

Experiences From The Puerperal Period According to The Viewpoint of Adolescent Women

Vivências do Período Gravídico-Puerperal na Perspectiva de Mulheres Adolescentes

Vivencias del Período Gravídico Puerperal en la Perspectiva de Mujeres Adolescentes

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ABSTRACT

Objective: The study's purpose has been to know how the adolescent woman experience the pregnancy-puerperal period. **Methods:** It is a descriptive study with a qualitative approach. The participants were 11 adolescents who have recently given birth. Data collection took place through a semi-structured interview and the taking map. The data were submitted to thematic content analysis according to the operative proposal. **Results:** Data have revealed that women felt insecurity, fear and rejection during the initial stages of pregnancy; they faced abandonment; they also had to rearrange their life plans; their studies were put aside and delayed; but, after all, the feeling of happiness by having their children together has prevailed. **Conclusion:** Experiencing the pregnancy-puerperal period allowed the adolescent women to understand the importance of health professionals participating of this context and being able to contribute to a healthy pregnancy by appreciating the adolescents' specificities.

Descriptors: Pregnancy, Postpartum Period, Adolescent, Women's Health.

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RESUMO

Objetivo: Conhecer como a mulher adolescente vivencia o período gravídico-puerperal. **Método:** Estudo qualitativo descritivo. As participantes foram 11 puérperas adolescentes. Para coleta de dados utilizou-se a entrevista semiestruturada e o mapa falante. Os dados foram submetidos à análise de conteúdo temática da proposta operativa. **Resultados:** Revelaram que no início da gestação sentiram insegurança, medo e rejeição; passaram por alguns abandonos e afastamentos; tiveram que reorganizar os planos de vida; os estudos foram adiados; mas, ao final, prevaleceu o sentimento de felicidade ao ter o filho nos braços. **Conclusão:** conhecer a vivência do período gravídico-puerperal das adolescentes permitiu compreender a importância do profissional de saúde atuar neste contexto e poder contribuir para evolução de uma gestação saudável a partir da compreensão das singularidades das adolescentes.

Descritores: Gravidez, Período pós-parto, Adolescente, Saúde da mulher.

RESUMEN

Objetivo: Conocer cómo el adolescente mujer viviendo el periodo grávido puerperal. **Método:** estudio descriptivo cualitativo. Los participantes eran 11 adolescentes que han dado a luz recientemente. Para datos colección utilizó la entrevista semiestructurada y el mapa. Los datos fueron sometidos a análisis de contenido temático de la propuesta operativa. **Resultados:** reveló que temprano en el embarazo se sentía inseguridad, temor y rechazo; fue a través de algunas salidas y llegadas; tuvo que reorganizar los planes de vida; los estudios fueron retrasados; pero, al final, prevaleció el sentimiento de felicidad para que el niño en sus brazos. **Conclusión:** llegar a conocer que la experiencia de los adolescentes el período grávidos permitido entender la importancia puerperal de profesional de la salud actuar en este contexto y ser capaces de contribuir a un embarazo saludable de la comprensión de las singularidades de los adolescentes.

Descriptores: Embarazo, Periodo posparto, Adolescente, Salud de la mujer.

INTRODUCTION

The period of adolescence is marked by physical, psychic and hormonal reorganizations. It is considered a process of passage from childhood to adult life. It can be influenced by historical processes with different meanings depending on the singularity of each adolescent.¹ It is important to understand adolescence beyond biological and psychological transformations and consider that social and cultural insertion can differentiate the experience of this phase and, likewise, the experience of gestation.

In this sense, gestation in adolescence may have different meanings and repercussions, depending on the subjectivity of each one, but if they are oriented, supported and encouraged, they may experience the period in a positive way, being able to reconcile adolescence, health and schooling with motherhood.² For this reason, the attentive and sensitive presence of the health professional in attending this adolescent is important in order to perceive their demands and contribute with the insecurities found in this period.

