

EXPERIENCES OF MATERNITY AND PATERNITY IN THE ADOLESCENCE

VIVÊNCIAS DA MATERNIDADE E PATERNIDADE NA ADOLESCÊNCIA

EXPERIENCIAS DE MATERNIDAD Y PATERNIDAD DURANTE LA ADOLESCENCIA

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Objective: to know the experiences of maternity and paternity experienced by adolescents and their participation in the care of their children. **Method:** a descriptive qualitative study carried out with ten parents who experienced maternity/paternity in adolescence. Data were collected in November and December of 2015, through semi-structured interviews that were submitted to content analysis. **Results:** the pregnancy triggered conflicts, feelings of happiness, positive and negative changes in the daily routine of adolescents and their families. Participants emphasized that they did not face difficulties in caring for the newborn due to the support provided by family members and health professionals. **Conclusion:** the experience of gestation was not perceived as an unfavorable condition for the adolescent couple; however, professional support and support from the parents is important for the child's health and for the development of the new family.

Descriptors: Adolescent. Teenage pregnancy. Child care.

Objetivo: conhecer as experiências da maternidade e paternidade vivenciadas por adolescentes e a participação desses nos cuidados aos filhos. Método: estudo descritivo, de natureza qualitativa, realizado com dez pais que vivenciaram a maternidade/paternidade na adolescência. Os dados foram coletados nos meses de novembro e dezembro de 2015, por meio de entrevistas semiestruturadas que foram submetidas à análise de conteúdo. Resultados: a gestação desencadeou conflitos, sentimento de felicidade, mudanças positivas e negativas na rotina diária dos adolescentes e de suas famílias. Os participantes destacaram não terem enfrentado dificuldades na realização dos cuidados com o recém-nascido, em razão do apoio fornecido pelos familiares e profissionais da saúde. Conclusão: a vivência

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da gestação não foi percebida como condição desfavorável ao casal adolescente, entretanto o acompanhamento profissional e o apoio dos pais é importante para a saúde da criança e o desenvolvimento da nova família.

Descritores: Adolescente. Gravidez na adolescência. Cuidado da criança.

Objetivo: conocer las experiencias de maternidad y paternidad vividas por adolescentes y su participación en el cuidado de los hijos. Método: estudio descriptivo, de naturaleza cualitativa, realizado con diez padres que experimentaron la maternidad/paternidad durante la adolescencia. Los datos fueron recopilados en los meses de noviembre y diciembre de 2015, mediante entrevistas semiestructuradas que fueron sometidas al análisis de contenido. Resultados: el embarazo desencadenó conflictos, sentimiento de felicidad, cambios positivos y negativos en la rutina diaria de los adolescentes y de sus familias. Los participantes destacaron no haber enfrentado dificultades en la realización de los cuidados con el recién nacido, debido al soporte ofrecido por los familiares y profesionales de salud. Conclusión: la vivencia del embarazo no fue percibida como condición desfavorable para la pareja adolescente, pero el seguimiento profesional y el soporte de los padres son importantes para la salud del niño y el desarrollo de la nueva familia.

Descritores: Adolescente. Embarazo en Adolescencia. Cuidado del niño.

Introduction

Teenage pregnancy has been causing concern worldwide. Research based on data from 20 European countries has shown that Portugal has the highest birth rates among adolescent mothers⁽¹⁾. In the United States, more than 600,000 young people become pregnant each year, classifying it as one of the countries with the largest number of pregnant adolescents when compared to other developed nations⁽²⁾.

In Brazil, this is also an expressive phenomenon, which constitutes a great challenge for the various fields of knowledge, especially for public health that needs to evaluate this condition in an interactional context, understanding the changes in the family environment, as well as the biological and emotional changes and readjustment of the social role that take place in this scenario. Changes occurred in this period may offer important indicators to evaluate the Primary Care service regarding actions directed to adolescents, which is justified given the important rates of early pregnancy as the main cause of hospitalizations in women in the age group from 10 to 19 years in the Brazilian Unified Health System⁽³⁻⁴⁾.

