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Father's presence in prenatal care: study of social representations among pregnant women

A presença do genitor no pré-natal: um estudo de representações sociais com gestantes

La presencia del progenitor en el prenatal: un estudio de representaciones sociales con embarazadas

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ABSTRACT

Objective: : to examine social representations held by pregnant women of the fathers' presence in prenatal care. **Method:** this qualitative, descriptive study, based on Social Representations Theory, involved 28 pregnant women undergoing prenatal consultations, who answered an in-depth, scripted interview containing three open questions. Their responses were analyzed using Lexical Content Analysis, made possible by IRAMUTEQ software. **Results:** the analysis pointed to the word "no" as the most latent in the pregnant women's cognitive system: it was found at high frequency in the Dendrogram of Classes, was present at the axis of intersection between ordinates and abscissas on the Factorial Correspondence Map, besides being central and showing strongest connectedness with the other words in the similarity tree. **Conclusion:** the pregnant women's social representations of the fathers' presence at prenatal appointments were elaborated on the basis of denial, evidenced in the group's discourse in the term "no".

Descriptors: Nursing; Obstetrics; Pregnant Women; Prenatal Care; Father-Child Relations.

RESUMO

Objetivo: analisar as representações sociais da presença do genitor no pré-natal para as mulheres gestantes. **Método:** estudo descritivo e qualitativo, fundamentado na Teoria da Representações Sociais. Contribuíram com o estudo 28 gestantes que realizavam as consultas do pré-natal e responderam a um roteiro de entrevista em profundidade contendo três questões abertas, cujas respostas foram submetidas à Análise de Conteúdo Lexical, possibilitada pelo software *IRAMUTEQ*. **Resultados:** a análise aponta a palavra 'não" como a mais latente no sistema cognitivo das gestantes, sendo percebida a alta frequência no Dendograma de Classes, presença no eixo de intersecção entre as ordenadas e abscissas no Mapa Fatorial de Correspondência, além de ser central e fazer as maiores forças de conexidade com as demais palavras na árvore máxima de similitude. **Conclusão:** as representações sociais das gestantes sobre a presença do genitor durante as consultas de pré-natal foram elaboradas a partir da negação, evidenciadas nos discursos do grupo no termo "não".

Descritores: Enfermagem; Obstetrícia; Gestantes; Cuidado Pré-Natal; Relações Pai-Filho.

RESUMEN

Objetivo: analizar las representaciones sociales que tienen las mujeres embarazadas sobre la presencia del padre en la atención prenatal. **Método:** este estudio cualitativo, descriptivo, basado en la Teoría de las Representaciones Sociales, involucró a 28 gestantes en consulta prenatal, quienes respondieron una entrevista en profundidad y guionizada que contenía tres preguntas abiertas. Sus respuestas se analizaron mediante el análisis de contenido léxico, posible gracias al software IRAMUTEQ. **Resultados:** el análisis apuntó a la palabra "no" como la más latente en el sistema cognitivo de la gestante: se encontró con alta frecuencia en el Dendrograma de Clases, estuvo presente en el eje de intersección entre ordenadas y abscisas en el Mapa de Correspondencia Factorial , además de ser central y mostrar una conexión más fuerte con las otras palabras en el árbol de similitudes. **Conclusión:** las representaciones sociales de las mujeres embarazadas sobre la presencia de los padres en las citas prenatales se elaboraron sobre la base de la negación, evidenciada en el discurso del grupo en el término "no".

Descriptores: Enfermería; Obstetricia; Mujeres Embarazadas; Atención Prenatal; Relaciones Padre-Hijo.

INTRODUCTION

The prenatal care provided by health professionals during pregnancy is essential for the fetus' healthy development and control of pregnant women's clinical conditions[1-2].

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In the gestational phase, the mother is being physiologically and psychologically prepared for the newborn's arrival, since she is assigned to care for this new and fragile being due to the social and cultural construction of motherhood[3]. In this perspective, when accessing a health care service, most of them are alone or accompanied by their mothers or a friend[4-5], usually female figures.

Then, a tendency to little or no contribution or participation by the father or partner during this phase experienced by women is perceived, in which men have assumed a secondary role as a historic and social profile[6]. However, there are men who are also not interested in such moment experienced by women or in the preparation for their child's arrival, either by reaffirming the gender construction concerning motherhood and for not wanting to participate in consultations or because many of the women do not agree to their presence during the consultations[3].

