

# Bringing the mother's struggle to protect their adolescents in socially vulnerable areas

Trazendo a luta da mãe para proteger seus filhos adolescentes em uma área de vulnerabilidade social

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**Abstract:** Objective: To analyze the dynamics in the relationship between mothers and adolescents living in an area of social vulnerability. Methods: We conducted 3 focus groups in socio-economic poor area. Results: Based on the analysis of the focus groups, we traced five secondary categories. The central phenomenon was Struggling to protect their adolescents. Conclusion: The lack of fulfillment of the basic physiological needs, and the worries with their adolescent children impacted the mothers' well-being.

**Keywords:** Adolescents. Parents. Social Vulnerability.

**Resumo:** Objetivo: Analisar a dinâmica na relação de mães e adolescentes que vivem em uma área de vulnerabilidade social. Métodos: Conduzimos 3 grupos focais em uma área socioeconômica pobre. Resultados: Com base na análise dos grupos focais, traçamos cinco categorias secundárias. O fenômeno central foi "Lutando para proteger seus adolescentes". Conclusão: A insatisfação das necessidades fisiológicas básicas e as preocupações com os filhos adolescentes impactaram o bem-estar das mães.

**Palavras-chaves:** Adolescentes. Pais. Vulnerabilidade Social.

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## Introduction

The family is the main agent of socialization in the development of adolescents' emotional capacity. There are different family arrangements and their members depend on each other for emotional and economic support, which can be a source of security or stress (Jabbari; Rouster, 2022). Family connectedness is the most important protective factor for avoiding risky health behaviors (Anteghini *et al.*, 2001). Positive family dynamics offers supportive family relationships with love and care, while negative family dynamics offers stressful family relationships with arguments and instability (Jabbari; Rouster, 2022). Safe and supportive families are crucial in helping adolescents develop their full potential and resilience while protecting them from environmental factors (Viner *et al.*, 2012).

Being a parent is one of the most demanding and intense social roles that individuals can experience in their lives (Vance; Brandon, 2017). Within the family nucleus, the maternal competence sense is important to provide an adaptive approach and a stimulating environment in parenting (De Haan *et al.*, 2013).

The challenges increase even more when living in socially vulnerable communities, with a high concentration of poverty, crime and unemployment, the presence of drug trafficking, and weak institutional policies.

In developing countries, most adolescents and their families suffer from multiple deprivations, exclusions, situations of vulnerability, and social risks that impact the well-being of everyone in the household (UNICEF, 2018). We cannot compare the difficulties of educating and raising a child in a territory of vulnerability and social risk with middle — and upper — class families, because the opportunities are not equal (Souza, 2009). Moreover, we know that parenting recommendations developed in rich and industrialized countries cannot be applied worldwide because each territory has its singularities.

From Maslow's Hierarchy of Needs (Maslow, 1943), human motivation occurs through basic human needs: Physiological Needs; Need





for Security; Need for Belonging and Love; Need for High Esteem, and Need for Self-Realization (Maslow, 1943). Populations living in territories of vulnerability and social risk may have their basic human needs compromised, mainly due to economic difficulties, insecurity of the environment where they live, and lack of belonging. It is not clear whether the interference of these challenges in parenthood changes with the children's age.

In a quality-of-life survey in a highly vulnerable socioeconomic territory in the Southeastern region of Brazil, we found that mothers who lived with adolescents had impairment of the psychological domain with worse scores when compared to whom lived with children. Our objectives were to understand and map the reasons associated with the mothers' psychological domain impairment and their perspectives and concerns regarding adolescence in a territory of social risk and vulnerability and to propose a theory explaining the relationship dynamics involved in this context.

## Materials and Methods

### *Characterization of the Area*

The research was carried out in an area in a municipality located in a metropolitan region of Southeastern Brazil, a country presenting both disparities in access and rights (UNICEF, 2018), and situations of social vulnerability and social risk for adolescents, with homicide due to involvement in drug trafficking, which is related to main mortality cause (Cerqueira *et al.*, 2021). The districts chosen for the research were named regions A and B, and they presented high social vulnerability and risk. Region A consisted of a housing complex with popular buildings and 2 invaded areas where irregular houses were built. Region B was a district in the same area consisting of houses and a residential condominium with popular buildings.





