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RESEARCH

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Estabelecimento de vínculo com a mãe adolescente: vislumbrando o cuidado à criança

Bond creating with the adolescent mother: glimpsing child care

Establecimiento de relaciones con la madre adolescente: vislumbrando cuidado de niños

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Estudo elaborado a partir da Monografia: CUIDADO DE ENFERMAGEM À MÃE ADOLESCENTE E A SEU FILHO DURANTE A PUERICULTURA do curso de Graduação em Enfermagem da Universidade Estadual do Ceará – UECE, 2011.

RESUMO

Objetivo: descrever as relações e a formação de vínculo do enfermeiro com a mãe adolescente na consulta de puericultura. **Método**: estudo qualitativo. Participaram cinco enfermeiros e três mães adolescentes. Realizado de fevereiro a maio de 2011 em uma Unidade Básica de Saúde de Fortaleza-CE, utilizando a observação sistemática e a entrevista semiestruturada. As informações colhidas das entrevistas foram submetidas à análise de conteúdo de Bardin. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Estadual do Ceará, sobre o Parecer no 04252522-5. **Resultados**: categoria 1: a consulta de enfermagem em puericultura promove o vínculo do enfermeiro entre a mãe, a criança e a família. Categoria 2: o enfermeiro reforça a corresponsabilidade com a mãe adolescente. **Conclusão**: receber com respeito e dignidade foi referido como importante estratégia profissional para acolher e estabelecer o vínculo com a adolescente.

Descritores: adolescente; cuidado da Criança; cuidados de enfermagem.

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ABSTRACT

Objective: this article aims to describe the relationship and bond formation among the nurse and the teenage mother in the process of childcare consultation. **Methods**: qualitative study. Five nurses and three teenagers took part as subjects to the study. Such study was conducted from February to May 2011 in a Basic Health Unit in Fortaleza-CE, using systematic observation and semi-structured interview. The information gathered from the interviews was submitted to the Bardin content analysis method. The study was approved by the Ethics Committee of the State University of Ceará, on opinion number 04252522-5. **Results:** category 1: nursing consultation in childcare promotes bonding between the nurse, the mother, the child and the family. Category 2: the nurse reinforces the co-responsibility with the teenage mother. **Conclusion:** receiving with respect and dignity was mentioned as an important strategy to welcome the teenager and to bond with her.

Descriptors: adolescent; childcare; nursing care.

RESUMEN

Objetivo: describir la relación y la formación de enlaces de la enfermera con la madre adolescente en el cuidado de los niños en consulta médica. **Métodos**: estudio cualitativo. Con la asistencia de cinco enfermeras y tres madres adolescentes. Realizado entre febrero y mayo de 2011 en una Unidad Básica de Salud de Fortaleza-CE, mediante la observación sistemática y la entrevista semiestructurada. La información obtenida de las entrevistas fueron sometidas a análisis de contenido de Bardin. El estudio fue aprobado por el Comité de Ética de la Universidad Estadual de Ceará, por el parecer 04252522-5. **Resultados**: categoría 1: consulta de enfermería en el cuidado infantil promueve el vínculo entre la madre con la enfermera, el niño y la familia. Categoría 2: la enfermera refuerza la corresponsabilidad con la madre adolescente. **Conclusión**: recibir con respeto y dignidad se mencionó como una estrategia profesional importante para dar la bienvenida y establecer el vínculo con el adolescente.

Descriptores: adolescente; cuidado del niño; atención de enfermería.

INTRODUCTION

The teenage pregnancy is not a new phenomenon; pregnant adolescents are found in all social groups, yet most prevalent in most disadvantaged classes. Early school leaving, low levels of teenage literacy, and the context created by the interaction among unprepared partners and family and the lack of future plans are some of the risk factors.[1] This reality can be viewed along with the events recorded on this phenomenon in scientific research. Considering teenage pregnancy as a social phenomenon, only a few decades ago it has been highlighted as a "social problem" understood in the terms f of "gravity" and "risk", which posed the need t for effective measures.[2]

The proportion of teenage mothers has decreased in Brazil but it is still significant (20.4% in 2008), being higher in the North (27.2%) and Northeast (23.2%), and lower in the Southeast (17.0%).[3]

The IBGE records that the possible causes of the trend of regression of teenage pregnancy occur due to greater availability of condoms, greater knowledge about contraceptive methods and greater inclusion of women in the labor market.[4] Such factors demonstrate that women, are emancipating since their adolescence both in their emotional life - as they impose themselves on the affective relationship to the use of contraceptives - and in their professional life - where they develop to compete with men.

