Motherhood in the shelter context: the perspectives of sheltered adolescents

A MATERNIDADE NO CONTEXTO DE ABRIGAMENTO: CONCEPÇÕES DAS ADOLESCENTES ABRIGADAS

LA MATERNIDAD EN EL MARCO DEL AMPARO: CONCEPCIONES DE LAS ADOLESCENTES AMPARADAS

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ABSTRACT

The objective of this study is to describe the understanding that sheltered female adolescents have regarding motherhood and analyze their experience of this process from their perspective, for the purpose of identifying a support structure for young sheltered mothers. This exploratory and qualitative study was performed at two municipal shelters in Rio de Janeiro. The data were collected through focal groups performed with 10 sheltered adolescents. The content analysis of the data revealed two categories: *Motherhood in adolescence: the perspective of the sheltered adolescent* and *Being a mother at the shelter: positive and negative experiences.* Being a mother during adolescence is an ambivalent experience for the sheltered adolescents. The shelter is described as a supportive environment, but difficulties still exist in helping them to construct a healthy image of motherhood. There is a need to sensitize the social actors involved in terms of creating intersectoral interventions regarding the context and lifestyles of these youths, which could prevent vulnerability/disaffiliation of mother and child.

DESCRIPTORS
Pregnancy in adolescence
Adolescent, institutionalized
Adolescent health
Maternal-child nursing

RESUMO

Este estudo objetiva descrever as concepções das adolescentes abrigadas quanto ao processo da maternidade e analisar a vivência desse processo na perspectiva das próprias adolescentes, dessa forma, visando à identificação de uma estrutura de apoio à maternidade. Pesquisa exploratória e qualitativa, realizada em dois abrigos municipais do Rio de Janeiro cujos dados foram produzidos através de grupos focais, com 10 adolescentes abrigadas. A análise de conteúdo dos dados revelou duas categorias: *A maternidade na adolescência: perspectiva da adolescente abrigada* e *Ser mãe no abrigo: condições favoráveis e desfavoráveis.* A experiência da maternidade na adolescência é vivida de forma ambivalente pelas jovens abrigadas. O abrigo aparece como espaço acolhedor, mas que ainda apresenta dificuldades em ajudá-las a construir uma maternidade saudável. Observa-se a necessidade de sensibilização dos atores sociais envolvidos para intervenção intersetorial no que concerne ao contexto e modos de viver da jovem, desta maneira, possibilita a ruptura na trajetória de vulnerabilização/desafiliação de mãe e filho.

DESCRITORES
Gravidez na adolescência
Adolescente institucionalizado
Saúde do adolescente
Enfermagem materno-infantil

RESUMEN

Se objetiva describir concepciones de adolescentes amparadas acerca del proceso de maternidad y analizar la experiencia del proceso en la perspectiva de las adolescentes, apuntando a la identificación de una estructura de apoyo a la maternidad. Investigación exploratoria, cualitativa, realizada en dos hogares municipales de Rio de Janeiro, datos obtenidos mediante grupos focales con diez adolescentes amparadas. El análisis de contenido revela dos categorías: *La maternidad en la adolescencia: perspectiva de la adolescente amparada* y *Ser madre en el amparo: condiciones favorables y desfavorables.* La experiencia de la maternidad adolescente es vivida con ambivalencia por las jóvenes amparadas. El amparo resulta en espacio acogedor, aunque todavía presenta dificultad en ayudarlas a construir una maternidad saludable. Se observa necesidad de sensibilización de los actores sociales involucrados para intervención interdisciplinaria considerando el contexto y modos de vivir de la joven, posibilitando la ruptura en el camino de vulnerabilización/desafiliación de madre e hijo.