As far as adolescents are concerned, there are important social issues that can be triggered by the gestation and maternity processes, such as poverty, single parenthood,

school drop-out and unemployment, as well as depression, low self-esteem and social isolation. As a consequence, adolescents may experience more health complications during pregnancy and, also, after the birth of their babies, than women of other age groups.³

The work of the health professional involves the knowledge of the meanings of having a child in adolescence. As this event may have repercussions on personal and social risks for the development of both. For instance, in some situations, adolescents suffer from abandonment by their partners and family, neglect of their own health during pregnancy, difficulty in accessing health services and the occurrence of miscarriages or forced abortion.⁴

Although data on the number of births in adolescents in Brazil, obtained between 2005 and 2010, show a reduction, when compared to the figures of the previous decade, they still correspond to 19.3% of the total births in the country.⁵ The *Rio Grande do Sul* State, in the year 2016, had 141,181 births and of these, 19,710 were births of adolescents within the age group from 10 to 19 years old, corresponding to 13.97% of the births.⁶

It is observed the unpreparedness of health professionals in the reception of adolescents in the health network, since this still corresponds to a reductionist conception, limited to the initial reception of the user. Likewise, health promotion actions aimed at the construction of environments favorable to the prevention of teenage pregnancy are insufficient, and when this occurs, support is fragmented in response to the multiple demands of adolescents.⁷

It should be noted that women's healthcare in the puerperal period is still not consolidated, since the great majority return to the health service in the first month after delivery and is primarily concerned with evaluation and vaccination of the newborn.⁸ Considering the aforementioned, it is justified to carry out this study in order to investigate the theme. Therefore, the research question was proposed: how does the adolescent woman experience the pregnancy-puerperal period? The study's main purpose is to understand how the adolescent woman experience the pregnancy-puerperal period.

METHODS

It is a field study with a qualitative approach and a descriptive character. The participants were chosen in a hospital from the countryside of the *Rio Grande do Sul* State, belonging to the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System].

Eleven participants were selected using the data saturation criterion and reaching the study objectives.⁹ The inclusion criteria of the participants comprised adolescents who were experiencing the puerperium and had a link with the hospital where the research was done, and that already had passed through the immediate puerperium period (until the 10th day after childbirth) to allow self-knowledge

and self-care, as well as knowledge and care towards the child, to enable them to perceive the social support received in the pregnancy-puerperal cycle. Adolescent puerperal women who had postpartum complications or who were accompanying their children in the Neonatal Intensive Care Unit were excluded from the study because of the possible influence of their experiences and feelings, in addition to maintaining homogeneity among the participants.

Data collection took place from May to August 2016. The study participants were intentionally picked up by the nurses at the hospital. Initial contact with study participants was made on days they were hospitalized. At the first meeting, the project was explained and the invitation to participate in the research was performed. If there was interest from the adolescent puerperal woman, she was instructed to talk with her parents, so that they could also authorize her participation through a document prepared by the researcher and approved by the Ethics Committee of the *Universidade Federal de Santa Maria*, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 53932116.0.0000.5346. After the aforesaid, the individual meetings were arranged in the residences of the participants.

For the production of the data, an individual semi-structured interview was used, and a creativity and sensitivity technique called the talking map was used.¹⁰ The first stage consisted of presenting the research objectives, the central theme, the activity that would be developed and of the ethical principles for the conduct of the research. The second moment included the interview, and after that, the talking map was started. In the third moment, they presented the artistic production, followed by discussion with the researcher about the themes generated.

The audios produced in the data collections were recorded, with permission of the participants and, afterwards, transcribed for analysis and interpretation by the researcher. The numerical alpha system was used to identify the participants of the research, with the letter "I" related to the interview, followed by the numbering according to the chronological order of the interviews.

The analysis of the material followed the analysis of the thematic content of the operational proposal.⁹ The study complied with the formal requirements contained in the national and international regulatory standards for research involving human beings.

RESULTS AND DISCUSSION

It was chosen to present the study results arranged in chronological order. Thus, the puerperal adolescents reported how it was from the moment they discovered gestation, how they experienced it and the whole experience from the puerperal period.

The feelings by discovering the gestation

Upon discovering gestation, the adolescents reported having expressed feelings of insecurity, fear, rejection, because they did not feel ready to perform the role of mother. The first reaction was described as a scary moment, both for them and for the family, caused by not planning the pregnancy and possible denial of gestating a child.

Still, there was a feeling that there would be a change in lifestyle. When I discovered I was pregnant, it was shocking, I was afraid because a child is too much responsibility. (I2)

When I found out it was a scare for me and my family. (I1)

When I found out it gave me such a thing in my heart. It was not planned. Actually, I wanted to, but not now. I stopped taking contraceptives but did not want to do it now, because I wanted to finish my studies first. (I4)

I reject it until five or six months of gestation, but after that I had to accept, and then I started to sort things out. (I3)

At first you know, when I heard you were pregnant, it was pretty weird. Everything new, will change life know, but after a certain time, I thought ah, since we came forward. (I6)

Physical and social changes experienced during the pregnancy-puerperal cycle

The adolescents pointed out some changes of values in their personalities by discovering the gestation. Their actions put children first. With this, they plan to return to school to increase the possibility of offering opportunities for their children's future. Moreover, there were reports of leaving aside the concern with the body and worry about having a varied diet to offer the nutrients that the baby needs.

