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Overweight in the perspective of pregnant women assisted in the primary health care of a municipality of the North Fluminense region

O excesso de peso na perspectiva de gestantes assistidas na atenção primária à saúde de um município da região do Norte Fluminense

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Abstract

This study aims to investigate overweight during pregnancy from the perspective of adult women attending Primary Health Care (PHC) in the city of Macaé-RJ, Brazil. It is a research of qualitative approach and descriptive type, based on the theoretical interpretative perspective. We conducted in depth interviews, whose data were submitted to the analysis of thematic content adapted from Bardin. A total of 12 pregnant women, over 20 years of age, with a nutritional diagnosis of overweight residing in Macaé-RJ, who underwent prenatal care in two PHC units in the municipality in 2017, were interviewed. Overweight was a challenge for those interviewed for raising perceptions and ambiguous sensations of naturalization of overweight, low self-esteem, limitation in performing daily activities and fear of what to expect from the body itself in the puerperium. It was possible to understand that the senses attributed to overweight management require humanization, integrality and effectiveness of nutritional assistance, so that it is committed to the health of women, their life histories and social relations to which they are subjected, in order to minimize problems of gestational overweight and its consequences in adult pregnant women assisted by PHC in the city of Macaé-RJ.

Keywords: Pregnant Woman. Overweight. Body Image. Qualitative Research.

Resumo

Este trabalho tem como objetivo investigar o excesso de peso na gestação na perspectiva de mulheres adultas usuárias da Atenção Primária à Saúde (APS) do município de Macaé-RJ. Trata-se de pesquisa de abordagem qualitativa, do tipo descritiva, fundamentada na perspectiva teórica interpretativista. Realizaram-se entrevistas em profundidade, cujos dados foram submetidos à análise de conteúdo temática adaptada de Bardin. Foram entrevistadas 12 gestantes, maiores de 20 anos, com diagnóstico nutricional de excesso de peso, residentes em Macaé-RJ e que realizavam pré-natal em duas unidades da APS do município, em 2017. O gestar com excesso de peso foi um desafio para as entrevistadas por suscitar percepções e sensações ambíguas de naturalização do peso excessivo, baixa autoestima, limitação na realização de atividades cotidianas e temor em relação ao que esperar do próprio corpo no puerpério. Foi possível apreender que os sentidos atribuídos ao gestar com excesso de peso demandam humanização, integralidade e efetividade da assistência nutricional, para que seja compromissada com a saúde das mulheres, suas histórias de vida e relações sociais às quais estão submetidas, a fim de minimizar a problemática do excesso de peso gestacional e suas consequências em gestantes adultas assistidas pela APS do município de Macaé-RJ.

Palavras-chave: Gestante. Excesso de Peso. Imagem Corporal. Pesquisa Qualitativa.

Introduction

The process of developing a new life triggers innumerable metabolic and physiological changes that imply an increase in the nutritional and energetic needs of the woman, demanding the adoption of adequate and healthy food. The prevention of excessive weight gain during pregnancy and postpartum weight retention is a fundamental aspect of prenatal care, since these are risk factors for the development of obesity for women.[1-3]

The *World Health Organization*[4] defines overweight and obesity as an abnormal or excessive accumulation of fat that can compromise health. Currently, more than half of the Brazilian female population above 18 years of age is overweight, being 18.9% obese.[5]

The phenomenon of obesity assumes several meanings, modulated by sociocultural and symbolic values present in the different socio-historical contexts.[6] In general, in the midst of poverty, overweight is often valued by women, as it dissociates itself from the idea of weakness, illness and

food deprivation. In this context, the obese body represents strength and food sufficiency, although paradoxically associated with the appearance of symptoms such as "pain in the legs", "pain in the spine", "shortness of breath" and "less disposition", limiting daily activities and work .[7]

In the last decades, the social re-signification of the pregnant body through the exposition of the "belly", previously considered a behavioral taboo, and the affirmation of motherhood as a self-realization and freedom of choice contributed to soften changes in the perception of the woman's body self-image, which can result from the physical, hormonal and psychological transformations generated by pregnancy.[8]