DESCRIPTORES
Embarazo en adolescência
Adolescente institucionalizado
Salud de l adolescente
Enfermería maternoinfantil

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INTRODUCTION

Life in the streets, with shelters as temporary protection, increases the difficulties inherent in dealing with motherhood in adolescence, both in preventing the problem and in coping with it when it becomes a reality. Adolescents who are sheltered or who live in the streets live within the context of poverty, fragility of social bonds, intrafamily and community violence and lack of access to health services and education[1-3]. In addition to the adversity they experience, they must face the reality of motherhood – a unique event that generates not only doubts, but also fantasies and joy for most women – without a full understanding of what motherhood means in terms of repercussions, and without having had the necessary and recommended prenatal care set forth by the Ministry of Health.

Pregnancy in adolescence must be approached in a contextualized way, based on the experiences of these adolescents, since social, cultural and economical conditions are decisive factors influencing the process of motherhood[1,4-5]. It is the duty of professionals in health care and related areas to recognize, in health promotion and education, the context of motherhood in the life of these sheltered adolescents[6-7].

Regarding the housing of adolescents in sheltering institutions in the Brazilian context, experiences reveal the dilemmas faced within these institutions: particularly the difficulty in providing the care recommended by the *Estatuto da Criança e Adolescente* (Children's and Adolescents' Statute) and the lack of preparation of professionals in dealing with the adolescents – characterizing a situation of institutional violence[2,8-9]. Hence, shelters experience difficulties in performing effectively their function of protecting and favoring the construction of subjects [10]. This reflects the mentality of professionals who work with children and adolescents, in which the object of their care is the adolescent with issues, instead of being thought of as a subject with rights[8]. On the other hand, the shelter is regarded as a caring place, with the potential of developing bonds that adolescents require for their eventual social reintegration[11-13]. As for the adolescent mother, the shelter may provide a favorable place for the construction of a healthy image of motherhood, based on the acknowledgment of their capacity to be effective and caring mothers, in addition to providing support during the process of signifying their lives[8].

In face of the special needs of adolescent mothers who are either sheltered or live in the streets, and the gaps in the knowledge regarding the reality experienced by them, the question that must be addressed is: how do these adolescents perceive motherhood and the care provided in the shelters regarding this process? In this context, this study aimed at describing the experiences and feelings of sheltered female adolescents regarding the process of motherhood, and analyzing the experience of this process from their perspective, in order to identify an appropriate support structure for these young mothers.

Shelters represent scenarios of reference for unaffiliated or unattached adolescents, and aim at contributing to the social reintegration of these young mothers. By analyzing their experiences and the aspects that permeate the process of motherhood for these adolescents, it is possible to understand more fully the reality they experience. The approach to this reality may favor the construction of future proposals for educational health interventions dialogically built around the social participants involved (adolescents, shelter and health professionals).

METHOD

This is an exploratory study using a qualitative approach, developed within two sheltering institutions of the Municipal Department of Social Services of Rio de Janeiro, which shelter adolescent mothers. These shelters are located in the north and south regions of the city, respectively. It is important to highlight that the shelter located in the north region (a co-ed shelter for children and adolescents, with a capacity over 100) has an Adolescent Mother Program (AMP), which shelters specifically up to 10 pregnant adolescents and/or adolescents and their children, constituting one of the few places fulfilling this role in the city. The shelter located in the south region, on the other hand, is an exclusive shelter for female adolescents, with a capacity for nine adolescents (who may be pregnant or have given birth); however, it does not shelter adolescent mothers with their children. This shelter has tried this experience, but it was assessed as inappropriate and the institution currently receives pregnant adolescents for short periods of time only, since it does not have the appropriate structure for this purpose.

In addition, it is important to present some information regarding the operation of shelters in general. The staff is comprised of social educators (with mostly a moderate level of education) who monitor the adolescents in their daily life activities, and social workers who assist them according to their individual needs, aimed at their social reintegration; in some teams, there is a psychologist who observes the adolescents and the team as a whole. The treatment of physical and mental illness is provided with priority through reference to health units of the public network (SUS-National Health System).