Being a mother changes everything, now the rest does not matter, only she matters, she is my priority. (I8)

I'm going to have to go back to school to improve his future. I want a good job to give the best I can for him [...]. Now I think it's no good to worry about my body anymore, I have to think about feeding it with all the vitamins in my milk, because now I have a mother's body, so I have to eat right. (I11)

I stopped studying because I had to start working, but then, when she gets a little older, I plan on finishing so I can give her a better future. (I7)

From the perspective of young puerperal women, age did not influence the love they feel for their children, but if it was later they understood that they could offer them more opportunities. Furthermore, it was necessary to acquire maturity to take over the child and to understand that their attitudes have a direct impact on their lives. Still, it has been reported that professional growth has been delayed,

that party-like amusements are less frequent, and changes in the body are related to the feeling of dissatisfaction with stretch marks.

I do not think my age influenced the love I have for him, I just think it was too early, that suddenly if it was later I would be able to offer him more opportunities. (I2)

I did not expect to have a child now, so soon, we have to mature from one hour to another. If I had a child later, I would be more ready in my profession, I would prepare myself, because that was a change from one hour to another. (I9)

I think my age influenced sadness with my body. It was the part I least liked. I got tired of stretch marks. It seems that what I least wanted to happened to know, that it was filling me with stretch marks. (I11)

A phase of judgments and abandonments

Prejudice is present in their testimonies in the experience in family and even with strangers. Some have opted for specific strategies to overcome difficulties in this period.

People tell me that I'm a new kid, that while I'm on maternity leave, I'll be able to raise him, but then I will not be able to. They think my son is going to be a child who will have no future. (I11)

Being a new mother has a lot of criticism, prejudice, and I realized it in my pregnancy, not with my family, but with people outside. This prejudice I perceived in the people of the street, when I walked away and they kept looking. (I10)

It was always me who showered the baby, and I do not like to get involved, I prefer to do everything by myself and then not play in my face that I was a teenage mother. (I3)

I have a sketchbook where I draw what's important to me. I'd rather draw than tell people things, to avoid judgments. (I1)

The gestation in the adolescence was marked by abandonments, among them, school dropout, losing friends, losing the companion and also the father. Leaving the school was due to having witnessed prejudice from colleagues with other pregnant adolescents, in an attempt to avoid embarrassing situations, the pregnant teenager eventually drifted away and also wanting to be close to the baby to breastfeed continuously. The abandonment by the friends was illustrated in the talking map, this happened due to the exclusion of the pregnant adolescent by the peer group. The separation of the companion happened for reasons of fights and he did not feel ready to assume the paternity. And intrafamily violence was mentioned as responsible for abandoning the relationship with the father. Emotional instability culminated in social isolation, making them feel alone. This isolation was also reinforced by the influence of people from their conviviality who encouraged an abortion.

Now, I'm not studying because it's bad to leave her at home, because she suckles all the time. I even thought about continuing to study, but I felt sorry for her, she's very little. (I8)

In the gestation, I had moments of ups and downs, my boyfriend and I fought, and we broke, because he did not want to be father, he thought being too young to it. (I6)

After I got pregnant, my friends disappeared, after I got pregnant, everyone disappeared. (I10)

After I got pregnant, my friends turned their backs on me. I stopped studying because I was embarrassed, they would judge me, so I avoided going to school, not to be sad, do not embarrass me... In the gestation I decided that I wanted to live alone. For two months I stayed out and sometimes I did not have anything to eat, I did not have clothes that fit, I had practically nothing. When my mother found me, she took me home, I was full of problems, with a urinary infection, anemia and depression [...] I wanted to disappear because my father said that he would kill me, then I ran away, I had fear of him [...] My pregnancy was very sad, I was crying, unbalanced. Some people did not want me to have the baby, they wanted me to have an abortion. (I11)

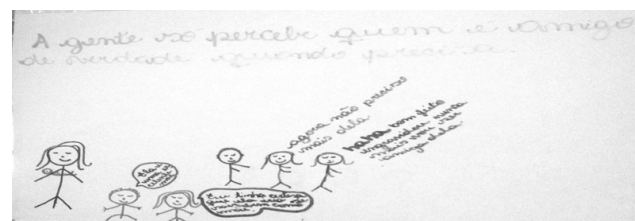


Figure 1. Talking map made by the participant I11.