Although some studies have demonstrated reduction of pregnancies among adolescents, there has been a slight increase in pregnant women in the age group from 10 to 14 years – from 3 to 4 births per 1,000 women, which generates

concern in the field of public health⁽⁴⁾. Teenage pregnancy is concerning because complications can affect both the newborn and the adolescent and their family. In addition to the biological aspects, others aspects should be considered in providing care, such as socioeconomic level, reduced access to health services, risk behaviors, habits and inadequate nutrition. These aspects point to the need to control the different factors that may be associated with the evolution and outcome of pregnancy and with the newborn's health conditions⁽⁵⁾. In addition to these, the emotional factors related to teenage pregnancy deserve equal attention: sometimes they are positive, expressed through manifestations of satisfaction, sometimes they are negative and translated as a difficult experience, which results in little or no expectation regarding the future⁽⁶⁾.

In this way, reflecting on the quality of the health services provided to adolescents is necessary, as a biomedical model based on a Cartesian philosophy still permeates, whose product is a one-dimensional care. Because it is a multi-causal phenomenon, early pregnancy needs to be analyzed in all its dimensions, and this should be clear to health professionals⁽³⁾.

Another situation that deserves to be rethought is the analysis of the social place for paternity, considering that the actions of conceiving and raising children are usually presented as exclusive

experiences of the female gender. Such notion, culturally shaped, ignores male participation as well as the desires and feelings of men in the process of paternity⁽⁷⁾.

However, teenage pregnancy does not constitute an exclusively female event, and such a paradigm will only be deconstructed inasmuch more studies are concerned with this experience, considering and valuing characteristics of maternity/paternity experience⁽⁵⁾.

The participation of the partner and the relatives in the process of gestation and delivery is fundamental for helping in the management of stressful situations. Thus, the aim is to provide a better structure for the newly formed family, since it is up to its members to provide positive support to pregnant adolescents, as a determining aspect of both the psychological well-being and the degree of satisfaction of this mother in relation to life⁽⁵⁾.

Based on this context, the present study has as a central question: what are the experiences of adolescents to become parents in this age group? The objective is to know maternity and paternity situations experienced by adolescents and their participation in the care of their children.

Method

This is a descriptive exploratory study of a qualitative nature carried out in the city of Campo Mourão (PR), Brazil. The study included men and women who, as a teenager, had their children in the years 2012, 2013 and 2014. The choice of these years is related to the change in the birth certificate (BC), which now includes data of the child's father. Regarding the delimitation of the age group of adolescents, it was used the one adopted by the Ministry of Health, which, in turn, follows the recommendations of the World Health Organization (WHO), which defines the adolescent as the person in the age group from 10 to 19 years.

Data were initially collected in the Birth Information System (SINASC in Portuguese) of the municipality under study. The inclusion criteria for participation in the research were: living

in Campo Mourão (PR), having experienced maternity/paternity in adolescence; in the years 2012, 2013 and 2014. The exclusion criterion was: mothers and adolescent parents who did not live with the child.

Consultation in the SINASC revealed that 34 adolescents became mothers in Campo Mourão in the years 2012, 2013 and 2014. However, some were residents of other municipalities and others could not be located with the addresses in the SINASC records. It should be noted that the municipality under study is the regional health center and care center in the health area, which justifies, in part, the large number of births among non-resident adolescents.

Contact with the possible participants was facilitated because two of the authors of the study worked as members of the Family Health Strategy teams of the municipality. Participants were initially contacted by telephone, and were invited to participate in the study after a brief explanation of its purpose and type of participation desired. After agreement, a home visit was scheduled for the interview, in which the legal guardian could be present in cases when the mother was still a teenager.

The study participants were eight teenage mothers who were located from the address recorded in SINASC. Regarding the fathers, only two met the established criteria and were willing to participate in the interviews, since four were not adolescents at the time of pregnancy, one was on a business trip and the other did not live with the child. The number of participants, therefore, corresponds to the exhaustion of the number of possible subjects.

Data were collected in November and December of 2015 by two nurses living in the municipality, through a semi-structured interview. The script used during the interviews was elaborated based on the objectives of the study and was made up of sociodemographic questions and open questions, addressing aspects related to the experience of gestation, maternity and paternity during adolescence.

The interviews were conducted in the households and, after consent, were recorded.