## *Procedures*

This is a qualitative study with mothers adolescent's caregivers, with different educational and socioeconomic levels invited to discuss adolescence. Participation was voluntary, and before starting the focus groups, the Informed Consent Form was presented and signed by all participants. The focus groups were held in a room of the local Primary Health Center in area A and a room of a Public School in area B.

## *Focus Groups*

The focus groups with a predetermined roadmap were conducted with questions developed according to Krueger's Strategy (Krueger *et al.*, 2001), aiming at determining the participants' perception of the environment where they lived, their greatest difficulties with the adolescents, and suggestions of actions that could be implemented to improve their lives. Three focus groups with different individuals were conducted. The meetings lasted 70-90 minutes and had their audio recorded for later transcription (Kinalski *et al.*, 2017). The saturation of the themes that emerged was achieved in the third meeting.

## *Qualitative Analysis*

For the analysis of the focus groups, we used the Grounded Theory (GT) with a constructivist approach, structured by Charmaz (Charmaz, 2014). First, both authors read and performed the initial coding individually, incident by incident, and subsequently in a consensus, the differences were resolved. The focused coding was refined and extracted from the data, and then a theory was constructed. The participants' original statements were translated into English for the presentation preserving the original colloquialism.





## Results

To map the reasons associated with the impairment of the Quality of Life Questionnaire Psychological Domain of families with adolescents, we invited caregivers for focus groups. Only women enrolled to participate in one of the 3 focus groups, with 10 mothers, aged 31-67 years. Eight of them had children and/or adolescents at the time of the study.

Based on the GT analysis, we traced the following secondary categories: "Perceiving the adolescent's need"; "Facing challenges with adolescence"; "Taking the greatest responsibility for the children's care"; "Fearing the area"; and "Isolating at home for protection".

### *Perceiving the Adolescents' Needs*

In general, the mothers reported the importance of love and of finding time for dialogue with the adolescents as major protective factors, and in the absence of these feelings and care, parents would have difficulty in dealing with adolescents.

*More dialogue at home, right, in fact, they should have a space like that"... "Even if we don't have time, we have to find some time to talk, right. (Participant 5)*

The mothers did not have time to talk to their children, as they were overwhelmed with their duties. They dreamed of having a different day of leisure, allowing the opportunity for dialogue.

*But when I talk about leaving the place, it is not leaving the house, it is leaving the neighborhood. Maybe even leaving the city, for example, a farm hotel, just the family, chatting, talking. (Participant 2)*

They were dissatisfied with the school's opening hours and believed that there was a lack of protective factors such as leisure and out-of-school-time activities to reduce idle time on the streets.





*Okay, they were going to be more stuck, they would go to school in the morning and the afternoon, they must have activities so they don't hang out in the neighborhood... I think they must have a full-time school, studying and then some courses for them. (Participant 5)*

The mothers believed that the adolescents needed to have more responsibility for their studies and that working was important for them.

*Teenagers need it, to work early, to finish their studies, to get some proper higher education... There should have jobs for teenagers to start working early. (Participant 1)*

### *Facing Challenges with Adolescence*

The mothers reported the difficulty of relating to adolescents, and rebellion was a great barrier, as they were not available to talk to the adults, making dialogue difficult.

*I will not answer for myself, but for what I see a lot there in my block, even in the neighborhood... The rebelliousness of teenagers. (Participant 2)*

When the dialogue was very difficult, the mothers thought about giving up their responsibilities and questioned whether giving freedom to their children was the solution. However, the desire to give freedom sounded like an abandonment, an escape to avoid stress and discussion.

*Give freedom. Only if that's like... Leaving her, releasing her, leaving her be, maybe she won't do the things she's been doing. (Participant 1)*

### *Taking the Greatest Responsibility for the Children's Care*

The mothers reported that the greatest responsibility for dialoguing with their children fell on the mothers, with some topics being very





difficult to talk about. The mother's absence was perceived as a serious problem and was hardly replaced.

*Whenever I start talking to my son, even though he and I have a very open dialogue, we talk and now he's dating, and then it's easier, much easier... I tell him, look, you mainly have to respect her, because she doesn't have a mother, so it's difficult because everything is left for her grandma and dad to talk to. (Participant 4)*

### *Fearing the Area*

The mothers felt they did not live in a safe place, they were angry with people consuming drugs on the streets of the neighborhood, and this was normalized. They stressed that they would like to participate in the outdoor gym, but they found it dangerous. The consumption and sale of drugs on the streets were the major barriers to socialization and thinking about adolescent care strategies.