The studied participants were 10 adolescent mothers receiving shelter in the aforementioned institutions (sev-

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the perspectives of sheltered adolescents
Penna LHG, Carinhanha JI, Martins VV, Fernandes GS

Rev Esc Enferm USP
2012; 46(3):544-51
www.ee.usp.br/reeusp/

545

en adolescents from the AMP and three adolescents from the shelter in the south region), who agreed to participate voluntarily in the study after being told the objectives and guaranteeing their anonymity, as well as being informed that they could quit or refuse to answer questions at any time.

The sheltered adolescents were aged between 13 and 17 years. Six of them were not pregnant had children between one and 24 months of age, two were pregnant for the first time and two were pregnant and also had other children. Most of the adolescents had a history of life in the streets, drug use, intrafamily and/or community violence and fragile family bonds. The complexity of the life context of the adolescents may be made explicit with the story of one of them: besides the experience of living in the streets with her original family, the adolescent was notably distressed regarding her current pregnancy with twins, especially in face of her difficulty in raising her other two twins. Despite the diversity of vulnerability factors experienced by each individual adolescent, in general, it can be said that some adolescents struggle to regain custody of their lost children, while others attempt not to lose their children. In both situations, the adolescents are facing great instability in their lives, in which life in the streets beckons, causing attempts at evasion from the shelter and constant conflict among themselves and the professionals who are attempting to help them.

The present study complied with the ethical and scientific demands of research involving human beings, and the project was approved by the Committee of Ethics in Research of the Municipal Health Department of Rio de Janeiro (CER/MHD/RJ) under protocol number 73A/09. Moreover, participation in the study was voluntary and authorized by the sheltered adolescents, once they had signed the Free and Informed Consent Form, which was approved and signed by the directors of the shelter – their legal guardians at the time.

Data production took place in the period from June to July of 2009, in two stages: the first stage consisted of preliminary visits for the presentation and discussion of the study with the staff of the shelter and the adolescents. In this stage there was the acknowledgment of the reality experienced by the adolescent mothers regarding motherhood, identifying those who were interested and their expectations, the problems concerning this situation and the characteristics of the population in regards to their participation. The main objectives of the study were established with the adolescents, with reproductive health as the central theme; in particular, motherhood. This first meeting was also important in building a trust relationship with the adolescents in regards to the data production.

In the second stage, focal groups were performed with the adolescents sheltered at the mentioned institutions. Two meetings were necessary in each shelter, totaling four focal groups (FG1 and FG4 in the shelter located in the south region; FG2 and FG3 in the AMP). This strategy favored the establishment of a group dynamic that motivated the adolescents to participate in the study. It is important to mention that the focal groups were recorded digitally and later transcribed. The group meetings were performed in the shelters at previously scheduled dates and times, with the participation of the author and a moderator. At the end of each meeting, using a dialogical method, the participants (adolescents, author and moderator) evaluated the activity. At the first meeting in each unit the theme was presented to the sheltered adolescent mothers and the topics of the semi-structured script of the groups were directed towards the concept and experience of motherhood according to them. At the second meeting, besides initially recalling the study theme, the topics were directed towards the support structure of the sheltering units for the adolescents in their motherhood.

The data produced in the focal groups were analyzed using the thematic modality of content analysis[14], which grouped ideas/expressions with common characteristics, according to their significance, into a single concept capable of comprising the categories. Two thematic categories emerged from this process: *Motherhood in adolescence: perspective of the sheltered adolescent* and *Being a mother in the shelter: favorable and unfavorable conditions*, which were divided into intermediate subcategories according to the convergence of their contents. Hence, data were analyzed within a contextual discussion of the reality, searching for the real meaning of the speech of the social actors and its relationship to the historical, social and qualitative content.