Subsequently, they were transcribed in full and submitted to content analysis, thematic modality, considering the three steps proposed⁽⁸⁾. For this purpose, a floating reading of all the material extracted from the interviews was carried out in order to obtain a general knowledge of its content. In the second moment, the material was explored, and the similarity between the excerpts was highlighted; possible nuclei of meaning and evaluation were identified to confirm whether they expressed the information initially identified and/or whether there were other nuclei of meaning, followed by analysis and grouping of nuclei of meaning in themes. Subsequently, an essay was written by theme, to bring together all the meanings contained in the texts, which was completed with the identification of three thematic categories, which were discussed in the light of the bibliographic reference raised by the authors of the study.

The research was developed in accordance with the ethical standards in force. The project was authorized by the Municipal Health Secretariat of Campo Mourão and approved by the Standing Committee on Ethics in Research with Human Beings of the State University of Maringá (PR), protocol no. 1,233,050/2015. All the participants signed the Free and Informed Consent Form (FICF) in two copies. In the case of adolescents, this term was signed by a legal guardian and they agreed to participate in the study. To ensure anonymity and indicate the adolescent or the adolescent's partner, their reports are identified by the letters A or AP followed by a number indicative of the order of interviews.

Results

Ten people were interviewed, being eight mothers and two fathers with current ages ranging from 14 (A4) to 21 years (A6). The age at which the girls experienced gestation was between 14 and 15 years. As for the boys, one became a father at 15 and one at 17. Two adolescents declared themselves single (A4 and A5); the others reported stable union with the child's father.

Three adolescents (A4, A5 and A7) continued their studies after the baby was born. The others, despite expressing their desire to return to school activities, had not yet done so. The monthly family income varied between 1 and 3 minimum wages.

Three adolescents (A1, A3, A6) stated that gestation was planned and the reasons for wishing pregnancy to occur were: request of the partner (A1), desire to have a child (A6) and desire to have a life of their own, without control of parents (A3). Of the five teenagers who did not plan for pregnancy, only A7 used the contraceptive method. Complications during pregnancy were: urinary infection (A1 and A7), arterial hypertension (A2), and preterm labor (A4).

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In the puerperium, three mothers had nipple fissures and breast engorgement (A1, A3 and A8) and one had anemia (A1). Breastfeeding time ranged from 20 days (A1) to 18 months (A2), four of which were still breastfeeding (A3 — four months, A5 — five months, A7 — nine months and A8 — 7 months). A6 had breastfed only for three months and A4 did not breastfeed.

In the puerperium, four mothers received a visit from the Community Health Work (CHW) and one from the nurse (A3). Of those who did not receive any visit, A1 had anemia and nipple fissures and breastfed for only 20 days, A2 had hypertension during pregnancy, and A4 had a preterm birth. These data show that all of them should have received special attention from the health service because, in addition to being a situation of pregnancy/childbirth in adolescence, these teenagers presented complications.

From the analysis of the qualitative data, three thematic categories emerged, namely: news of pregnancy in adolescence, changes in adolescent and family routine and taking care of the baby.

News of Pregnancy in Adolescence

For the family, the news of teenage pregnancy is surrounded by moments of conflict, acceptance and happiness. For some teenage mothers, the moment was marked by uncertainty and fear of breaking the news to parents, especially regarding the reaction they might have:

It was complicated. I was afraid of them [parents] cursing at me and about what they were going to think of me. (A3).

I was afraid of how she [mother] would react, of being very angry at having one more to take care of. (A1).

I argued with my parents and came to live with my husband. (A2).

After the initial impact caused by the news of pregnancy, changes in parental behavior were noticed. They pointed out that, over time, there was a better acceptance of the pregnancy and, even greater attention from the parents to the adolescent children:

At first I was argued with my father, but not now. Now everything is fine. He loves his grandson and everything is fine. (A2).

[...] She [her mother] got very angry; she fought with me. After about 6 or 7 months, she got used to it. (A5).

I think it even got better. My mother seems to take care of me more; she calls from her workplace to know how we are, she worries about us. (A4).

Two adolescents revealed that their families did not express surprise when knowing about gestation, one due to her expressed desire to be a mother and the other due to the behavior the adolescent assumed towards her partner during the dating phase:

I always told my family that I wanted to be a mother soon; I did not want to take too long to get pregnant. When my period was late, I took the exam; I did not have much surprise. (A6).

I used to sleep more there than here. My mother already knew a little that it got behind [menstruation]. (A7).

Another adolescent revealed nonconformity with the positive diagnosis of pregnancy, concern about the possible consequences of this condition, such as the possibility of interrupting studies, and the interference with plans for the future.