Although the place and value of motherhood in the sociocultural context have changed and varied over time, due to the influence of different socio-historical and cultural contexts, devotion and voluntary sacrifice are still present in the social ideals as pillars of the construction of a new identity: the mother-woman.[9]

A study involving body image satisfaction among pregnant and non-pregnant women concluded that, in pregnancy, the level of body satisfaction was significantly higher.[10] This finding points to the fact that, in general, during pregnancy, woman tends to be unconcerned about weight gain, because she understands that it is a natural condition of the gestational period. In turn, the health team needs to look at pregnant women considering their perspective, since it orients the innovative caring practices directed at the singularity and particularity of the experience they have experienced. Only with this perspective, the health team can develop, together with the pregnant women, specific actions with an approach that extrapolates the biological dimension and contemplates the psychic, social and affective aspects, especially when a risk condition becomes apparent.

Link building, frank and open dialogue between the health professional and the pregnant woman, the early nutritional diagnosis and the efficacy of the therapeutic protocol to control weight gain during prenatal care may help the pregnant woman to understand the impact of overweight on her and the child's health.[11]

In this sense, the present study aims to investigate overweight in the gestational period, from the perspective of adult women users of primary health care in the city of Macaé-RJ, Brazil.

Methodology

A qualitative research of the descriptive type, based on the theoretical interpretative perspective, was carried out, being used the analysis of thematic content adapted from Bardin[12] as a methodological approach.

The study was developed in two health units of the municipality of Macaé: Estratégia de Saúde da Família (ESF - Family Health Strategy) Cajueiros and Núcleo de Apoio à Mulher e à Criança (NUAMC Visconde - Support Center for Women and Children), between February and August 2017.

The municipality of Macaé, which moved from "Little Princess of the Atlantic" to "National Capital of Petroleum", is located in the northeastern part of the state of Rio de Janeiro, 180 kilometers from the state capital, and it has an estimated population of 244 thousand inhabitants.[13] The presence of industries in the region and the disordered occupation caused important changes in the food system. The culture of fishing and subsistence agriculture have suffered with the advance of the industrialization and exploitation of the petroleum in the region, which may have contributed to the increase of overweight and obesity in the population of Macaé, including pregnant women.[14,15]

For the development of the study, contact was made with the managers of the health units to present the research, with subsequent approval and organization of a schedule of activities. Initially, through access to institutional records, the pregnant women who met the inclusion criteria were identified: residing in the municipality of Macaé; adults over 20 years of age and presenting a diagnosis of overweight according to BMI per gestational week (overweight or obesity). From the records, information was also extracted to characterize the study participants.

Then, direct contact was made with the pregnant women on the days of prenatal consultations or by health agents. At the meeting with the main researcher, pregnant women were given explanations about the research, and those who agreed to participate signed the informed consent form and were sent to a reserved room to guarantee the privacy of the interviewee.

The criterion of saturation of the speech was used to delimit the number of participants to compose the group to be investigated,[16] totaling 12 adult pregnant women with a diagnosis of overweight.

In the construction of the data, a semi-structured interview was used, digitally recorded and transcribed in its entirety, to guarantee the recording of speech, verbal and non-verbal codes, such as voice intonations, interjections and pauses. Although the interview script covered the topics "the history of pregnancy", "gestation and overweight", "prenatal care and nutritional care", in this manuscript, only the senses of being overweight will be presented.

The study was approved by the Research Ethics Committee of the Anna Nery School of Nursing (CEP EEAN) of the proposing institution (UFRJ) and the co-participating institution (Municipal Secretary of Health of Macaé), as provided in Section I of Resolution No. 466/2012 of the National Health Council, which establishes the guidelines and norms for research involving human beings.[17]

Results and Discussion

Characterization of study subjects

Twelve pregnant women were interviewed, of whom four were from the municipality of Macaé, three were from the city of Rio de Janeiro and the other from other municipalities in the state of Rio de Janeiro (two), Bahia (two) and Minas Gerais (one). Eight of them were multiparous and four were primiparous. One of them had completed elementary school; five of them had completed high school; another five did not complete this segment and only one attended higher education. Eight of them were housewives; one was a student and three people had paid work. At the time of the interview, they all lived with their companions, who guaranteed the family budget, in most cases.