Reorganizing life

Pregnancy in adolescence brought about changes in routine and changes in lifestyle. The reorganization in the life of the adolescents became evident when having to wake up at dawn to support the baby and to do the activities with pauses to see if the son is well. Additionally, they mentioned that plans to continue with the profession became uncertain, since now it is necessary to take care of the baby.

It's good to be a mother, but there are several things you can not do, it's not like it used to be. Have to stop the service to meet the baby, to leave have to leave the baby with someone. (I4)

Ever since she was very young, she has always wanted to be a mother. Then when she came, I saw that it is not easy for us to wake up at dawn, wake up in the morning, have to be always taking care of her. (I7)

Sometimes I stop to think that it will be harder for me to work now, that I want to pursue my profession, but I also want to be with him every moment (son). That choice is very difficult. I wait for him to get some sleep, I

go there and do something, then he sleeps again, and I do something else and so I keep moving on. (19)

Happiness by having their children together

The previous experience of puerperal women with other children provided more security and confidence to take care of their children, which is the reason of happiness and dedication. The talking map reinforces the story that having the child in your arms is enough to be happy, no matter what people say.

This child for me, now is everything. If I have him, I do not even need anything else. I'm in love with being a mother, everything I do for him, for me it's nothing knows. I'm really in love with him, for having him with me, no matter what others tell us. (111)

I thought it would be harder. I used to take care of a child before I had her, my nephews, my cousins, I was a nanny, I used to clean houses, too, so I was not insecure about taking care of her. I can tell you that I am very happy and that the sun I drew is like the light she brought into our lives. (17)

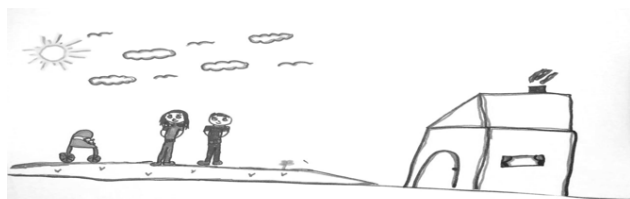


Figure 2. Talking map made by the participant 17.

The adolescents, upon discovering gestation, expressed feelings of fear and fear because they believed that pregnancy would not happen to them, felt that they were not prepared to take on this responsibility and thought there would be a change for a lifetime. It is believed that the reactions may vary according to the context and life planning of each one, however, in this study, the reaction of amazement stands out, which denotes the non-reproductive planning.

It should be mentioned that unplanned pregnancy during adolescence can have consequences for education, health, and employment, and may negatively influence the development of the adolescent. Nevertheless, when supported and supported in family life and in the context in which they live, including access and follow-up of health care, by professionals attentive to their demands, this can be reversed.¹¹

Furthermore, the feeling of not being prepared to assume the gestation, and even of not wanting to have the child, may be related to previous experiences, the family reaction and/or the frustrated expectation of future plans. However, even if gestation may bring negative feelings such as rejection and insecurities, adolescents may begin to

experience this optimism with optimism and to re-affirm gestation as positive.¹²

The act of having a child carries with it the meaning of change in the routine of the adolescents and, also, in the planning of life. Therefore, the priority of plans and actions becomes the child through feeding, to offer the nutrients through breast milk, and the planning of return to school, to offer a future with more possibilities to the child. Having a child in adolescence can be an incentive to resume projects or build new plans in the future and tend to continue and/or return to school and work after the baby is born.¹³

Regarding the experience of breastfeeding, the feeling of responsibility and priority for the health of the baby was evidenced, since the care with the varied feeding can configure more health for the child, when transferring the nutrients through the breast milk. The decision of adolescent women to breastfeed their child was based on the possibility of providing the best for the baby, revealing a concern for the child's well-being and health, reinforcing the adolescent mother's concern to offer what she believes to be beneficial.¹⁴

The fact that she was in her teens did not interfere with their love for her son, but some personal projects were postponed, such as studies and amusements with friends. Often, long-term plans do not materialize for adolescent pregnant women, in other words, many deferred plans are not resumed.¹⁵ In the meantime, plans to complete studies to offer more opportunities to children may not be due to the need for income financial, which leads them to work, leaving aside the studies.

It is evident that to be living the adolescence in the situation of an unexpected pregnancy, also, influences in the dissatisfaction with the changes in the body, since at that stage, the preoccupation with the physical form interferes in the self-esteem. This dissatisfaction with body image among adolescents can be somatized by the pressure exerted by the media and society, which imposes beauty standards.¹⁶ Nonetheless, the feeling of having the baby in her arms softens or even surpasses the dissatisfaction of the body image.