At the beginning, I found it annoying ... I could not accept I was pregnant. I thought I would stop everything, stop studying, but then no, I was able to manage everything. (A5).

However, with the help of the family, the adolescent in question revealed that she had been able to continue her studies and the training courses she had already done before gestation, which could help with family income and family living conditions.

Changes in Adolescent and Family Routine

Gestation and childbirth are a moment of changes, as they require personal and family restructuring. The need to take on new behaviors affected adolescents and their families:

My life has changed a bit. I used to go out a lot and now I do not go out that much. I started to have less free time. Now I know I have to help her [wife]. (AP6).

Now I have more things to do. Besides the house, I have to take care of my daughter, change her, give her food, shower, all this I did not have to do before. (A3).

My husband is not from here. So I am alone here. My mother had to quit her job; she asked to leave to help me to take care of the baby. For her, it has changed a lot. (A1).

Teenage pregnancy was an excuse for most mothers to give up their studies. However, in some speeches, the desire and/or need to return to school in a timely manner is highlighted.

I stopped studying at the end, I have to go back. (A8).

[...] my husband does not let me study and does not want me to put her in the day care, but I think about going back to school. (A1).

Before pregnancy, I used to study, I went to school, I slept in my friends' house, but today I cannot. (A2).

It is difficult going to school. (A4).

In addition, they highlighted changes in leisure activities and in their own behavior — mothers and fathers.

[...] *When it is time to go out with your friends, I do not go anymore. I do not have any dates anymore. The clothes I used to wear in the streets I no longer do it.* (A4).

I used to go out with the girls and stayed until late; I used to sleep in their house. After my daughter was born I have not slept out anymore, I hardly leave home. (A5).

[...] *It changed a little ... I used to go out a lot and now I do not go out that much.* (AP6).

Although the arrival of the baby have caused changes in the routine and the life of the adolescents, some have seen it as something good that generated positive feelings for the teenage couple:

It changed everything, with him [husband] now I can go out without him. Before, I could not, my father used to hold me at home, he was afraid I would do something wrong. Then, after my son was born, he released me to go out. (A2).

We hoped that if a little baby came for us to take care of it would be good, to have another little life here close to us. (AP8).

This adolescent attributed positive meanings to the arrival of the child, highlighting the feeling of affection and that, in a way, it reinforced the bonds of the couple. These are perceptions that can compensate for the limitations caused by the event.

Taking care of the baby

Some adolescent mothers reported that they had no difficulty in caring for the newborn due to previous experiences in caring for other babies and due to the help provided by the family in the initial care of the newborn:

I had no difficulty ... I had also taken care of my little nephew. (A2).

I do not remember having had much trouble. Sometimes fear, for being too small, but I had already helped to take care of babies; I remembered some things. (A3).

In the first days, my mother was together, talking to me, do it like this ... she is always here at home, so she helps me when I do not know how to do something. (A8).

Although they said they did not feel difficulties with child care, they highlighted insecurity, fear about crying and handling of the baby, which is usually common among mothers and fathers in the first child:

I was afraid to hold him in my arms. He cried a lot. (AP8).

He had colic in the beginning; I did not know what to do to calm him down. I had a desperate time! (A6).

I did not find it difficult to change diapers, clean the navel, but when he is crying, I feel like crying together. (A4).

There was a positive encouragement offered by the family to the practices of child care, which allowed the adolescents to feel more confident and willing to implement the guidelines received during prenatal care. These attitudes reinforce the role of the family as a promoter and guardian of family health:

In the first days, I was afraid to hurt the navel, to bathe; but then, on the third day, I bathed him. My husband helped in the bath, put him to burp; he said we had to tap the baby's back slowly. (A7).

The ones who helped me were my mother-in-law, my father-in-law, my husband, my mother-in-law's mother; almost the whole family helped me a lot. (A2).

She [wife] tells me what I have to. There are things even she is afraid to do and I am not. (AP6).

Nevertheless, the discourses also revealed an incipient participation of the adolescents and difficulties of expressing their doubts in the meetings with the health professionals, either in the medical and/or nursing consultations, or in orientation groups:

I have never say anything; I spoke only to my mother. (A1).

I have never asked anything ... I was ashamed. (A2).

They came to invite me [lecture], but I did not go. (A4).