Regarding adherence to the minimum schedule of six prenatal consultations,[1] only four of the interviewees attended six or more consultations, while eight of them attended less than six. The nutritional diagnosis indicated that half of the interviewees were overweight and the other half were obese.

The theme and its categories

Gestation in the condition of being overweight was understood from the interviewees' statements, through the following thematic categories: body and body image; self-esteem; physical limitations; and postpartum expectations.

Body and body image

The condition of generating a life imposes extremely intense physical changes capable of generating intimate identity conflicts based on new acquired bodily conformations, especially when the body plays the role of interlocutor and social self-affirmation.[18]

For Le Breton:[19]

> [...] the body is placed not as something indistinct from man, but as a possession, an attribute, another, an alter ego. Man is the fantasy of this discourse, the supposed subject. Apology to the body is unconsciously profoundly dualistic; it opposes the individual to the body and, in an abstract way, supposes an existence for the body that could be analyzed outside the concrete man (p. 10).

The search for thin body is related to a pattern of beauty and health widely diffused in the media in contemporary society. A defined and muscular silhouette represents a goal in the lives

of many individuals, particularly female. Being thin expresses the spirit of determination, reflects the achievement of success and is indicative of youth, health and sexuality.[20]

Serra & Santos[21] claim that the media speak out for the purposes of the business world when it comes to stimulating the buying and selling of goods, and services that provide the ideal health and body. In the globalized world, advertising campaigns, television programs, print and digital media constitute information vehicles that confront scientific knowledge with the representations and expectations created around obtaining the body considered perfect.

In the speeches of some of the interviewees, it was possible to identify the influence of media discourses on the socially idealized corporeal form and on the meanings attributed to their conquest, which refer to individual characteristics in vogue these days, such as the spirit of winner and the search for perfection. However, even if somewhat frustrated by the perception of bodily changes arising from the gravid period, maturity has given these women resilience to the temporary abdication of reaching the ideal body and the certainty that psychological well-being will promote the full experience of gestation, childbirth and motherhood and, in due time, they will be able to regain their bodily forms:

> *It changed a lot [...] because I had muscles already, my body was defined. Then, I stopped practicing bodybuilding, then you get fat and lose lean mass, right? [...] I was terrified of imagining that I could have fat in place of lean mass [...] Then it changed a little bit. Now I no longer have my muscles [...] I've always been very obsessed [...] nothing ever knocked me over. I always wanted more and more in relation to my body. But now I'm more mature and I've got a business in my head: all this is psychological. Nothing is forever. So everything has its time. I had time to work out. Now, I'm pregnant (GA09).*

Although fatty cells (adipocytes) constitute the body's largest energy reserve, participate in digestive processes and are essential for the maintenance of body temperature and the production of vital hormones, they counteract today's aesthetic archetypes and gain a pejorative connotation. Although over half of Brazilian women are diagnosed as overweight and obese, being overweight means being socially deprived, since overweight is already recognized as a disease.[4,5]

In a study conducted by Clark et al.,[22] the new purpose of life from the gestation motivated women to deal more positively with their body changes, once the body stops assuming a merely aesthetic role to act as a functional reproductive unit, which was also possible for the pregnant women in this study:

> *I prefer not to comment [...] [laughs]. I'm going to have to wear a band and a bra to get my breasts in place. I'll have to assume that. What I got to do? It was my choice, I wanted it. It was for a good cause [...] It was because of my daughter, I did it for love. It will be worth it! (GL03).*
>
> *[...] Having the energy to care... this is what I have in my head. I do not want to be a person, a woman with no energy for when my daughter runs, I cannot run after her. Because you know the child [...] she requires energy (GC08).*

For Le Breton,[19] the body separates the individual from the others and from the world, conferring on him/her individual differentiation. However, for the imaginary of modernity, it should not be treated as an element of exclusion, but of inclusion, constituting a link with the symbolic systems of the members of the community.

