mothers at the age between 12 and 14 years, primiparous, whose children were aged between 12 and 24 months at the time of data collection. Mothers of children who had physical and/or mental limitations, or any special requirements regarding diet, such as food intolerance and allergy, did not participate in the study, as these situations can intensify any difficulties in feeding care of the child, regardless of the mother's age.

Semi-structured interviews conducted at the teenagers' households were recorded and later on transcribed. All interviews were conducted by the first author of this paper. The script used in the interviews was previously tested with a teenager who met the criteria established for the research to assess the effectiveness of the instrument in meeting the proposed objectives.

### Procedure

This study was approved by a Research Ethics Committee (Opinion 040/2013), and all ethical principles of research involving human subjects were strictly observed. After extensive clarification regarding the research objectives and procedures, the teenagers themselves - when emancipated - or their legal representatives signed a free and informed consent term and a Terms of Image and Voice Use, provided in two copies, one kept by the researcher and the other by teenagers and their families. Anonymity was guaranteed to participants, who are identified, in this paper, by flower names.

The data obtained underwent thematic content analysis, carried out in three stages: pre-analysis, material exploration, and processing and interpretation of results, in order to highlight the meaning cores characterizing the inner rationale of the group participating in the study<sup>9</sup>.

## RESULTS

From the analysis of interviews, meaning categories emerged, related to insecurity, pleasure and satisfaction, frustrations and dissatisfactions, impatience, burden and responsibility concerning the child's feeding care. Furthermore, although the focus of this paper lies on feeding care, there emerged issues implied in the production of meanings about being an adolescent mother, arising sense of losses resulting from the dedication that motherhood requires.

Insecurity was the first sense that emerged from mothers' speeches when taking this social role in adolescence, manifested as fear of illness and failure to provide the child with care. Disease appears as something upsetting, a condition that hinders all primary care procedures, including feeding.

*Oh, if he eats a little and do not want more, it is OK, but if he does not want to eat it, I worry about this. (Gerbera)*

*I worry when she does not eat, because she is underweight, now she is gaining weight. I worried that she might get sick. (Violet)*

At the first moments, care is surrounded by insecurities, often because of how weak the child looks like, something which seems to be intensified by being an adolescent mother, a period permeated by insecurities inherent to age added with those linked to the responsibility of the idealized mother's figure, and this requires support.

*I moved to live with the baby's father, the mother [teenager's] did not help me, then it was more difficult to care. (Orchid)*

Such insecurities arise in the speeches as something overcome as learning is built by experiencing care.

*Oh, I did not know if I should give normal food, or other things. Today, it is easy, because I have already learned many things. (Orchid)*

This study also points out that insecurity generates in the adolescent mother a sense of powerlessness in face of the care demands that a child inspires at this life stage.

*Oh, my God, when she wants only lap, when she is kind of dizzy, when she cries too much, when she is angry during the day, it seems that I will not handle her, I start crying and call my mom. (Violet)*

When identifying and interpreting the child's needs, although many afflictions arise, pleasure and satisfaction in caring for the child, particularly of her/his feeding, it is clearly exposed if this care is successful, estimated by the quantity and variety of foods accepted by the child.

*Always, before giving some food she has never eaten, I think 'will she like it?' If I notice that she likes it, I feel happy, because it has liked it, she will eat it... Before, she ate nothing and got kind of ill, because she ate nothing.*

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*Now, she is nice, she gained weight, and everything was due to the different foods I have managed to give her.*  
(Rose)

The sense of pleasure and satisfaction with the child's feeding care arises for the teenager even before introducing supplementary feeding, represented by breastfeeding. In this survey, adolescent mothers refer to breastfeeding as a pleasurable activity that reinforces their role as mothers.

*This is the greatest feeling, the first time I breastfed her I cried, because I have never thought that at my age I was going to breastfeed a baby.* (Rose).

*It is a good feeling, very good, breastfeeding, joy, happiness, you are feeding the child.* (Gerbera)

Going beyond the boundaries of breastfeeding, a teenager reports much difficulty with her child's feeding, stating that his feeding is poor because he eats little, something which produces a sense of frustration and dissatisfaction associated with the child's feeding care.

*He does not eat, he only nurses. We try, but he does not eat. Today, it is hard to feed him, he does not open his mouth, this is bad, we want him to eat and he does not eat.* (Daisy)

Impatience towards the child's eating behavior leads an adolescent mother to indicate that the feeding time is frustrating, a reason to quit attempting to feed the child or to transfer this task to a family member, and the grandmother is often referred to in such cases.

*The only problem is when she does not want, I have no patience. Mom [teenager's] keeps talking, but I do not have much patience.* (Tulip)

Care for the child, either feeding or another kind, arises in teenagers' speech as a situation that requires dedication and commitment, leading them to a burden process. Child care needs to enable dynamically that the adolescent mother fulfills her domestic tasks, a responsibility that often arises along with motherhood, when she constitutes a family unit of her own.

*[...] we have to do our things, finish the household chores and there is a need to stop it to care for him. Everything involves a lot of work. (Gerbera)*

*Oh, when I want to do the household chores and he does not allow it, he moves things, runs, moves things and wants to open everything, we have to close everything so that he cannot take anything. (Dahlia)*

Food preparation is also referred to as a toilsome activity by the teenagers and it contributes to the sense of burden. When family members are close, they usually take this function of preparing and giving the child food, this does not favor the development of teenager's autonomy as a mother who provides care for her child.

*Sometimes, when I got lazy, she [teenager's mother] beats me in the head. Sometimes, she buys yogurt, fruit, vegetables, everything, because he likes it a lot. (Bromeliad)*

The responsibilities that teenagers take to care for their children are permeated by many fears and one of them is to be regarded as unable to provide such care.