The society also reinforces stigmas of prejudice with pregnant teenage women. This prejudice occurs through comments, judgments and looks, and they pass on the idea that being a teenage mother is associated with failure. In the quest to self-affirm as a mother, which does not depend on the help of the people, some adolescents began to take care of the child, overloading themselves not to ask for help and thus to avoid judgments. In addition, they use the strategy of expressing their feelings through drawings, rather than having someone to talk about their anxieties, for fear of being judged.

Social prejudice often occurs in the case of pregnant or puerperal adolescents and is manifested by the attitudes of the people in general, which reveal that they perceive the adolescents as someone different and their pregnancy with

a meaning of error, leading them to a feeling of rejection and detachment from people.¹⁷ Prejudice may lead to some dropouts. Herein, it can be affirmed that having a child in adolescence and witnessing trials and prejudices, culminated in dropouts, among them, the school, some friends, the companion, and also, family.

School dropouts happened due to previous experiences, such as having witnessed trials of other pregnant adolescents, which made them leave school to avoid embarrassment. Additionally, because she understands that dedication to the child is a priority and that studies can be resumed in the future. In this direction, early gestation can bring disadvantages to the educational trajectory of the pregnant woman, contributing to school dropout and making difficult the return to school, limiting its academic progress and the possibilities of adaptation to the job market. Thus, adolescent pregnancy is associated with high rates of school dropout and may be considered a public health problem because it is related to low educational and financial levels.²

Regarding the abandonment by the friends, it is pertinent to recognize that in the phase of adolescence, the individuals seek to resemble the group. However, a gestation in adolescence can be considered as different, which culminates in the abandonment of some friendships. This can also happen through the changes in the subjects, so, the transition from the role of daughter to the role of mother implies reformulation of the relationships of the adolescents.

Therefore, some changes in the routine of the adolescents when having a child are evident, the meetings with the friendly ones become less frequent. In this sense, you have to find a caregiver for your child when you want to go out with your friends, which makes it difficult to meet. Moreover, in this study, most participants dropped out of school, which further diminished their coexistence with their friends.

The abandonment by the companion is related to the emotional instability, because it is a moment with psychological and physical changes, which can cause an emotional imbalance and emerge the feeling of escape, of wanting to be alone. When they realize that the partner is not prepared to support and experience gestation in a healthy way, they prefer to move away and try to continue the pregnancy without disagreements. These results have shown that for some adolescents, not having the presence of the partner can mean experiencing the gestation in a more relaxed way.¹⁷ Feeling tranquility by not having the companion's presence can happen when the relationship is unstable, generating stress and insecurity.

In relation to the abandonment by the father, this was due to the way in which the parent began to treat the adolescent through destructive words. The father believed that the daughter would not be able to raise the baby by saying that she was not ready for such a responsibility

and also, by threatening to kill her, if she had the child. Considering the emotional phenomena of adolescence, a pregnancy can potentiate family crises and conflicts, especially when it occurs in an early and unplanned way.¹⁸ By getting pregnant, adolescents do not fulfil the family's future plans, teenage pregnancy can lead to conflicts and lead to the escape of house. Hence, knowing the experiences of families when faced with this situation is fundamental for health professionals in order to enable adequate family care.¹⁴

The feeling of happiness, expressed in his statements, to have the child in his arms seems to have compensated for all the difficulties and, with that, the sensation of fullness emerges, in other words, having the child in his arms is enough to be happy. This perspective also came about in the study of primiparous women, who encountered some difficulties during pregnancy, but when the child was born, they had the feeling that everything was worth it.¹⁹

CONCLUSIONS

The findings can contribute to the reflection and subsidize the actions of health professionals towards the adolescent public. Furthermore, it is suggested for the professional practice that actions to support health in a school environment should be promoted, so that the repercussions of gestation during this stage of life and the importance of family support and respect for colleagues, can be discussed without judgments.

It is important to note that both prenatal and puerperal periods must be included in the health professional actions such as prejudice, school dropout, abandonment, and social distress, as well as the role and participation of the family during those periods. And, that the dialogue in the consultations also perpetrated the orientations about the future of these adolescents and their preparation, to help their self-esteem and the possibility of being able to conduct this new experience more safely. The aforementioned aspects, although subjective, define a great difference in the quality and satisfaction of such experience to the adolescents.

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