> Appearance and posture are not acquired, but built by the women, depending on the cultural environment to which they are added. Caring for the body means constantly listening to it both to seek good health and to identify what is wrong. The body has the power to help maintaining the subject's good appearance and, consequently, his/her satisfaction.[23] (p. 218).

It is noteworthy that, to the female and male bodies, not only physiological characteristics are attributed, but also meanings from social construction processes. It is in the body that family, class and gender rules are inscribed. The body is the support of identity construction carried out by the social structure on the person. It is the practical mediator between the symbolic and the social, and it sustains the structures of society in a particularly intense and painful way. It is through individual pains and pleasures that individual and social behaviors are perceived; the body is, thus, a privileged *locus* of culture. Understanding how pregnant women experience overweight and obesity pregnancy is to go beyond individual subjectivities and choices, and approach an even broader phenomenon of the female condition in Brazilian society, in which women are subjected to innumerable forms of physical and symbolic violence.[24]

In the report of two interviewees, it was possible to observe restlessness with body changes that can become definitive marks after gestation. For obese women, or those with a family history of obesity, the tension was even greater, because the idea of irreversibility of this condition awoke the permanent sense of depreciation and nonconformity, arising from the social stigma around fat,[25] which can be verified by the use of the words "worry", "finished", "fear" and "get very fat".

> *I have concern [...] because people talk a lot about this pregnancy issue, that the woman, after she gets pregnant, is finished, right? [...] I'm overweight (GC08).*

> *Oh, I'm afraid. [...] because of my mother, I tend to get fat [nervous laughter]. But let's see if I'm going to get too fat [...] (GD02).*

Gaps in the construction of body image favor the search for patterns and ideals often incompatible with the reality of some women, and even, artificial.[19] According to Kanno et al.:[20]

> [...] the body image is the cognitive and affective construction that the individual realizes regarding his/her own body. This image is strictly related to the corporeal ideal that circulates through the media in society. Thus, people learn to evaluate their bodies from the interaction with the environment, and therefore, self-image is developed and re-evaluated continuously. (p. 425).

In an attempt to overcome the sense of failure and personal dissatisfaction, the physical, mental, and social body engages innumerable battles in and out of itself to absorb the different knowledges and practices of its group.[19-21]

> *As soon as the postpartum is over, I'm going to start "Mamãe Sarada" ('Mom Fitness'), have you heard of it? It is a project that you do, in 14 minutes, all the exercises aimed at those who are in the postpartum. And if there is a problem, and you feel that sagging belly, you have your own exercise that tightens the belly and returns the muscle to its place. It's all about postpartum. That's it. Then, first, I'm going to start doing that, because there's no one who can do [...] 14 minutes a day! The child can sleep and then you can do it [...] (GA09).*

The ideal of the "fitness body" reveals a perverse aspect of the female condition experienced by the interviewees. All were financially dependent on their husbands; they were housewives and had no profession at the time of the research. By not feeling embedded in the female body pattern socially imposed as being desirable by man, the woman considers herself "ugly", that is, she sees her ideals of femininity being called into question. Hence the need to seek the fetishized body is considered more important in the discourse than the need to exercise a paid activity and build financial autonomy. The expression of this concern by the pregnant women interviewed is a clear example of the reification of the female body and the consequent symbolic violence inflicted by male domination.

Self-esteem

Araújo et al.[26] observed that motherhood justifies the increase of body weight during pregnancy, since excess weight, being positively received by society, authorizes the woman this "right", for the benefit of the gestation and the care of the family.