Some studies show that these men's presence can favor the emotional support to their partners, when women agree to their presence, understanding that the responsibilities for the child must be shared by both parents. However, studies have also shown that the denial of the father's presence is sometimes due to the representation of the fear that many women have of their partners, and this moment spent with the medical professional is apprehended as a moment of liberation[5-7].

Dialogue about such issues between all the professionals responsible for prenatal care and pregnant women is necessary, and it is important to include the future parents, aiming at the child's health and development. At the same time, their absence may indicate subjective issues that can interfere with maternal and fetal health, such as domestic gender violence, which is very common in these cases[5-6].

Thus, this study is justified by the possibility of enhancing the understanding on which pregnant women's social representations concerning the father's presence during prenatal consultations are based, since studies have considered that his presence during the whole pregnancy period can contribute to maternal-fetal quality of life. For this reason, the objective is to analyze the social representations of the father's presence in prenatal care for pregnant women.

THEORETICAL FRAMEWORK

The Theory of Social Representations (TSR) is suitable for this type of study because it enables the idealization of a common reality, which contributes to the communication and sharing of information and the formation of the group of belonging[8]. Thus, social representations function as mechanisms that reflect social phenomena produced in the cognitive system, understood through the meanings developed in the memory[9].

In its procedural approach, TSR has two mechanisms that are referred to as objectification and anchoring, which make it possible to understand the process of forming social representations[8-9]. The theory also allows the investigation on the social and mental construction of ideas, meanings, behaviors and practices of groups[8,10].

The procedural approach of TSR favors the way by which meanings related to a common reality to a social group - group of belonging - that shares a set of concepts, propositions and daily interpersonal experiences are processed and constructed, thus constituting a theory of common sense[9-11].

METHOD

Descriptive and qualitative study, based on the procedural perspective of the Theory of Social Representations.

Information was collected in two Primary Care Family Health Strategies in the city of Guanambi, Bahia (BA) in April 2017, after prenatal consultations performed by nurses. *A priori*, 30 pregnant women were invited. They had previously been in consultations at the Primary Care services in the municipality and met the inclusion criteria: being over 18 years old and being registered in SISPRENATAL. However, two were excluded because, during the interviews, they declared that they did not have the necessary emotional conditions to participate and, therefore, were unable to interact with the researcher through verbal communication. They reported remembering traumatic factors that they would not like to share.

An in-depth interview guide with three open questions was used to obtain information from the participants: "*Tell me about the importance of prenatal consultations during your pregnancy", "Tell me what you think about your partner's presence (the child's father) in prenatal consultations" and "If you want his presence, tell me how the nurse can contribute so that the father or your companion/partner participates in prenatal consultations*". To validate the results, empirical saturation was used. This is when theoretical saturation of the discourse occurs, that is, there is a repetition in the discourse content and, at this moment, the inclusion of more participants is unnecessary.

The participants' statements were recorded by the researchers on an MP3 Player with a voice recorder. Then, they were fully transcribed and organized on the Microsoft Word 2016 software. Finally, they underwent Lexical Content Analysis, provided by the software *Interface de R Pour Les Analyses Multidimnsionnelles de Textes et Questionnaires*

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(*IRAMUTEQ)*, which designed three graphs and their respective analyses, namely: the Dendrogram of Classes for the Descending Hierarchical Classification, the Factorial Map for Factorial Correspondence Analysis (FCA) and the Maximum Similitude Tree, for the simililitude analysis[12].

Based on the analysis of the content and functions of the words in the sentences that compose the statements, the Dendrogram of Classes shows which words were important in their contexts and obtained the highest chi-square (x^2) and frequencies in their correlations with the participants' characteristics, thus enabling the design of the Descending Hierarchical Classification (DHC). It is noteworthy that the main frequencies may be the words that favor representational formation[13], whose confirmation is highlighted in the Factorial Correspondence Map, with a factor analysis of the terms that approach the central axis.

Through correlations between the sociodemographic variables and the words with higher frequencies and co-occurrences present in the statements, the FCA resulting from the map allows for the identification of congruencies and divergences within the group of belonging, thus delimiting the words with greater x^2, which contribute to the zero (0) axis of the ordinate and abscissa graph[14].