RESULTS

Motherhood in adolescence: perspective of the sheltered adolescent

The positive perspective of motherhood for sheltered adolescents

For the sheltered adolescents, the experience of motherhood mainly represents a transformation of their reality, establishing a new priority in their lives:

All I can think of is my children now (FG-3).

In this context, speeches make reference to the fact that motherhood produces changes and responsibilities, turning them into women, as evidenced by this speech extract:

I believe we change after we have a child (FG-4); [Being a mother] is becoming a woman, right? (FG-3).

Therefore, it is possible to understand why, for some of the interviewed adolescents, they consider it a positive thing to be an adolescent mother and do not regret becoming one.

546

Rev Esc Enferm USP
2012; 46(3):544-51
www.ee.usp.br/reeusp/

Motherhood in the shelter context:
the perspectives of sheltered adolescents
Penna LHG, Carinhanha JI, Martins VV, Fernandes GS

The search for the meaning of being a mother in the perspective of sheltered adolescents also revealed the appreciation of creating a family, one that is based on the bond established with the child.

> I have a child now; a child is a family (FG-3).

This achievement may represent the possibility of recovering their own severed family bonds, as observed in the following speech:

> [Being a mother means giving] attention to her, which I did not have as a child (FG-1).

In this context, the adolescents in this study indicate that the mother-child relationship is established or idealized based on affection, care and education. It means establishing a relationship rooted in, particularly, trust and dialogue, in addition to attention, understanding, friendship and unconditional support, as indicated by the speech of one of them:

> I will try to talk to her [daughter] to understand her reasons (FG-1).

Moreover, some try to adopt an attitude of non-violence and understand that it may compromise the bond between them. They understand, thus, that hitting their child, in addition to being wrong, is not educative:

> Hitting is not a form of correction (FG-1).

For the adolescents, educating their children is based on dialogue, affection and their own life experiences, in an effort to prevent their children from going through the same difficulties they faced

> and making them understand: mom does it but she is trying to stop, because this is not good (FG-1).

They highlight their concern regarding being a good role model for their children, understanding that this may influence their future behavior; thus,

> although I did other things, I would never do it in the presence of my daughter (FG-1).

The negative perspective of motherhood for sheltered adolescents

The negative aspects of motherhood in adolescence, according to the interviewees, are related to the difficulties faced and, due to these difficulties, some female adolescents consider it a negative thing to be a mother at this stage of their life, as evidenced by the following speech:

> Sometimes it is horrible, horrible! (FG-3).

Some adolescents could not verbalize what it means to be a mother, indicating a difficulty in understanding motherhood and its implications.

> Being a mother is a lot of things for me (FG-1).

The female adolescents point out the restrictions on their social life due to the responsibility of taking care of their child,

because sometimes we want to go out and we cannot (FG-3).

Thus, they consider that pregnancy itself is not a problem; however, the difficulties inherent in motherhood become evident once the baby is born and the demands of raising a child begin to emerge.

> The best part is when the baby is inside us and we carry them with us, there is nothing to worry about (FG-3).

Although the female adolescents experience limitations in dealing with motherhood, they are able to perceive that this is, in part, related to their lack of maturity, which is a characteristic of this stage of life, as observed in the next extract:

> actually we do not know what to do neither with the child, nor with ourselves (FG-4).

They also mentioned the emotional changes generated in the gestational period:

> Pregnancy makes us very emotional (FG-4).

Another fact that contributes to the difficulty of being an adolescent mother concerns the social stigma associated with becoming a teenaged mother, as may be observed in this speech:

> I think if I got pregnant again, if it was not considered to be so wrong, I would get pregnant 10,000 times! (FG-4).

The socioeconomic situation in which the female adolescent is inserted is considered to be unfavorable for raising a child, especially for sheltered adolescents, whose families are often in no condition to provide the necessary support:

> can you imagine having a child experience hunger and needs? (FG-1).

Finally, violence often occurs within the mother-child relationship, explicitly or implicitly:

> I was going to beat him up [son] (FG-1); If the baby bores me, I put her in the crib (FG-3).