This factor may reveal that, despite the initiatives of health education professionals, the methods used are still not adequate for the adolescent population, since they do not lead to the formation of bonds and are based primarily on the transmission of knowledge. This makes it difficult for the real needs of the adolescents to be fully met at that moment.

Discussion

Until the mid-twentieth century, teenage motherhood was not considered a public health problem and did not attract the attention of researchers. Decades ago, being a teenage mother was usually associated with a stable marriage, and considered normal. Thus, the woman used

to be prepared for motherhood from an early age. Currently, teenage pregnancy is conceived as a factor that alters the natural development cycle, counteracting the contemporary expectation that motherhood should only occur after the completion of studies, obtaining a profession, a job and/or marriage, or home⁽⁹⁻¹⁰⁾. In addition, it is considered a complex phenomenon, which involves initiation and type of sexual practice; non-use of contraceptive methods; representations of gender and ambiguity in social values; the adolescent's knowledge, attitudes and beliefs; socioeconomic factors (income, housing, family structure and access to social facilities) and cultural factors; and, finally, the family context⁽¹¹⁻¹³⁾.

The adolescents under study became mothers and fathers very early (between 14 and 15 years, and at 15 and 17 years, respectively). Research has highlighted that, biologically, at ages below fifteen years, there is an increase in perinatal risks for pregnant women and their infants (gestational hypertensive disease, prematurity and low birth weight)⁽¹³⁻¹⁴⁾, which, to a certain extent, was confirmed, since half of the eight adolescents had presented complications during pregnancy, such as urinary tract infection, hypertension and preterm labor.

It should be noted that being pregnant under the age of 15 can refer to situations that deserve a cautious look. Often sexual intercourse and gestation in this age group, that is, under the age of consent (in Brazil this age is 14 years), can be considered acts of sexual violence, regardless of whether or not there has been violence and/or consent by the adolescent⁽¹⁵⁾.

Regarding breastfeeding, half of the mothers discontinued the process before the fourth month of the baby's life. A study with Canadian teenage mothers emphasized that the intention to breastfeed had a positive association with breastfeeding time and was more likely to occur among older adolescent mothers⁽¹⁶⁾. Research conducted in Piauí, Brazil, found that adolescent mothers who continued studying were more likely to interrupt breastfeeding but, when they received support for self-care and child care,

breastfeeding time increased threefold⁽¹⁷⁾. This demonstrates the need for family and professional efforts to support the adolescent mother and thus promote breastfeeding, since her success is directly linked to emotional well-being, health education in relation to breastfeeding and adequate family support.

Home visits in the puerperium were performed for five of the eight adolescent mothers and had the aim of fulfilling the routine service and/or attendance of some complaint related to breastfeeding. However, the three mothers who did not receive a visit had an indication for complaints, since they presented complications, such as early weaning, hypertension during pregnancy and premature delivery. It should be noted that home visit is a light technology that favors communication and encourages couples to care for the baby, raising the level of confidence during the postpartum period⁽¹⁸⁻¹⁹⁾. Faced with this, health professionals need to invest in this tool to approach the adolescent couple and help them to deal with the needs triggered by the process of caring for the child and their own health.

Studies have highlighted some factors that may predispose to paternity in adolescence, such as low socioeconomic level, paternal absence and living with stepfather in childhood, in addition to early sexual initiation⁽²⁰⁾. The most common changes occurring in the experience of paternity are related to quitting school and the need to seek a job to support the family⁽²¹⁾.

Thus, with the experience of paternity in adolescence, men may have to adopt a more mature attitude and seek alternatives to provide the needs of the couple and the child. However, for the good development of paternity, these young men still need the support of family and health professionals⁽²⁰⁻²¹⁾.

Regarding the impact of gestation on the adolescents' families, it was possible to observe that the diagnosis of pregnancy was permeated by feelings of perplexity and sorrow. However, over time, such feelings generally gave way to acceptance and adaptation to the new situation^(5,22). This was confirmed in this study

because, despite the family conflicts in the initial moments, the reports showed that, little by little, adolescents' parents began to behave in a welcoming way, supporting them and helping them in the care, which values family bond. In this context, the family plays a fundamental role because their hostility reactions are transformed into caregiving attitudes by providing support⁽²²⁻²³⁾. In addition, families engage in the care of adolescent mothers, so that the health situation of both the mother and the baby is not impaired.