The maximum similitude tree shows the co-occurrence of terms and the similitude index of the words (two by two) composing the Factorial Map and the Dendrogram of Classes, when considering only the participants who presented at least two important words in their statements for the design of representational meanings, structured in the cognitive fields, since the connectivity relationship exists only between one term and another[14-16], which help to understand on what processes the representations are anchored, based on the meaning that the words have together.

It is noteworthy that, prior to the application of the collection instrument, the Informed Consent Form was presented to the participants and their signature was requested soon after they had read it, in compliance with Resolution 466/2012 concerning research involving human beings . The project was approved by the Institution's Ethics and Research Committee, according to approval report under number 2022888/2017.

RESULTS

The data resulting from the interviews and processed by the *IRAMUTEQ* software, based on standard statistical analysis, originated a *corpus* consisting of 28 initial context units (ICU), totaling 4,054 occurrences, 885 distinct words and a mean of 34 occurrences per word, with equal or higher frequency than the mean, and with $x^2 \geq 3.206$. After reducing the vocabulary to its lexical roots, 584 reduced and analyzable roots were found, with 507 elementary context units (ECU). The Descending Hierarchical Classification (DHC) retained 88.24% of the total ECUs in the *corpus*, which were organized into three classes, as can be seen in Figure 1.

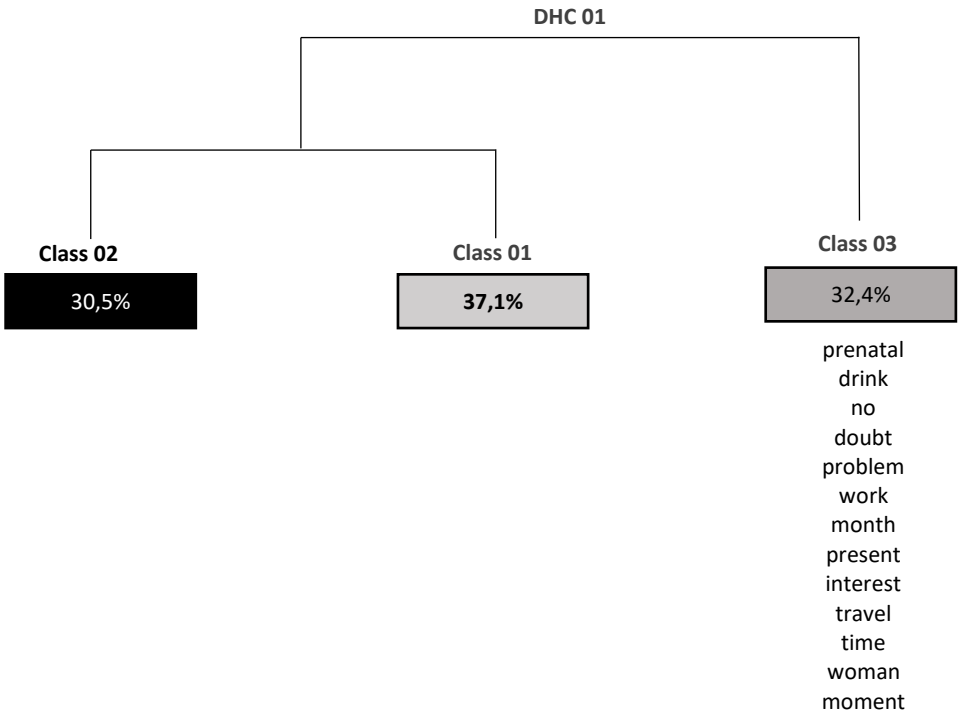

FIGURE 01: Dendrogram of Classes for the Descending Hierarchical Classification. Guanambi-BA, 2018.

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It can be seen in the Dendrogram of Classes that the initial *corpus* was divided, thus originating two groupings, the one on the left, which put together classes 1 and 2, and the one on the right, which grouped class 3. Class 1 showed 39 UCEs, with 105 analyzable words, meaning 37.1% of the *corpus*; class 2 involved 32 ECUs, containing 105 analyzable words with a total of 30.5%, and class 3 showed 34 ECUs, 105 words, which accounted for 32.4% of the *corpus*.