*Some things that we see on the corner, like, sometimes you see someone passing by and see someone there on the corner smoking weed. These things, like, are not cool! It's usual. (Participant 10)*

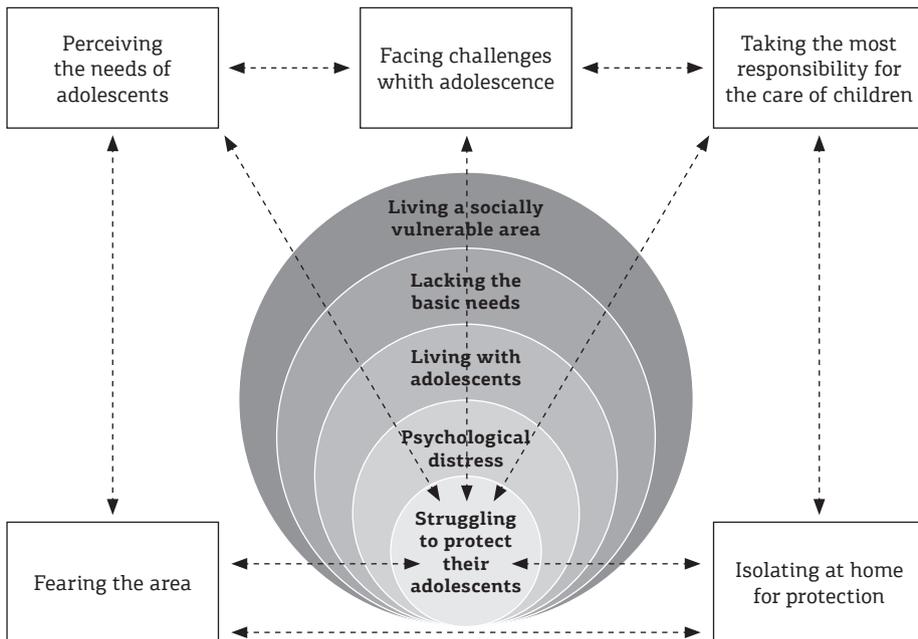
### *Isolating at Home for Protection*

The mothers did not let their children play and socialize on the neighborhood streets. They were afraid that violence, drug use, and the environment of trafficking would endanger their adolescent children's lives. Thus, families were isolated within their homes.

*I don't leave my daughter out there, she says, like: "Mom, can I play outside?". I tell her: "Play here, in front of the house, where I can see you, because, the way the world is, it's not safe". (Participant 9)*



The participants felt suspicious about the external environments to which the adolescents were exposed. Due to the little support from the institutions, the mothers tried to solve the security problem alone, restricting their children's contact with the environment, and isolating them at home. They wanted to occupy all their children's idle time with activities that provided greater protection, such as extracurricular afterschool or sports activities and insertion in the labor market. This type of provision in the area was very limited, generating stress and a feeling of helplessness. This compromised their psychological well-being and their basic needs. Based on the findings in the focus group we traced the central phenomenon of "Struggling to protect their adolescents" and could be justified based on the mothers' perceptions of adolescence and the risk factors in the area where they lived.



**Figure 1.** Diagram Presenting the Secondary Categories their Interconnections and the Factors Moderating the Connections with the Central Phenomenon.



After the focus groups, we promoted meetings with mothers of adolescents, to stimulate reflection upon the period of adolescence and to share experiences at the same time. There were 9 meetings lasting approximately 2 hours, creating a support network, enabling socialization, and strengthening community ties. These meetings validated our qualitative analysis categories and central phenomenon.

## Discussion

In this vulnerable area, mothers had great dissatisfaction with the fact of not being able to meet their basic needs fully (both physiological needs and needs for security) for the survival of their adolescent children. Consequently, this discontentment and powerlessness impaired their potential and motivation to reach other levels of abstract needs — love/attachment, self-esteem, and self-actualization (Maslow, 1943). The area reproduced social inequality, precarious quality of life, and the individuals' dissatisfaction with their basic needs (Maslow, 1943), exposing families to situations of social vulnerability and risk, and weakening family ties.