Another challenge of these teenagers after pregnancy is to take care of their children. Many of them leave school to devote themselves to this moment marked by the early years of a new life - a period in which children need more breast care and thus the mothers can hardly find a job to sustain both of them. Another challenges to the teenage mother is the fact that the father of the child may not recognize his parental responsibilities which constitutes a grave scenario for the young woman once she is likely to face the disapproval expressed both directly as indirectly in her family relations.

In general, the teenager during pregnancy has to assume her state before her family and community, which were not prepared to properly deal with such premature condition. The teenage mother's health needs and the baby's needs must be accompanied by health services. Besides taking care of the mother's own health, such services should be prepared to make her understand that the baby's needs must be satisfied following the calendars of childcare appointments, vaccines and the health-promoting actions that are configured in the monitoring of child growth and development - carried out by the nurse, doctor and other health team members of basic care.

The nursing consultation which monitors the children's growth and development is a corporate activity which can be understood as actions of primary health care that is, a care model suited to the health needs of the population.[5]

With the Family Health Strategy (FHS) and the focus on primary health care, health workers tend to become closer and integrated with the values and knowledge of adolescents and their families. Such integration causes these workers to seek other references besides the strictly biological, since the health care academy acknowledges that decentralized actions are necessary for treatment adherence. In the long term, these actions will be deeply intertwined with the lifestyle, habits, routines and rituals in the lives of the teenagers benefited by the FHS care.[6]

The teenage mother commonly finds herself discredited by the society regarding the care of her child and with financial difficulties, which leads them to be financially dependent on third parties- such as her parents or the child's father. Therefore, is very likely that she may feel the need to seek help from the health care professional to overcome difficulties in handling with the care of her child.[7]

Thus, after the birth of her son the young mother stumbles upon the care, which before was indirect, now having to assume the direct and immediate care of her child. This is a crucial moment once one considers the countless doubts that may arise to the new mother.

Nursing plays a crucial role in assisting the teenage mother in basic health units (BHU), in order to properly guide her regarding the care of her child and considering the various activities that she develops. These activities gain a better quality when there's a bonding process between the nurse and the teenage mother. In the reality of BHU services the nurse figures as a professional performer in monitoring the health of the child - especially with children under the age of one year.

The nurse in the basic care acts in several activities, such as in the assistance, in the education and in the administrative affairs of a health unit. Despite the fact that bureaucratic activities are the priority, the nurse is the professional who is more informed about the health of the children until their first birthday - once nursing consultations are demanded at such stage to evaluate the children's growth and development.[8]

During the experiments regarding child health practices, it was observed that the teenage mother has needs in relation to a mother with greater age. That is caused by the simultaneity of occurrences in her life like the transformations generated by the premature pregnancy and the new sphere of maternal responsibility. Thus, it is imperative to have a rapprochement between the nurse and the teenage mother that favors a relationship of reliability and confidentiality.

In recent decades there was a great flowering of knowledge about adolescent health, mainly focused on sexuality, contraception, pregnancy and gender issues. This can be verified by the large amount of scientific papers found in the electronic databases MEDLINE and LILACS. On the other hand, there are very few studies aimed towards teenage motherhood and the relationships built with the professionals in health services. Thereby this is an area of large potential for new studies on nursing.

In addition, it is increasingly observed that valuing bonding with patients and respecting their subjectivity are crucial to ensure the reliability link in the patient/nurse relationship.