Next, further information will be provided concerning Class 3, which is important for understanding the object of investigation in this study, as it highlights the words with the largest x^2 and the attribute variables that contributed significantly. This class includes the word '*no*' with $x^2 = 19.01$ and, although it was not the first to compose the class, it was the one that showed a high frequency of repetition and more connections between the other words, reinforcing the analysis that refusal to participate was present in the participants' representational system, being anchored on the idea and on the feeling of denial regarding the father's presence during the consultations.

The FCA favored by the factorial map/plan presented in Figure 2, which is another analysis technique provided by *IRAMUTEQ*, corroborates and reinforces the findings in the Dendrogram for DHC. It was shown that the total variance of the words was explained by the sum of the percentage values of the correlations that emerged with data processing, with a total of 100% of use of the evocations utilized. This shows the reliability of the statistical parameters and consistency of the answers as well as consensus among those in the group of belonging, thus enabling a significant analysis. As in the Dendrogram, the minimum frequency of ten words was considered, due to the plurality of the semantic field developed by the participants. In the total of the interviews, 4,054 words were verbalized, of which 885 were different.

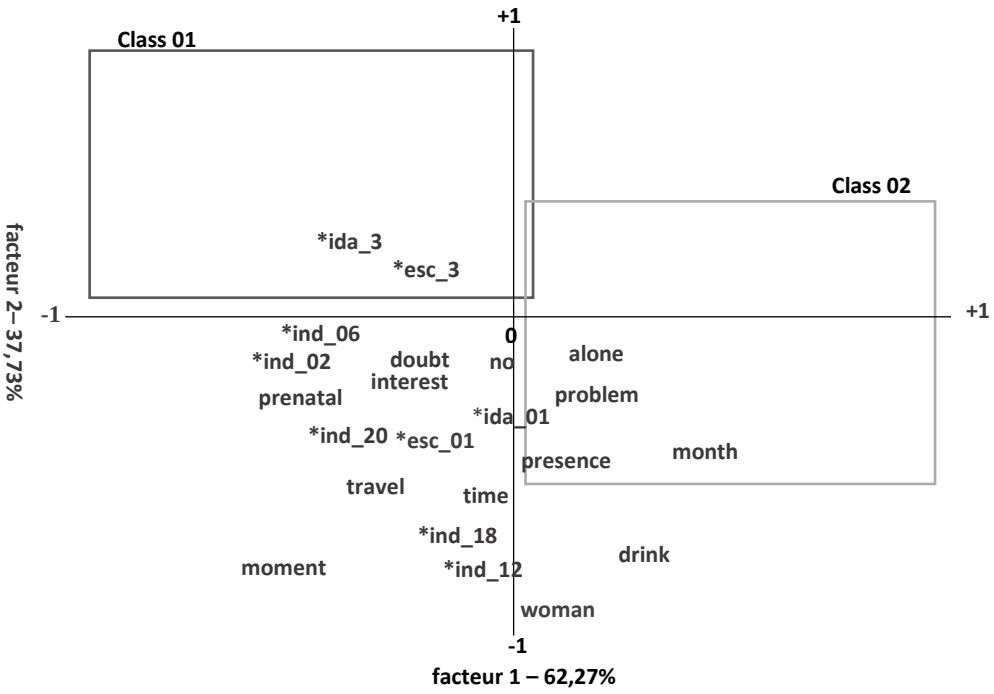

FIGURE 2: Correspondence factorial map for the Correspondence Factorial Analysis. Guanambi-BA, 2018.

It should be noted that the fixed variables (sociodemographic identification) adopted for the association with the opinion variables (the statements from the interview that resulted in the lexicon/words) were: educational level (elementary, secondary and higher) and age group (from 18 to 24 years old; 25 to 35 years old and over 35 years old). In this way, it was possible to proceed with CFA, perceived in the correlations established with the qualitative variables in the correspondence factorial map, therefore, CFA showed variations in the spatial organization of the variables, exposing approximation and distancing for the fixed and opinion variables in the two factors: factor 1 (F1) and factor 2 (F2), that is, it exposed the proximity and the distance between the pregnant women's characteristics and their responses. On the abscissa axis (F1), there is a translation of the most significant words, which are necessary for the formation of representations, showing 62.27% of the total response variance. As on the ordinate axis (F2), although there is less variance, with 37.73% of contribution from the words to the factor, they also contribute to the process of developing the representations.