The data also showed that, in some cases, the news of gestation did not cause surprise because of the behavior that the adolescent presented in their relationship with the child's father. This finding demonstrates that the onset of sexual activity is often known by family members and, even at an early age, is perceived as a normal and expected event.

This may reinforce the perception that the family institution has undergone important behavioral changes related to sexuality and that, often, parents, because they are not prepared for an efficient dialogue regarding the complexity of the process of human formation, end up assuming a posture of conformity to events of this nature. It should also be stressed that dialogues on sexuality, which should go beyond the transmission of information, are still a taboo within the family⁽²²⁾.

The adolescent's feelings of nonconformity with pregnancy were also revealed by some participants, especially when considering some of its consequences, such as discontinuation of studies, which could jeopardize future plans. This feeling of discontent suggests that an unplanned pregnancy can be disruptive to adolescents, predisposing them to drop out and/or interrupt their studies in the face of the child's demand for care. This decision may also make it difficult to enter the labor market in the future and/or subject them to low-paid jobs. In view of the above, the importance of the health professional as a collaborator is pointed out, explaining that it is possible to continue studies during pregnancy and after the childbirth period, developing actions, addressing issues, such as

social and reproductive education, and raising awareness about their new posture^(5,17,23).

In this sense, it is important for adolescents, especially couples, to raise awareness about the importance of mutual respect and the dreams and desires of each. Likewise, it is important that they maintain a circle of friendships themselves, that they cultivate the habit of making decisions and drawing up plans together, as this strengthens the relationship between them, as well as favors the physical and mental health of both. In the case of this study, this includes not imposing wills and opinions on the young mother but rather discussing possible alternatives. A1, for example, explicitly verbalized that she would like to go back to school, but her husband does not allow because he does not want the child to go to daycare; at another time, however, she mentioned that her mother stopped working to help her to take care of the child. The help of the maternal grandmother, therefore, is a good alternative, since with this help, it will not be necessary to use the day care and, at the same time, it will enable the young mother to continue studying, because this is her desire. In addition, this return to school may bring benefits to the future of the family.

The gestation and the birth of the baby caused the need for changes for the adolescents and some relatives. In addition to dropping out of school, the need to quit job was also mentioned in the interviews. A study of adolescents who are not parents highlights that, for them, pregnancy can be perceived as negative, due to the possibility of implications in the life projects envisaged by the adolescent and her family⁽⁸⁾. Another study with adolescent mothers highlights that the return to school activities was directly linked to the existence of a support network that guaranteed child care during periods of maternal absence, so that social and financial support were evidenced as the main factors associated with the continuity of the adolescent's school life⁽¹⁷⁾. This demonstrates that, in some circumstances, changes in family everyday occur for both the adolescent and their family.

The literature also highlights that many relatives bemoan the fact that the teenager leaves school due to her pregnancy state. This factor can occur due to the demands of an early pregnancy and even due to the existence of discrimination by colleagues (bullying), which can trigger, in addition to low self-esteem, dropping out of school⁽²³⁾.

One of the teenagers said that pregnancy was a very good thing for her life, because it gave her freedom to leave the house and go out. In this way, after the troubled period of the discovery of the pregnancy, the arrival of a new member is accepted by the relatives. The adolescent begins to assume a more responsible position towards the new attributions that are delegated to her, both in the care of the baby and in the household tasks assigned to her. Socially and historically, the birth of a child represents the transition to the adult world, with emotional and affective gains, requiring adaptations, interpersonal adjustments of an individual with full capacity to bear children, but still immature for the exercise of motherhood⁽²⁴⁾.

It was observed that the presence of the baby, for a teenage father, was seen as a reason for great joy. However, a study points out that, despite the happiness that teenage parents can express in relation to the baby, there are challenges, especially: worry, impatience and lack of confidence. Also, behaviors that are typical of adolescence occur, such as easy and rapid mood swings, with manifestation of joy and sadness at the same time. Thus, although there is this ambivalence, positive feelings are also present⁽²⁴⁾.

Another aspect pointed out in the study reveals that, while maternity is perceived as a form of access to freedom by adolescents, paternity during adolescence generates transformations in identity and (re) configures the affective bonds of the adolescent who assumes the status of father. These changes are mainly due to the transition in the social roles that the adolescent experiences after the birth of the child. The social role of the adolescent in contemporary society implies, predominantly, the ideas of

schooling, fun and professional planning, while the paternal role demands personal and social maturity, responsible lifestyle and involves being an economic provider⁽²⁵⁾.