The hosting process and the bonding process are tools that allow universal access to services, favoring the efficaciousness and the quality of care. The comfortable position held by the health professional before the patient's arrival is seen in the receptive attitude - given by listening and attending the adolescent's needs in specific moments of the caring process.[9]

Therefore, it is significant to analyze the host and the bonding process not only through a theoretical approach but also regarding the practice in health services. In childcare it is important to regard the relationship between the nurse and the teenage mother, shedding light to those aspects in which such practice is applied towards reaching the completeness of the care to both mother and child. The actions provided by health notions of attention integrality foster the reorientation of health planning for a specific social groups, as that of the teenager. Such group can promote health with general measures and with specific measures for the prevention of diseases and for performing clinical care.[10]

This research is linked to a project of adolescent health care regarding the care lines and its interface with the health care network. In that way, one of the goals is to discuss how to achieve the completeness of care - access, host, bonding and proper attention - when it comes to teenage assistance network.

On the difficulties which the teenage mothers face during their children's care it's posed the following question: how do the relationships between nurses and teenage mothers take place in childcare consultation when it comes to guiding the latter about taking care of her son and herself? The results found bring reflections that can subsidize a reorientation in childcare consultation focusing on reception as a mean to strengthen the bonding process and to guide the care of the child.

For the completion of the research, the following objective rises: to describe the relationship between the nurses and the teenage mother and the latter's training regarding childcare consultation and the care of themselves.

METHODS

The method adopted here is that of a descriptive study, presenting a qualitative approach by considering that the present object will capture the nurse's relationship with the teenage mother and its subjective aspects. For the present study, we have opted for a qualitative method of research, for very particular issues regarding the subject of the research, due to worries that the facts presented in the research could not be quantified.[11]

The survey was carried out in a basic health unit (BHU) in the city of Fortaleza, capital of Ceará state, which is divided into six administrative units of the City Hall: the Regional Executive Offices (REO). The chosen unit has five teams from the FHS, with a population of approximately 1500 families per team. The unit is a boarding school for the fields nursing and medicine and also carries out supervised internships for nutrition students and for students from other majors enrolled at the State University of Ceará -UECE.

The data for the research was collected from February 2011 to May 2011. This required a prior authorization by the head person in charge of the unit. The participants in the research were separated into two distinct groups: the nurses of the FHS working in basic health units and the teenage mothers who were with their children in the units for childcare, immunization or attendances of another nature.

The criteria for the inclusion of nurses in the survey were: to perform childcare consultation and to show availability to answer the questions of the survey. The criteria for the exclusion of the professionals was the absence of professionals from the unit. The amount of participants in

the survey was defined by theoretical sampling, which is characterized by the extension and aspects of a base group.[12]

The data was collected through a systematic observation and semi-structured interview guided by a script containing closed questions, which enabled data collection necessary for completion - such questions regarded variables as the profile of the subjects. Guided open questions were also applied in the sense to stimulate the subjects to express their perceptions on the relationship during the consultation of childcare.

The semi-structured interview combines closed and open questions and the interviewer has the possibility to speak about the issue considering the answer worded.[11] The record must be trustworthy, looking to obtain a good understanding about the internal logic seen in the subjects answers. The instrument used to record the interview was a MP4's audio recorder. For the implementation of the systematic observation, a script was used and the notes will be made in the field journal. This journal will contain information about the contact in the field and the experiences with the application of the interviews.[12]

The contact with the nurses was individual and occurred with the professional before his consultations. The contact with three of the five nurses came on the same day of their childcare, in which the author of this study had the opportunity to follow. It was possible to perform the non-participant observation, focusing on teenage mothers that could enter at any moment in the office. At the end of their consultations, they granted the interview.

The contact with the teenage mothers was hard. In the period of the data collection there were few teenage mothers assisted by nurses. Two of them were in the room of immunization and the other in the office of one of the nurses.

The information collected from the interviews is qualitative in nature and it was subjected to content analysis as recommended.[12] The analysis was performed by categorization - identification of themes, which are grouped to form the categories.

First, the interviews were passed to the computer in order to achieve a better quality regarding the audio recordings. Then, faithful data tapes were transcribed and, later, the researcher proceeded to the general reading of the taped interviews. The transcript is an essential element for the interpretation of data and it has no fixed rule to be developed once it depends on the author's intention.[12]

To encode the data, it was held an exhaustive reading of the transcripts of the interviews in order to highlight excerpts and keywords that represent the theme under study.[12]

According to Bardin[13], after transcribed the interviews must be fragmented in units of meaning to later be grouped in units of context. This dismemberment is the most lasting period of analysis, given by the encoding process - context units and registration units. After encoding the data comes the categorizing - grouping similar encoding units to form the categories or context units.