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It is noteworthy that the lexical group/words closest to the axis of zero ('0') intersection and to the lines that form the ordinate and abscissa have a greater contribution to the process of forming social representations, since they delimit the understanding about in which meanings and ideas the representational contents are developed. In this study, as well as in the dendrogram, the spatial presentation of class 3 and its influence on the factorial map are considered, making it possible to show on what experiences the pregnant women's social representations concerning the father's presence in prenatal consultations are anchored, which is achieved through the words with significance in the dendrogram, as they reveal how representational discourses are constructed and processed.

The factorial map, by means of the correspondence drawn up between the variables, delimits the sets of words that contribute to the process of developing the social representations by the pregnant women in this group, so as to present the spatial configuration of the three classes designed by *IRAMUTEQ* through the Dendrogram of Classes, which conjointly reveal what is common among pregnant women (words close to the zero axis) and what is different, that is, all the words that are far from the intersection zone and spatially spread on the factorial plane. However, it is clear that the center of the graph, where the axes connect, is the connection site for the classes and where the most latent words in the participants' cognitive systems are located.

For this reason, the terms that appeared in class 3 give a contribution to the other classes and, above all, to the central axis of the factorial map, as they form a cluster of words that are very close to the zero point (0) and thus contribute statistically to the process of forming social representations and on which aspects and ideas they are anchored with regard to the denial of the father's presence in prenatal consultations.

The fixed variables showing the greatest contribution to the factors that are influenced by class 3 were: pregnant women with a higher schooling level and access to higher education (*esc_3), those aged over 35 years (*ida_3 corresponds to the pregnant women in such age group) in F1+ and F2-, in addition to pregnant women number 2 and 6 (corresponding, respectively, to codes: *ind_02, *ind_06); F1- had a contribution from the pregnant women with an elementary level of education (*esc_1), those aged between 18 and 24 years on the days of collection (*ida_01) and the pregnant women with codes 12, 18 and 20 (respectively, *ind_12, *ind_18 and *ind_20). The F2+ factor was not affected by any variables influencing class 03.

What makes this group of belonging homogeneous, even with nuances perceived with the contributions from evocations in both factors, are the words '*no*', '*doubt*' and '*only*', as they are close to the zero axis. Other words associated with greater frequency and greater statistical contribution to the axes, in order of importance due to their proximity to the zero axis, concomitantly were: '*interest*', '*problem*', '*travel*', '*woman*', '*time*' and '*doubt*'. Further away from the axes, but giving representational meanings to the statements were '*month*', '*moment*' and '*drink*'.

Such evidence can be corroborated by the similitude analysis shown in the maximum similitude tree (Figure 3), which presents the evocations with the greatest representational contribution in a spatial fashion, as they have greater degree and strength in the connection between the words. This graphic presentation makes it possible to perceive how the terms are concatenated through the prototypical analysis of words and how meanings are revealed with the connection between them, showing the anchoring and the multifaceted character of the representations developed.

In this way, the words with significant influence on the factorial map are those that have the greatest strength of connectivity to the central axis of the pregnant women's possible representation, perceived in the word '*no*'. This word is central on the tree and has the highest degree of connection to the term 'consultation', more clearly showing what is latent in the study participants' cognition system, which can be observed in the statements below:

> *He never comes, but I wouldn't like it, because the moment of the consultation with the nurse is the time we have to talk, if he were with me I wouldn't feel comfortable [G05].*
>
> *I'm breaking up, he's very aggressive. At the beginning of the pregnancy, when I went to the doctor's, he was jealous, he didn't want to go, and when he drank, he harassed me even more, and he thought I was lying, he insisted that the child was not his (...) Today, he knows that the child is his, but he doesn't want to help with anything, neither he nor his family, but I'm fine, I have support from my mother [G07].*
>
> *I think it is very important in some consultations only, because the consultations keep us informed about the care to be taken from pregnancy to delivery. But I don't want him to be present in all consultations, as I want to have private conversations with the doctor or nurse [G13].*
>
> *For you to have an idea, at the time of the pregnancy, it was a shock, because we were in the process of separation, we fought a lot, he even assaulted me, he even beat me up, and I was pregnant, thinking that my child was another man's. I even tried to make it up because of the baby. But I realized that it didn't work. He likes to drink, he swears a lot, he says that it's not his child; he threatens me when he calls. It is horrifying [G18].*
>
> *(...) I don't feel bad if he can't be there, I like being alone [G21].*

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My husband has never participated in any consultations, and I think this is normal, so much that I prefer to be alone, with myself, I get very repressed when he's there [G29].