After childbirth, the adolescent father creates a previously unidentified need for accountability. Faced with this, the group of friends of the adolescent, after paternity, is made up of older people and who perform "more homely, calmer" activities⁽⁵⁾. The insertion in a new group of friends is seen as positive because it represents an opportunity for the teenager to have contact with people who play different roles and the opportunity to expand their social network⁽²⁵⁾.

Regarding the care for the baby, despite the difficulty in carrying out and maintaining breastfeeding, some adolescents reported that they did not have difficulties in performing other types of care due to previous experiences with other children and the support they received from their families. The family, especially the mothers of the adolescents, besides being perceived as allies, also become participants in the process of motherhood of the adolescent, however, without assuming the child or their care as something of their responsibility, an attitude that tends to ward off the adolescent from her obligations and rights to exercise the role of mother and to make decisions related to that role⁽⁵⁾.

In addition, the involvement of the father in the family context has increased, and this participation has repercussions on the family dynamics and the development of the children. The father figure has been gradually associated with greater participation in the care of the children, such as feeding, bathing, dressing, taking to the doctor, holding the child in the arms when the child asks for and consoling them when they cry⁽²⁵⁾.

Participation in prenatal care and in activities carried out (orientation groups) by health teams was highlighted by adolescents, but there is a difficulty in expressing their doubts directly to health professionals, which may be related to a fragile link between professionals and adolescents. The health team should be prepared to welcome adolescents, always taking

as the starting point their beliefs, cultures and social representations, evaluating this theme as an expressive field of interventions, both in prevention and health care and promotion. Thus, this nursing professional's posture, acting on awareness about maternity and paternity, is an additional factor to establish links and promote mutual learning (between professional and the pregnant woman)⁽⁵⁾.

It should be noted that the involvement of the nursing team and the health team in the care of the adolescent population is still discreet and more initiatives should be implemented in order to identify the needs of this clientele and to act effectively so that pregnancy does not represent an escape route from the problems that can be solved within the family. The participation of universities, through the implementation of effective projects with health professionals, can help in the work process with the adolescent population and their families, guiding the risks of a teenage pregnancy in addition to the postponement and/or restriction of the project of life.

The number of participants, especially fathers, may be a limitation, which points to the need for studies in other social contexts and with greater participation of young men. However, their findings contribute to nursing by reinforcing the need for differentiated care for adolescents of both sexes, since assisting them in their needs favors their quality of life and equips them for caring for themselves and, in the case of maternity/paternity in adolescence, for caring for the child and the new family.

Conclusion

The experience of gestation was not characterized as an unfavorable situation to the adolescent couple. However, the results allow inferring that gestation in this age group is a situation that demands adaptations for all the family members involved. Despite conflicts and changes within the family during the diagnosis of gestation, this was envisaged as an event

that brought happiness to adolescents and their families, especially after the arrival of the baby.

Adolescent mothers revealed that, in general, they did not experience difficulties in providing physical care to infants, since they were supported by the family, which shows the importance of this institution, despite the innumerable changes that have been taking place within it, and this highlights the need for health professionals to have the family as an ally. Thus, the findings of this study do not end discussions about the implications of teenage pregnancy, and about the possibilities of performance of health professionals and services in this complex context of care. It is up to the health team to take advantage of the link created with the new triad in order to address family planning in its real context aiming to support the new families in a humanized and comprehensive manner.

Collaborations

1. project, design, analysis and interpretation of data: Evelin Matilde Arcain Nass, Mislaine Casagrande Lima Lopes, Bruna Diana Alves and Eloir Marcolino;
2. essay writing and critical review of intellectual content: Evelin Matilde Arcain Nass, Mislaine Casagrande Lima Lopes, Bruna Diana Alves, Eloir Marcolino, Deise Serafim, Ieda Harumi Higarashi and Sonia Silva Marcon;
3. final approval of the version to be published: Evelin Matilde Arcain Nass, Mislaine Casagrande Lima Lopes, Bruna Diana Alves, Eloir Marcolino, Deise Serafim, Ieda Harumi Higarashi and Sonia Silva Marcon.

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