Then, after exhaustive readings, it was done the selection of units of analysis that resulted in 155 registration units and four units of context, where the registration unit is the smallest piece of content and the context unit is grouped by similarity of semantic units - forming 11 sub-categories and four categories, respectively.

The analysis of the content of these lines allowed the identification and description of nurse caring from the position of these professionals and also from the perspective of the teenagers involved with childcare consultation - focusing on the establishment of bond. For each kind of interview we selected a code: the letter A, for adolescent, and the letter N, for nurses.

The ethical criteria involving research with human beings was fulfilled according to, to the resolution nº 196/96, the National Health Council, Ministry of Health.[14] The participants were aware about the goals of the study and signed a free consent statement (FICS). The project was approved by the Research Ethics Committee of the State University of Ceará, on opinion number 04252522-5.

RESULTS AND DISCUSSION

Interpersonal relations and link establishment with the teenage mother involved with child care

The beginning of the link between the nurse and the teenage mother happens in the prenatal care and it is further developed in childcare after the child's birth.

> *All the teenagers, they enter in the system, they enter because they got pregnant and they stay because we give a guidance about what she has to do in the childcare of children. The link already starts in prenatal care. (N1)*
>
> *Those of my team, we create a link in the period of prenatal monitoring and continue in childcare (N3)*
>
> *I met her during my prenatal care. She and the doctor Pereira attended me in prenatal care. And now, I'm still with her. (N2)*

It was observed that the teenager enters the system of the health unit when they are pregnant, before the first pregnancy data revealed a scarce teenage demand for the units. The nursing consultation in childcare promotes the link between the nurse the mother, the child and the family through "the feeling of empathy", Such feeling arises among them since gestation, at home, and grows through the subsequent childcare consultations.[15]

Although the link can start in prenatal care, it may not proceed in childcare even though the nurse strengthens the importance of prenatal childcare for both the teenager and the baby.

The consultations with teenage mothers, despite being in childcare, we talk about how important it is, they not always attend. (N4)

This can occur when the link is not prepared to provide enough confidence between the nurse and the teenager during the prenatal period. Thus, the cycle of teenage mother care and childcare are may be interrupted. The link with the patient of the health service enhances the efficacy of health actions and promotes the participation of professional nurses during the provision of the service.[16]

Another important point about the link of the nurse with the teenager is their continuity after the end of childcare. Thus, many teenagers do not fail to meet the nurse.

And then after the baby is already two years old, whenever I see her out there, even if she doesn't come to me, I ask: how's Mommy? How's the baby? How's the vaccine book? Give it to me to have a look. (N3)

Our link is very good because they want to continue to do childcare with me. I have several that do not abandon me. I would like that the big boys leave me (laughs) No, I'm kidding [...] So, in my area there aren't many (teenage mothers). Those (mothers) who stayed with me are already turning 18, and they became mother at 14, the baby is already 4 and a half years old. Even so, they come to me when they have a problem. (N2)

Often, they say: I just came to talk. There are many who come to talk. Some doubts. There are some that come two or three times a week. I ask: what did you come for? She says that she forgot to ask something or that she has a problem. I say: girl, why did you bring the baby with this sun? (N5)

The nurse is the professional who is more present within the community.[17] This proximity between the nurses and the teenage mother provides a greater bond with them compared to other professionals:

She is super cool. I love to take him to see her. I feel pretty comfortable. She's a super friend. I see her here on the unit and the doctor Pereira. With him I was more shy, but with her I am more open. She is super cool. She cares about me and him, because she treats us well, she asks. (A2)

It was observed that the dialogues between nurses and adolescents were clear and true. A sincere dialogue enables an increasing confidence of the adolescent towards the nurse providing her care.