Some youths regard violence as inherent to the educational process of the child:

> Hitting is also a form of correction (FG-1).

Being a mother in the shelter: favorable and unfavorable conditions

Favorable situations in being a sheltered mother

The participants indicate that the favorable conditions of being a sheltered adolescent mother are related to the development of the mother-child relationship and to the support provided by the professionals at the shelter, as observed in the next speech:

> I went there with my educator [to the prenatal appointment] because I am going to have my baby here [shelter]. I came here to take care of him. It is better to have a baby here (FG-2).

Motherhood in the shelter context:
the perspectives of sheltered adolescents
Penna LHG, Carinhanha JI, Martins VV, Fernandes GS

Rev Esc Enferm USP
2012; 46(3):544-51
www.ee.usp.br/reeusp/

547

The female adolescents also consider that the guidelines, conditions and organizational rules of operation in the institutionalization process are favorable for the development of the bond between mother and child. They mention that in the shelter it is not permitted for them to hit or yell at their child, since the only disciplinary measure allowed in the shelter is grounding:

> Here [in the shelter] we are not allowed to hit the children. If he [son] is doing something wrong, he has to be grounded (FG-2).

They also appreciate the incentive of the professionals from the shelter in constructing the bond with their child:

> because [the shelter] teaches you to love them, right? (FG-2).

It is noted that some female adolescents had difficulty in specifying the type of support received, but most mentioned the presence of dialogue between the adolescents and the shelter professionals as a favorable aspect of the motherhood process in the shelter. Therefore, they describe a relationship of trust and friendship, in addition to recognizing the effort of the professionals in providing referrals that meet their needs and promoting their health care (pregnant or not) and the baby's, which included the encouragement to adopt a non-violent attitude towards the child.

> They help with everything, from the baby's needs to ours. (FG-2). There are some educators who talk to us, like the social worker, whenever she sees we are sad, depressed, she calls us to talk (FG-3). The educator sends us to a psychologist (FG-1). She [shelter professional] is looking for a school for me, she is helping me with my studies (FG-2). They [shelter professionals] help us get a job (FG-2). They take us to the doctor, take our children, they care [shelter professionals] (FG-3).

Unfavorable situations in being a sheltered mother

Regarding the unfavorable situations in being a mother within the sheltering context, the adolescents mentioned the institutional guidelines that establish rules regarding the child's stay and the lack of material and human resources. It was observed that the unfavorable situations were more emphasized in the institution that did not specifically shelter adolescent mothers.

On one hand, the non-violence rule towards children provides a support structure for the adolescents, since

> they [shelter professionals] explain that we cannot hit the children (...) teach us not to be violent with them (FG-2).

On the other hand, it constitutes an unfavorable situation as it is associated with the threat of losing custody of their children, since

> if you hit the children, they [shelter professionals] take our children (...) if we really love our children, we are not going to hit and then lose them, right? (FG-2).

In the perspective of the female adolescents, the bond between mother and child is threatened in face of the possibility of losing custody of their child. This situation, combined with their current conditions (compromised psychological, financial and social structure), evokes feelings of anxiety and insecurity in these youths. Some of them are already separated from their children and feel distressed because they cannot raise them, attributing to the shelter the responsibility for this situation, as observed in the following speeches:

> Then I think: why did I go through the pain and now she is raising him? It is my child; I am the one who made him! There should be a shelter where the mother could stay with her child (FG-4). I think it is really difficult to live in a shelter being pregnant (...) because at home we can raise our child the way we want (FG-1). At the shelter we can only visit [the child] once a week (FG-4).

Another negative aspect indicated by the sheltered adolescents concerns the structural flaws of the sheltering network: lack of psychological support, specific health units for the sheltered population, health professionals within the interdisciplinary team of the shelters and governmental health support, as observed in the following speeches:

> I think psychological support is necessary. (...) There should be a hospital only for sheltered clients and obtaining medication. (...) I think there should be at least [in the shelter] a doctor and a nurse. The government is only thinking about the slums, forgetting about health and the shelters (FG-4).