For two pregnant women, responsibility for the home and the children, marital support and financial limitations contributed to the development of resignation in relation to the body, although they perceived the changes resulting from excessive weight gain during pregnancy:

> *In itself, we are accommodated to the fact that we are married, have a husband, I am a mother [...] really, to be the mother of three children, there is no way to take care of yourself. Even more, in the same financial part, there are no conditions to work out. Even because my children study, I am a housewife, right, I take care of the house and everything else [...] in fact, we realize the difference. But as I am very well married, my husband will not let me think about it [...] I can only know my weight, the difference of my weight, when I see it on the scale [...] but, it does not affect me directly, it does not affect me (GI01).*
>
> *[...] Nowadays, my husband does not criticize stretch marks, he does not criticize anything, thank God! [...] Only my breasts that I think are well fallen [laughs]. But it's ok [...] (GL03).*

Machado, Vinholes & Feldens[27] consider maternal self-esteem as an important pillar in building the bond between mother and child. On the other hand, Hauff & Demerath[28] found that the lack of comfort and confidence in the body due to a high BMI, reduced the time of practice of breastfeeding by the infants. Based on these observations, the evaluation of the pregnant women's self-esteem should be considered during prenatal consultations to help them cope with the challenges posed by pregnancy.

Schultheisz & Aprile[29] understand by self-esteem "the intrinsic valuation that the individual makes of himself/herself in different situations and events of life from a certain set of values chosen by him/her as positive or negative" (p. 36). Changes in weight, shape and body size, characteristics of the pregnancy period, can trigger feelings of guilt and depreciation of self-esteem,[30] particularly in women with nutritional diagnosis of overweight and high gestational weight gain:

> *It changes everything, right? We feel horrible (GD11).*
>
> *I have concern, yes, how my body will look like [...] it's horrible*
>
> *[.] (GC08).*

The depreciation of self-esteem caused by overweight gestation reflects contradictory feelings generated in the social construction of pregnancy, since the sacrifice of the female body translates into changes that are difficult to be accepted.[31]

Although the Ordinance Nº 569, of June 1, 2000 (Program of Humanization in Prenatal and Birth) highlights the inclusion of protocol actions in health that prioritize the physical and emotional well-being of the pregnant woman,[32] psychological care is only intended for women who are victims of violence (domestic, sexual, psychological, etc.) and at risk of postpartum depression,[1] disregarding that other disorders compromising mental health and the experience of motherhood may arise in the pregnancy period.[33]

Sui, Turnbull & Dodd[34] identified changes in the levels of self-esteem among pregnant women according to parity. Multiparous women had greater body dissatisfaction than primiparous ones, and the justification would be the greater gain of gestational weight and BMI.[25,35] In the present study, multiparous pregnant women also expressed greater dissatisfaction with the body:

> *[...] It's my third pregnancy, so I'm close to thirty pounds [...] Worse than that? [...] [multiparous woman] (GI01).*
>
> *It is not harming me at all. I'm fine, thank God! Yeah, because I did not get too fat, to be all ugly. I'm feeling good [primiparous] (GD02).*
>
> *[...] I arrived at six months of gestation and I wear the same clothes that used before. I just wore tight clothes and kept wearing them [primiparous] (GC07).*

The view of their own body as repulsive reveals adherence to a devalued image of the woman. This adherence to the masculine perspective is far from being a conscious act of an isolated subject, a sense resulting from a power "inscribed permanently in the body of the dominated ones in the form of schemes of perceptions and dispositions (to admire, to respect, to love, etc.) that make it sensitive to certain symbolic manifestations of power"[24] (p. 63). And it is in the contradiction between what is acceptable and appropriate for the mother-woman and what is expected from the wife-woman that the anguishes of overweight pregnant women arise, further reinforcing the feeling of low self-esteem and undermining the capacity for self-care in such a delicate period of women's lives.