In the course of each meeting, the link is strengthened by the appreciation of the adolescent as a person, therefore, building the bond. The result is the establishment of trust towards the nurse:

I have always, tried to make it very clear, very open, that actually we're here to help. (N4)

After the consultations, outside, in the visits. When I find them on the street, they want to talk to me. They trust me and have openness with me. (N5)

The reliability of this relationship provides joy and safety, important factors for the moment when the teenage mother practice the care training with herself and her son:

When I have doubts, she explains. I feel calm in the appointments when I have to talk, to express. She answers me very well. I trust her a lot. (A1)

My God! I love the Doctor (nurse). She is wonderful. I'm not ashamed to ask. I really appreciate her and her job, off course (A3)

The nurse feels responsible for maintaining that link:

Our proximity has to happen because they belong to the territory that we attend right? So, they are going to need us every once in a while. Every time there is a vaccination campaign taking place we'll have to call her. So, even though she leaves that follow-up period she will always be here, we'll always feel responsible for her for so many other things. (N3)

She asks, she worries how is the baby and how I'm doing, how is my diet. She is a very nice person. Quite attentive. That's why I trust her. I leave here quite satisfied. My God, I have no complaints. She really cares about me, you know. It is hard to find people like that.(A1)

It is noticed that the nurses are aware of their responsibilities and the importance of the establishment of bonds with the teenage mothers, mostly because the work of the nurses it's not done at the end of the childcare. It is believed that the nurse's notion of responsibility for the link formation comes from his/her own personal and professional formation. This responsibility is intrinsic in the nurse's professional ethics.

Another situation reported by nurses is the occurrence of biased attitudes by some of the professionals - which seems to ditch the nurse from the people care:

I'm not a prejudiced person. If I were, I'd be the person most likely to realize it, because if I demonstrate

judgment with the condition of the teenager, I can't get closer (N2).

The more welcoming the service, the more teenage girls seek for the service. Some singular factors still affect the patient reception. Among such factors it's possible to mention authoritarian and biased attitudes by the professionals responsible for receiving the patients, waiting queues, difficulty for attendance and lack of privacy.[19]

Nevertheless, some professionals express their personal ideas berating the motherhood of the adolescent and, at the same time, demonstrate attitudes of support:

Sometimes, those pretty young pregnant women arrive. Come on. Sometimes I even give them a sermon. Sometimes, the couple even come together. I even give them a sermon. I guide them and explain what they will have to face from now on (N3).

Although the sermon can overwhelm and cause embarrassment in the adolescent - figuring as something uninspiring in the bonding process - such behavior can be seen also as a way to help the teenager in this process of premature motherhood. In a survey, the authors state that when the teenager accepts and incorporates her motherhood, she reaches the maturity. Also, the teenage motherhood is not always unwanted, hence the need to respect the teenager.[20]

The understanding of the motherhood in adolescence by the nurse is very important to begin the relationship with the teenager:

I try as best as possible to avoid any kind of prejudice, attitude of guilt for her being a teenager and having a son, to give that old sermon. Because we don't always think like this: oh teen pregnancy is an unwanted pregnancy. Not always. It might not even be planned, but unwanted. Sometimes, the girl wants a son, even as a teenager. It is a wish, right? (N4).

Sometimes, it is believed that the teenager is pregnant by mistake and, consequently, she does not want to accept this new condition. Sometimes, the pregnancy is unplanned, but not necessarily undesired.

Yet, it is necessary that health professionals and other entities of the society don't overlook the preventive actions regarding the occurrence of motherhood in adolescence without a life planning. Hence the importance of the work of nurses in the family planning for child care consultations.

One of the teenagers interviewed expressed no shame of motherhood. She didn't and she doesn't feel discriminated by the nurse and finds natural being a teenage mother, since she has been dating for four years.

I never felt discriminated for being a young mother. Because it is a thing, it is a normal thing that nobody else. And I've never felt ashamed, I'm dating for four years with him and now I have a son with him. I think is normal and the nurse did not lectured me. This is good. (A2)

To feel ashamed or not depends on the social context in which one is inserted because the meaning of motherhood for the teenager is directly proportional to the social context.