Regarding the resources necessary for the shelter, there is still a need to increase the quantity of social workers and educators, besides the purchase of vehicles to transport the adolescents:

> [There is a need for] more educators, because if two girls are pregnant here and the prenatal care is scheduled at different times, the educator must go with one of them – because we cannot leave alone, and there must be an educator in the shelter (...) The shelter does not have a car and we always arrive late for our appointments (FG-4).

The shelter professionals' need for education is explicit as to the reproductive and sexual health of the adolescents, since the pregnant adolescents themselves perceive they (the shelter professionals) judge them as being unprepared to be a mother:

> They [shelter professionals] say I was not ready to be pregnant (...) is this child going to have a future? (FG-4).

There are some aspects regarding the sheltering experience that, despite not being considered a negative aspect, indicate a flaw in the shelter structure. For example, the sheltered youths suggest an increase in educational and leisure activities:

> I think there should be an educational workshop on this subject [maternal rights]; (...) in this shelter we do not go out (FG-1).

Motherhood in the shelter context:
the perspectives of sheltered adolescents
Penna LHG, Carinhanha JI, Martins VV, Fernandes GS

DISCUSSION

The concept of motherhood in regards to the studied female adolescents reproduces the socially established purpose of motherhood in the life of women: the creation of a family. It represents the maximum potential of the female journey, demonstrating that the woman satisfactorily met the expectation attributed to her throughout her life; that is, her reproductive role[15]. Furthermore, sexual reproduction seems to represent an element of power and maturity over which the young person has greater control and accessibility, rather than the possibility of achieving a good level of education or a good job[16].

For the study participants, an appreciation of family may also represent a desirable goal to be achieved in an attempt to recover their own fragile family bonds, at times non-existent, and their social role as women. The status of motherhood provides the adolescent with a form of social acknowledgment that she has never experienced, especially when her history is marked by the denial of rights. In other words, the sheltered adolescents experience a lack of belonging resulting from their separation from their family and their community, in addition to the abandonment of the state[17]. Motherhood, therefore, raises the possibility of building an identity for themselves within society – being a mother.

Based on their memories of a difficult life, in which they were deprived, for long periods, of living in an environment where interpersonal relationships are affective, stable and reliable, the adolescents worry about being a good role model for their children. This verifies what has been reported in a previous study[7] regarding the meaning of motherhood for unaffiliated female adolescents, in which the youths acknowledge the risks and uncertainties resulting from a life in the streets and also express clearly the hope that their children will not get involved with the street culture, since their future in the streets can mean their death.

In the adolescents' view, motherhood is associated with another function that is socially expected from women: raising their children. They attempt to perform this task based on an affectionate relationship with their children; however, the violence present in the life of these adolescents and marking their relationships with the world, particularly within their families, is reflected in the behavior of the young mother towards her child. Thus, the use of physical violence as a disciplinary measure deserves to be highlighted. This type of violent attitude has significant repercussion on the mental and physical health of the person who experiences it[18], in addition to stimulating aggressive reactions as evidenced by sheltered adolescents in other studies[2,17].

Although the adolescents did not mention it explicitly, it is possible to observe the existence of difficulties in the relationship between mother and child, which may generate attitudes of violence manifested in the way these adolescents speak to, touch and care for their children. This attitude of accepting violence may be a reflection of the naturalization of violence that is present within all of their life stories[2,8].

The discrimination experienced and revealed by the female adolescents in this study reflects the discourse of the dominant classes that pregnancy in adolescence produces negative implications for the personal and social development of the adolescent and her child[4,19]. This situation confirms the stigma to which they refer – motherhood is a mistake in this age range and in the shelter. A study indicates that adolescent pregnancy, more than being simply a new source of expenses, is considered to be an unfeasible expense and is incompatible with the financial reality of the adolescent from a less fortunate socioeconomic background[15].