Physical limitations and expectations in postpartum

Due to the increase of maternal weight and greater fetal development between the second and third trimester of pregnancy, body changes are more intense. It is also in this period that more physical complaints occur, since the transformations of the body limit the accomplishment of daily activities; therefore, these transformations should be addressed and monitored during prenatal and postnatal care.[33,36]

In this study, all the interviewees were in the pregnancy period, and three references to health problems and discomforts related to excessive weight gain and altered body shapes were identified:

> *[...] Varicose veins, I had no varicose veins. I'm full of varicose veins, my legs are full of varicose veins. The body began to swell, the legs swell a lot. I cannot walk [...] I have high blood pressure, something I did not have, pressure problem: I have. I got overweight [20Kg], a lot! (GA06).*
>
> *In the agility of doing things [...] it limits a lot, right? [...] we cannot do the things we did before [...] I cannot wear a shoe anymore without needing help [...] things fall on the floor, I leave them there, waiting someone to get them for me. There's no way I can lower myself, right? It limits a lot (GD11).*
>
> *I'm swollen, with a wide hip [...] (GT12).*

In the report below, it was possible to observe the acceptance of excessive weight gain. According to Meireles et al.,[37] the pregnancy period promotes a state of tolerance to the increase of corporal fat by some women, expressed by the use of the terms "good", "ok" and "not worried about it".

> *I started with 74 kg, it was already above, but I believe that I only gained 10 kg and I think in my gestation it is good, due to the time, right? It's ok [...] that aspect there, I'm not worried about it (GL03).*

However, when asked about the expectations related to the body in the post-pregnancy period, there was concern about the return to aesthetic standards and the idealization of a thin body with no marks derived from pregnancy:

> *I want my body to be the same as before. I know I'm going to have to make some efforts [...] I really like walking, going to the gym, I like these things. I know there will be [...] it will not be as it was. But nothing that I cannot strive to change and turn to be as it was before (GA06).*
>
> *The biggest fear is related to the stretch marks. As for the rest, we strive to lose weight [...] (laughs) (GN10).*

In the above statements, it was possible to verify the fragility of social tolerance to overweight in women. The feminine body, permeated by contradictory values and meanings, sometimes is adored by its slender and sensual contours, and sometimes is induced to transform intensely, to increase in size and to abdicate itself for the sake of motherhood.

As stated by Schwengber,[38] "the education of the gravid bodies today reinscribes the body of the mother-woman in a rigorous regime of vigilance and regulation, an increasingly complex task and of many learning and demands" (p.167).

From this point of view, being overweight represents a challenge for women. The range of feelings related to the perception of body changes is capable of arousing both the depreciation of self-esteem and the naturalization of excess weight, in a great game of inclusion and exclusion that compromises their physical and emotional health. While in the condition of pregnant women, although disturbing, the social symbolism of motherhood guarantees them protection. Yet, in the puerperium, the aesthetic values in force resume their tyranny, placing them in a situation of apprehension and double vulnerability: to conciliate the "readjustment" of the obese body to the mission of caring for and nurturing a new life.

Therefore, the importance of preparing units / health teams in Primary Care for the care during pregnancy and in the postpartum period is emphasized. Ensuring care that provides early diagnosis, treatment and control of overweight and psychological support by the multidisciplinary team can be a way to prevent excessive gestational weight gain and / or its treatment in the puerperium by building links of affection and confidence, primordial for the strengthening of the woman. But this is not enough, and it is necessary for multidisciplinary teams to perceive the innumerable forms of symbolic violence that women are subjected to, so that they can support them to take on the leading role of self-care.

Final considerations

Overweight gestation has been permeated by expressions of social constructions on the female body, which generate tensions and conflicts in women. The ambiguity between the naturalization of excessive weight in the condition of the mother-woman and the feeling of inadequacy to the socially idealized wife-woman body produces feelings of low self-esteem, limitation in the performance of daily activities and fear of the appearance of the body itself in the puerperium.

Finally, although this manuscript does not propose to exhaust the subject on the senses of excessive weight gain in pregnancy, it is expected that it may contribute to the planning of policies and orientation of behaviors aimed at humanization and integrality of the actions of food and nutrition in the prenatal care and puerperium, based on the establishment of horizontal dialogues between professionals and users, and on reference flows for psychological and nutritional follow-up of pregnant women assisted by Primary Health Care in the city of Macaé-RJ.

Contributors

Pires CC and Baião M worked at all stages, from designing the study to reviewing the final version of the article; Capelli JCS, Rodrigues ML and Santos MMAS participated in the writing, critical review of the article and its final version.

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