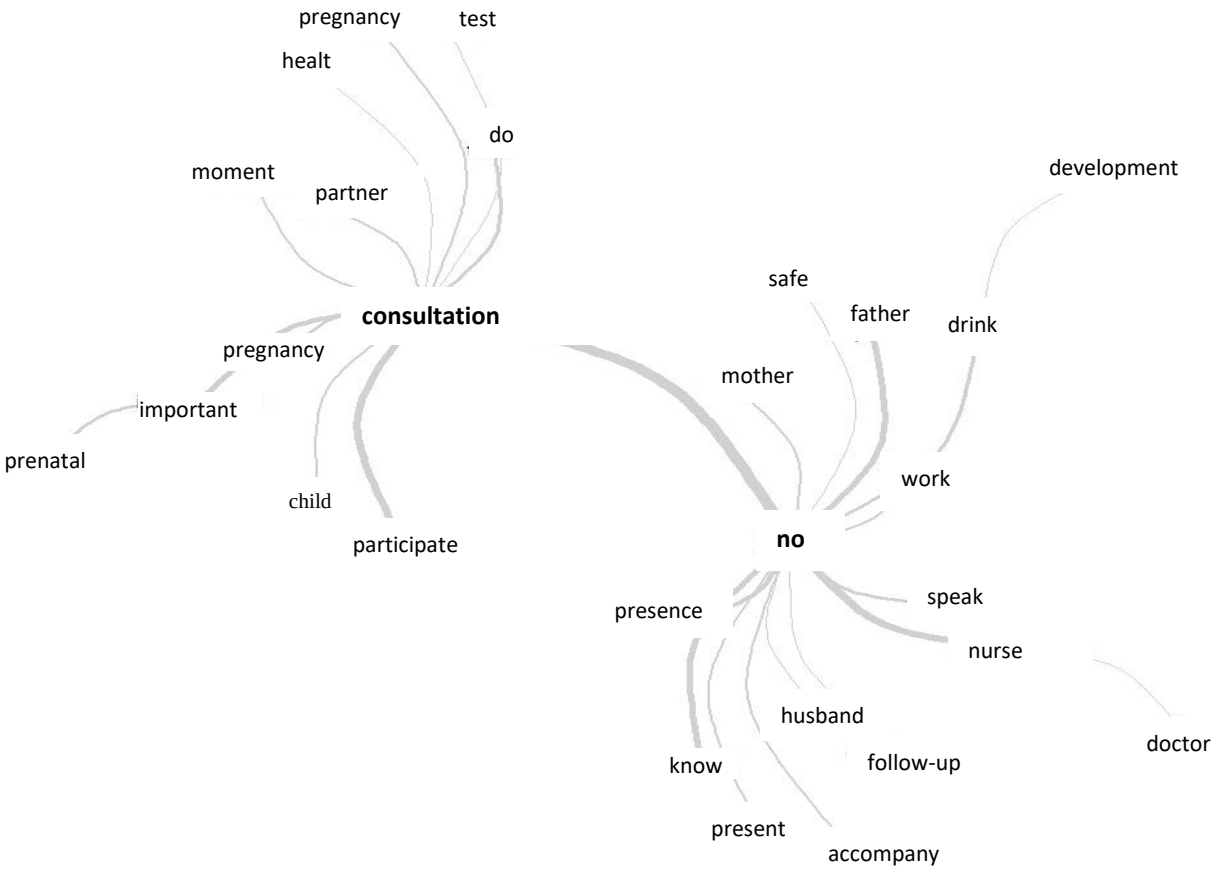

FIGURE 3: Maximum Similitude Tree for Similitude Analysis. Guanambi-BA, 2018.

The two central words are the main words that contribute to this process of forming social representations, whose sense is understood when they connect and gain meanings, which enables their anchoring.