The positive perspective regarding motherhood and the sheltered youths in this study confirms the observation that studies considering the perception of the adolescent regarding her own motherhood experience, especially an adolescent in a situation of great social and personal risk, tend not to reveal the negative character of pregnancy in adolescence[19]. Nevertheless, it is necessary to study this favorable view of the adolescent regarding the meaning of being a mother, since the present study verified a gap between the speech of the adolescents and the routine of their relationship with their children. The adolescents desire to build an emotional bond with their children, yet in reality this relationship tends to be as precarious as the relationships they have established with their own mother/relatives[2].

Broadening the discussion, it is verified that motherhood, despite meaning something positive for the adolescents in this study and others[11,19] in terms of acquiring a social identity, the possibility of changing their life (separation from situations of vulnerability such as criminality, prostitution, drug abuse) and the guarantee of affection and respect from others, produces several dilemmas in practice. These dilemmas are related to socioeconomic pressures allied to difficulties in dealing with the real and concrete child, who does not necessarily match the idealized child, but whose needs must be satisfied and are their responsibility. Added to that, there are factors that compete so that the fragile bond does not become solidified, generating the possibility of new ruptures when the necessary support is not provided.

The difficulties of motherhood in adolescence associated with a context of non-affiliation may intensify the process of vulnerability to which the sheltered adolescents are exposed, requiring role models for the construction of a positive life for both mother and child. The shelter professionals end up assuming this role. Therefore, the attitudes observed in these professionals and pointed out by the adolescents, such as that of non-violence towards the child, indicates a contribution for the change in the attitude of the young mother towards their children. On the other hand, care must be taken so that the non-violence attitude is not imposed by rule, but achieved by the adolescent based on a perspective change of construction of the relationship with the child.

Motherhood in the shelter context:
the perspectives of sheltered adolescents
Penna LHG, Carinhanha JI, Martins VV, Fernandes GS

Rev Esc Enferm USP
2012; 46(3):544-51
www.ee.usp.br/reeusp/
549

Considering the participants' speeches, it is possible to state that the shelter is a welcoming space – despite being shaped by the personal experiences of each professional – since it provided support in most aspects, according to the sheltered female adolescents. An important study in the area of pregnancy in unattached adolescence[11] shows that the shelter favors the mother-child bond when they are able to live together, breaking with a long history of weakening emotional bonds that may culminate in disaffiliation – a common characteristic in the life of most of the adolescents in a sheltering situation[2-3].

Despite the adolescent's need to point out a responsible person or reason for this situation, some factors support this separation, such as: the abandonment of the family and the state and the personal conditions of each one of them in taking care of their child properly. In this context, the shelter contributes to this situation since it does not use critical educational strategies to work with the adolescents under their care.

In other words, although the effort of the professionals is acknowledged in the establishment of a personal relationship with the adolescents based on open dialogue, the speeches and observation of the shelter routine indicate that this dialogue is characterized more as an informal conversation than a problem-solving action of the reality. Besides the sharing of information and advice that favor the organization of the space through rules, there is the need for a dialogical action that values the constructions that make sense for female adolescents.

The indication of the precariousness of health as a flaw in the sheltering network indicates the difficulty in the establishment of an effective intersectorial network for integrated work between partners in favor of the care integral to the adolescent. The demand of the adolescents for health care within the shelter confirms the recommendation made by a previous study regarding the necessity of having nurses in these shelters to work directly with the adolescents and to establish partnerships and discussions both with the shelter professionals and the external health services[2,8].

Similarly as in health care, this demand reflects the lack of resources aimed at social care institutions in the most varied aspects. The broadening of these resources must be associated with the qualification of the shelter professionals since, as evidenced, these professionals are committed to the care of the youths. However, they need resources so that their work may be performed in a way that leads to the autonomy of the adolescents.