The helplessness and multiple deprivations compromised the higher needs (Maslow, 1943), making them secondary in face of the work overload and the fragilities experienced in their daily lives. The mothers were so exhausted that they did not recognize their abilities to reach the higher needs (Maslow, 1943) and to have positive parenting, considering that it is challenging and intense to live in a socially vulnerable territory and still have teenage children with several worries. Unmet human needs are sources of stress for the entire family unit. Multiple deprivations can exacerbate family stress and affect the well-being of parents, increasing family conflict (Garg *et al.*, 2019).

Mothers were resistant to barbarism in this socially vulnerable area, but they felt overwhelmed due to their double shifts that intensified their working time. The imbalance in family relationships with their partners — often absent in fact or figuratively — trapped them in gender patterns of disadvantage and frustration.





The fathers were distant from their children's care. The father figure's invisibility did not allow closeness in emotional bonds and the adolescent did not recognize the family system as support for solving problems. Policies to maintain children and adolescents in schools have produced an educational gap in the lower classes of society, with adolescents having a higher level of education than that of their parents (Longo; Vieira, 2017), creating a feeling of inferiority towards their children and difficulty in communication. The feeling of failure in family relationships affects the individual's psychological health, compromising their basic psychological needs for competence, autonomy, and relationship (Ryan; Deci, 2000), generating resentment, frustration, and anger.

Parents' beliefs are influenced by the social and cultural environment, determining and modulating their parental style (Ridao; López-Verdugo; Reina-Flores, 2021). Families living in socially insecure and vulnerable areas, generate more unstable family systems, resulting in more troubled relationships among their members, and parents (Olson, 2000). When needs are frustrated, parents exhibit less interaction and more authoritarian parenting practices with their children and they may adopt controlling behaviors to protect family members (Lo Cricchio; Costa; Liga, 2020).

The environmental issues become even more worrying when there is a teenager in the family. Adolescence implies an increase in autonomy, which requires more flexible family systems, with decreased parental control (Mastrotheodoros *et al.*, 2019). Adolescence is a phase in which the community environment greatly influences behavior besides the family. This phase coincides with a parental crisis related to their stages of life (Mastrotheodoros *et al.*, 2019). Families that do not facilitate communication can be detrimental to the adolescent's development, increasing stress levels between parents and teenagers (Mastrotheodoros *et al.*, 2020). Parents' psychological health impacts the adolescent psychological well-being (Wolicki *et al.*, 2021).

Parents who are satisfied with their needs related to freedom to make parenting decisions and to feel competent in their parenting have a sense of belonging that influences positive social relationships (Peters *et al.*, 2020).





They exhibit a high motivation to relate to their adolescent children, and to promote adolescent well-being (Lo Cricchio; Costa; Liga, 2020).

To discuss a territory, we need to understand it not as a static structure, but as a space, an environment of the care process, the place where people live, the place that gives life to the subject. It is there that subjectivity, resistance, and resilience are exercised (Lima; Yasui, 2014). According to Milton Santos (1996), the Brazilian population's citizenship is mutilated daily concerning their housing, the right to come and go, education, and health services, among many other rights (Santos, 1996). The occupied space has a great expression of social inequality, where the absence of State action consolidates the sociospatial segregation, compromising the quality of life of the population and not dialoguing with their needs.

Despite all the difficulties, the mothers struggled to protect their children from avoidable risks and harm in the territory and to exercise conscious parenting with strengthened family bonds. They strive to create parenting strategies of love and protection.

As a limitation of the study, we were unable to depict the perception and experience of the father figure about their children's adolescence, as no father volunteered to participate in the groups. Due to the limited information, it is not clear if adolescent gender affects differently the mothers' well-being.

## Conclusion

The lack of fulfillment of the population's basic needs in socially vulnerable areas impacted the mothers' well-being. The focus groups allowed us to elucidate the mothers' insecurities regarding how to deal with their adolescents to protect them from violence. Despite feeling helpless, they struggled daily to keep their adolescents safe in areas of social vulnerability. This study may contribute to the comprehension of factors involved in the worries of mothers of adolescents in socially vulnerable areas. Such factors are important to be addressed when discussing strategies and interventions for adolescents' protection and support for families living in these areas.



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