DISCUSSION

The results show that the pregnant women's social representations concerning the father's presence in prenatal consultations are based on denial, the anchoring of which can be explained both by the fact that they do not feel well with their partners' presence, as it causes intimidation and fear of expressing themselves to the nurse, or because many of such fathers do not want to accompany them[17]. In order to defend themselves from this situation, the women end up excluding the father's presence from the consultations, thus being more secure to express their feelings and doubts[18].

In the group of pregnant women, at certain moments, there is the desire for the non-presence of the husband, although they have not made it clear whether this was due to suffering domestic violence. The silence perceived during the interviews and the denial may point to the experience of this phenomenon in their homes[19]. Both in Ethiopia and in Vietnam, it was shown that the majority of poor women with low levels of education had been beaten, including in the abdomen, by the baby's biological father and, therefore, showed fear in their presence[20-21]. Such evidence also denotes that the most socially vulnerable women are those who are most exposed to any type of violence. Gender-based violence tends to interfere in women's mental health not only during pregnancy, but also in the postpartum period[22].

However, not only violence, but another factor, such as confidence in other older women's motherhood experience, was significantly present in the participants' representations, which had already been expressed by other women who did not feel the need for their partners' presence, but for that of their mothers, during prenatal care[21,23].

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In this way, the pregnant women anchor their representations, regarding the presence of their mothers, on family support for safety and encouragement[23].

The father's participation in prenatal care can be stimulated during group consultation activities, and it serves to prepare the couple for the time of delivery, if women allow and accept it, because at the same time it is important for the caregiver role, it can be harmful from the point of view of their denial due to several reasons, such as fear of their partners and freedom to be away from threats of violence[20].

Some other factors that anchored the pregnant women's representations on the word '*no*' were the fathers' traveling and/or working, which prevented them from being present during that moment in their partners' lives[24,25]. In addition to the fathers' not being able to take time off from work to accompany prenatal consultations, they can take only a five-day paternity leave to register the child's birth and help the woman adapt to the new routine of the first postpartum days[26-27].

Currently, the social concern about the male partner's participation in all phases of the pregnancy-puerperal cycle has been discussed. However, some health care professionals do not pay attention to women's will. Thus, due to the male chauvinistic and socially constructed culture, many may relegate the parenthood role and the care for children exclusively to women[28]. Therefore, many men are absent at this stage and unaware of their role as caregivers[4-5,7-8].

With regard to the social construction of genders, men's and women's roles are culturally constituted, and they change according to society and time, assigning women and men with different functions in the social milieu. From her earliest age, a girl is encouraged by her family, society and religion to practice motherhood, using children's objects and games, such as taking care of a doll, playing house, making 'mud pies'[24]. In turn, a man is credited with the role of a provider, who has to work to support his home, his wife and children, with the social permission to occupy public spaces and leaving the woman within the private environment: motherhood and housework[27,29].

The representations showed that some participants had no romantic relationship with their partners, and, therefore, did not show interest in their participation. There is evidence that some women no longer wanted to stay with the child's father, leading him to abandon his child and not show concern about or interest in the consultations[6,18,21]. Establishing a comparison, in Singapore and other Asian societies, for instance, single and young mothers are also stigmatized and suffer prejudice arising from traditional sexist and patriarchal values that unveil gender inequalities, which interferes in the search for prenatal care[30].

Having conducted this study in a municipality located in northeastern Brazil is considered a limitation to it. That prevents the generalization of its results, since women's experiences vary according to culture and location. However, its relevance lies in the fact that this is a qualitative study pointing out subjectivities stemming from social representations that are consistent with those presented in investigations carried out in other scenarios, as well as other specific representations that reveal the singularities of the group of women studied here. Thus, it offers contributions to health care professionals, and to nurses in particular, insofar as reflections that can reverberate care provision strategies so as to contribute to the mother's and the child's health are provided.

CONCLUSION

It is concluded that the pregnant women's social representations were developed from the denial of the father's presence in prenatal consultations by the word '*no*' shown in their statements. This word, when connected to the others that were also relevant to the process of representational development, shows on which aspects and ideas they are anchored: women deny their partners' presence because they suffer domestic and gender violence and feel that the consultation is a moment of liberation, or simply because they want to be alone.

Furthermore, the representations developed can also indicate situations of vulnerability during pregnancy, and nurses, when reflecting on such issues, will be able to focus their health-promotion actions on care provision that can alleviate such situations and enable better coping by the pregnant women, as well as the denunciation of aggressors.

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