Although these professionals believe that these adolescents are unprepared to become mothers, this value judgment should not be transmitted- after all, the girls under their care need support and encouragement, given the vulnerable condition they are in. It is worth highlighting that this support refers to the pregnancy and its implications, as well as to responsible family planning, as verified by another study[11] in which the female adolescents acknowledge the importance of the help received from social educators in the shelter in caring for their child, and as an opportunity to renounce behaviors built from life in the streets.

The issue of the limitations in the educational and leisure activities is particularly important, as boredom may instigate tension in the shelter, in addition to having negative repercussions on the mental health of the adolescents. On the other hand, the association between leisure and educational interventions could enable the construction of new knowledge and stimulate self-care, favoring interpersonal relationships, especially the mother-child bond, turning these adolescents into more autonomous people.

It is verified that the experience of motherhood in a shelter with minimum support to receive the adolescent mother and her child may bring benefits for this bond. However, in the institution where both of them cannot be sheltered, the mothers who are separated from their children develop anxiety due to this enforced distance.

CONCLUSION

The sheltered adolescents' perception of motherhood is marked by gender constructions, since the creation of a family is valued, associated with the acquisition of a social identity, reproducing the role that is expected from women – becoming a mother. The meaning of motherhood is ambivalent. In a positive light, it represents a transformation of the reality experienced, demanding responsibility and new priorities – the child. Nevertheless, the limits resulting from their social condition as an adolescent create, for the studied adolescents, the negative character of motherhood in adolescence, which intensifies in the face of the psychosocial vulnerability in which they find themselves.

Finally, the shelter represents a welcoming space that minimizes the difficulties pointed out by the adolescents, especially due to the establishment of rules for conduct in the care of their child. The rules attempt to produce in the sheltered adolescent a non-violent attitude; however, they do not always manage to effectively favor/stimulate affection in the mother-child relationship. What seems difficult for the adolescents is knowing how to make motherhood feasible; in other words, how to effectively include the care and the responsibility of these children into their lives. Therefore, the question becomes: how can they build an affectionate relationship with their child in face of a life context permeated by such precariousness, including affection, in the family context?

It is possible to see that the sheltering institutions try to minimize the needs of the adolescents. However, they compete with the illusory attraction of the immediacy and dynamism of the street, which offers immediate solutions, free from family judgment, disguising aggravations and violence and intensifying their inequalities. The care of adolescents who experience motherhood in shelters demands methodological strategies that encourage attitudes of change in face of the problematized situation.

550 Rev Esc Enferm USP 2012; 46(3):544-51 www.ee.usp.br/reeusp/

Motherhood in the shelter context: the perspectives of sheltered adolescents Penna LHG, Carinhanha JI, Martins VV, Fernandes GS

In this context, shelters constitute a fertile field for emancipatory care interventions in order to favor the re-modeling of the ways of living, necessitating actions that promote the health of the population within the shelter. Nursing may contribute to the development of such care activities, particularly concerning critical educational interventions focused on self-care, as well as on the care of the baby, in addition to helping the shelter professionals in the identification of stumbling blocks in the construction of preventive and care strategies. These activities must consider some common characteristics of this group: impatience, lack of concentration and abstraction, disagreements among themselves and an attitude of acting and testing the limits of trust in the nurse until the relationship may be considered concrete.

The nurse's function does not end at this point, since he/she also works as a facilitator within the care network, promoting the sensitization of the social participants involved (health, social care, justice, education, and children's services) based on the discussion of life stories and the demands and dilemmas experienced by the youths in the motherhood process. It means establishing certain tensions among the partners for the commitment to the integrality of care provided to the adolescents, promoting intersectorial work, perhaps in teams and interdisciplinary groups, so that there is the opportunity to break the pattern of vulnerability and disaffiliation between mother and child.

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