*At first, she had to eat everything separately, she could not eat what we ate, hence, it was difficult to me, sometimes I did not prepare our food in order to prepare her food, this is very demanding. (Violet)*

It is worth highlighting the maternal dedication required from the teenager regarding child care also expresses the sense of losses, as child care is the priority, and the mother cannot focus on self-care. Becoming a mother, either in adolescence or not, means organizing life through what child care allows.

*On the one hand it is good [taking care of the child], on the other I am too young, going to the school is not easy, there is no time for myself. (Daisy)*

## DISCUSSION

Before discussing the experience of feeding care among adolescent mothers, there is a need to understand that adolescent pregnancy emerges to an adolescent girl as a situation requiring rehabilitation of roles, regardless of

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whether it was planned and wished at that time of her life and should be treated as a matter of priority, taking into account the development phase<sup>10,11</sup>. And this reconfiguration imposes on the teenager a condition of immediate changes that are permeated by a number of senses, perceptions, and expectations, provided both by herself and the community accompanying this early motherhood.

The categories that emerged from respondents' speeches illustrated that, according to the teenager, child care takes on multiple meanings, and difficulty is the focus when a mother provides care, leading the adolescent girl to seek family and social support to reduce or minimize it. Corroborates this finding a qualitative study analyzing the social representations of primiparous teenagers on maternal care provided to newborn infants at home, where care is seen as a difficult task and it represents for the teenager becoming an adult and taking possession of the child, but it shows up as surrounded by insecurities, dependency, and lack of preparation, leading the adolescent girl to perceive herself as a somewhat incompetent caretaker for her child<sup>12</sup>. This evidence is an important indicator that the network of support to an adolescent mother has to be attentive and prepared to meet her needs, in order to make motherhood rather pleasurable and autonomous.

It is also worth remembering that the emergence of difficulties does not depend on the age at which motherhood comes. However, what is highlighted in this study is the fact that adolescence exacerbates some of these aspects, making the experience of feeding care even more difficult for the adolescent mother, since this life stage has inherent characteristics that make adolescent girls vulnerable in face of situations that can affect her health and that of someone who is under her responsibility<sup>13</sup>.

The fact that adolescent mothers recognize feeding as a determinant of the child's health makes them even more insecure in face of the difficulties in feeding her/him. This aspect may be understood, at least partly, considering that mothers, in most cases, have their protective instinct awakened with the arrival of a child and fear any complication related to her/his health, because they feel responsible for maintaining her/his well-being<sup>14</sup>.

Despite this scenario with insecurities hamper child care provided by the teenager, it can also be an opportunity for personal growth, something which is corroborated by a study conducted with teenagers who got pregnant between 12 and 14 years, in a context of social vulnerability, indicating the construction of learning by experiencing motherhood<sup>15</sup>. For this process, the family, especially, can provide support, making available the opportunity to develop skills to cope with the new relations derived from pregnancy and motherhood<sup>16</sup>, something which requires knowledge, experience, ability, dedication, patience, and willingness, since at this life stage the child is totally dependent on her/his caregivers<sup>17</sup>.

Through the evidence pointed out above, we may claim the learning provided to the teenager who becomes a mother is possible only when this event is anchored in a network of support prepared for the experience of motherhood in adolescence. This assumes that, still during pregnancy, the teenager and people involved in this process need to be prepared for motherhood at this life stage and the care required by the child.

This reflection is shared by a qualitative study conducted with teenagers monitored by a PHC in the municipality of Juazeiro, Bahia, Brazil, addressing experiences in the puerperium. The authors report that it is at this phase of learning and adaptations that the teenager's family plays a crucial role, and it is extremely important that family members participate in the motherhood, in order to promote the puerperal adolescent mother's independence in caring for her child<sup>18</sup>.

In addition to the family, overcoming these difficulties also requires that health professionals are involved to seek in-depth knowledge of the teenager's life context, so that they can deal with vulnerabilities and problems that characterize this life cycle and offer multidisciplinary attention health<sup>19</sup>. Then, they will be able to plan interventions capable of triggering an emancipatory process for the adolescent mother<sup>18</sup>. However, health professionals have been barely observed in this support for adolescent mothers, this is what claims a study aimed to understand the main situations faced by adolescent girls and the coping ways used by them after childbirth<sup>20</sup>.

It is also worth pointing out that feeding care for the child, in this study, involved senses of pleasure and satisfaction, as well as of frustration and dissatisfaction, which may be understood from the perspective of interpretative repertoires of motherhood, according to a study carried out with mothers having children aged from 4 to 24 months who are users of a center of maternal and child health. Motherhood as an event may be characterized as an incommunicable experience, as a magical occurrence, as a natural and instinctive condition, divine, full, idealized as a dream to come true, and also as an experience that describes duties, tasks, and social responsibilities assigned to becoming a mother, producing relations of conflict between pleasure and displeasure, between the delights and difficulties of motherhood<sup>21,22</sup>.

It is when facing these singularities that people argue it is crucial to create and implement support networks and health care strategies by recognizing the family and life background of these teenagers, so that they can become protagonists of maternal experiences<sup>23,24</sup>.

## FINAL CONSIDERATIONS

Given the findings of this survey, it is argued that the adolescent health care policies need to expand their focus beyond the prevention of pregnancy, including on the agenda motherhood during adolescence, too. This proposition is grounded, since motherhood at this life stage, characterized by the most varied conflicts and changes, is an event with major implications both for the adolescent girl and child's health.



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