However, another teenager she reports in her speech to feel ashamed when dealing with health professionals other than her nurse:

She's great, very open. I'm not ashamed of her, because it makes me feel comfortable, but from the others yes, not for the baby, but by myself so young and already with a son. It was not a mistake to have her, on the contrary, it was a gift, but I hesitated, I hesitated. (A1)

Considering that speech it is possible to perceive that the nurse is the professional with whom the teenager more identifies herself, which enables her to be herself and to be honest in each meeting -consultations.

The home visit is considered by some nurses as an important element in the formation of the link.

My relationship with teenage girls is with approach. But I confess that this approximation was only greater(…) because we visited her home many times.(N1)

A difficulty that we have sometimes is to make the mother return to us with her baby after the visit, right? So, we have this difficulty because although we do visit every week, we can't meet all the recent mothers because our demand of bedridden is great.(N4)

The home visit is a way for the professionals to meet the family, and the social and economic reality of the teenager. It is an opportunity to strengthen the bonds between the nurse and the teenager.

She went to my home. I loved it. We even drank a cup of coffee. She even talked to my mother, who wanted to put a coin in the navel of my son against my will Then the doctor came in and talked her out of it. (A3)

The home visit and childcare consultations allow greater approximation of the nurse with the teenager, her family and her community, being important for the nurses to be more accepted as a trust person.[15]

However, there is a proper manner to make home visits:

But now, due to a heavy demand, I was supposed to take care of a thousand families. I take care of 2,450 families. It is impossible for me to visit her at her house.(N1)

So, we have this difficulty because we have our demand every week, but our visit demand is very big. Our bedridden patient that we try to attend, but we can't, right? Because the demand is great. (N4)

As one might notice, there is a difficulty in terms of bonding . According to the FHS policy one thousand families per group of nurses is the recommended number for the good development of the health service.[21] However, in the health unit where N1 is employed the demand is way higher than the recommended number, which damages the bonding process and consequently reduces the quality of health care provided by the professionals. .

Shared responsibility

The link between the mother and the nurse aims to facilitate the issue regarding teenage autonomy, which is mandatory for the full exercise of the responsibility of being a mother. The nurse works hard for this, as we can check in the excerpt below:

But then, you have to let that story of co-responsibility present, huh? Try to show her that the care of the newborn depends heavily on her, huh? As much as she has the help of the grandmother, she has to take the NB and all.[...] It is important that while she is here in the unit we are guiding her, we're listening and we are evaluating and everything, but back at home is where she will play the role of a mother, you know, so, with the support of the family and all.(N4)

The nurse reinforces the co-responsibility with the teenage mother because usually the family - a grandmother, aunt or older sister - exceed in care for the adolescent's child, not allowing her to be the protagonist in the care of her child.[22] Therefore, the nurse must suppress the fears and anxieties of the teenage mothers so that they can carry out their role as a mother.

She makes me know everything about caring for her and me, because I'm still new. I live with my mom, nobody else, and sometimes I have to be alone with the baby. So, I have to really know everything (A1)

The teenagers should have their autonomy built during their adolescence, mostly the teenage mother since she is responsible for herself and her child. The teenager must embrace a position of initiative that expresses her freedom and commitment, so that she take responsibility for her actions.[23] This role, finally, should be encouraged by health professionals.

CONCLUSION

This study portrayed the nursing care towards the young mother, highlighting the guidelines to take care of themselves and of their child. In this regard, it was noted that listening is a tool that the nurse uses to perform the reception, promoting an attentive approach to the context in which the teenage mother is inserted in order to detect her needs. Listening as a practice allows the teenager to express the anxieties related to the new condition of being a mother.

Receiving the teenagers with respect and dignity was quoted as an important strategy to accommodate professional capacity and establish a relationship with them. The nurses have recognized the responsibility to provide quality assistance and have shown in their statements that bonding with the teenage mother was strong and true. In addition, over the period of childcare the teenagers frequently resorted to the nurse when there was some complication with the children or with themselves.

Finally it was observed that the teenagers had no specific assistance for the promotion of health related to basic care, being forced to enter an existing program, focused more on prevention and treatment of diseases. Furthermore, for the teenage mother the childcare appointments were marked by measures aimed towards appreciating the mother as a person, encouraging her in the construction of her autonomy for the sake of her new family, reducing fears and increasing self-confidence.

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