

Meanings attributed to motherhood by women from a group of pregnant couples

Significados atribuídos à maternidade por mulheres de um grupo de casais grávidos

Significados atribuidos a la maternidad por mujeres de un grupo de parejas embarazadas

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ABSTRACT

Objective: to learn the meanings attributed to the experience of motherhood by women from a group of pregnant couples.

Method: in this exploratory, qualitative, descriptive study, conducted between March and August 2018, data were collected by non-participant observation, recorded accounts and WhatsApp conversations. The analysis used Minayo's operative proposal and the theoretical framework of Symbolic Interactionism. **Results:** the study participants were 23 women, who attributed the meanings of love, care, renunciation, identity change, fear and stigmatization to motherhood; those meanings affected all spheres of their lives. **Final remarks:** the meanings attributed to the moment affected the mothers' behavior and well-being and represented valuable input to the health teams to arrange a safe experience. Pregnant couples groups proved favorable educational spaces for thinking about, and re-elaborating, the symbolic elements of motherhood, and contributed to the mothers' autonomy and empowerment.

Descriptors: Women's Health; Parenting; Health Education; Self-Help Groups; Symbolic Interactionism.

RESUMO

Objetivo: conhecer os significados atribuídos à vivência da maternidade por mulheres de um grupo de casais grávidos. **Método:** estudo qualitativo, exploratório-descritivo realizado entre março e agosto de 2018. A coleta ocorreu por meio de observações não-participante, relatos gravados e conversas retiradas do aplicativo *WhatsApp*. Para análise, adotou-se a proposta operativa de Minayo e o referencial teórico do Interacionismo Simbólico. **Resultados:** participaram do estudo 23 mulheres que atribuíram à maternidade o significado de amor, cuidado, renúncia, mudanças identitárias, medos e estigmatizações, que afetaram todas as esferas de suas vidas. **Considerações finais:** os significados atribuídos ao momento afetam o comportamento e bem-estar das mães e representam um elemento de valia às equipes de saúde para a promoção de uma experiência segura. Os espaços educativos dos grupos de casais grávidos se mostraram favoráveis à reflexão e reelaboração dos elementos simbólicos da maternidade e contribuíram para a autonomia e empoderamento das mães.

Descritores: Saúde da Mulher; Maternidade; Educação em Saúde; Grupos de Apoio; Interacionismo Simbólico.

RESUMEN

Objetivo: conocer los significados atribuidos a la experiencia de la maternidad por parte de mujeres de un grupo de parejas embarazadas. **Método:** estudio cualitativo, exploratorio-descriptivo realizado entre marzo y agosto de 2018. La recolección se realizó a través de observaciones no participantes, declaraciones grabadas y conversaciones sacadas de la aplicación *WhatsApp*. Para el análisis, se adoptó la propuesta operativa de Minayo y el marco teórico del Interaccionismo Simbólico. **Resultados:** el estudio incluyó a 23 mujeres que atribuyeron a la maternidad el significado del amor, el cuidado, la renuncia, los cambios de identidad, los miedos y las estigmatizaciones que afectaron todas las esferas de su vida. **Consideraciones finales:** los significados atribuidos al momento afectan el comportamiento y el bienestar de las madres y representan un elemento de valía a los equipos de salud para la promoción de una experiencia segura. Los espacios educativos de los grupos de parejas embarazadas fueron favorables a la reflexión y reelaboración de los elementos simbólicos de la maternidad y contribuyeron a la autonomía y empoderamiento de las madres.

Descritores: Salud de la Mujer; Responsabilidad Parental; Educación en Salud; Grupos de Autoayuda; Interaccionismo Simbólico.

INTRODUCTION

Becoming a mother represents a moment of many transformations in a woman's life and involves an array of bio-psycho-behavioral factors loaded with symbolic values¹⁻⁶. The word *maternity* itself encompasses different meanings: it can indicate a state (being a mother), a reproductive function (biological), an institution that conducts deliveries (clinics or hospitals) and a cultural representation of maternal powers, among others, although it always indicates a consanguineous relationship⁷⁻¹⁰. Conversely, the values of love and care to the infant are inserted within the scope of motherhood, a choice of taking care of the child that does not depend on biological bonds or a specific gender^{8,11}.

In the imaginary of many cultures, it is common to notice a merge of both approaches as synonymous virtues, exclusive and inherent to women's nature. However, it is necessary to relativize these approaches according to the singularity of

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each person, since the altruistic ideals of motherhood, along with the biological changes inherent to pregnancy, can easily cause ambiguities and compromise the mothers' adaptation^{1,5,7,8,12,13}.

In this sense, the support provided by the health professionals is essential to prevent the experience from carrying a negative connotation and putting the mother's and child's health at risk^{1,2,5,7,8,12-14}. In the case of the Brazilian territory, where the prevalence of female psychoemotional disorders is high, the importance of care becomes even more evident^{15,16}.

According to the principles of Health Promotion and of the Movement for the Humanization of Obstetric Assistance, health care teams must provide multidimensional support to the mothers and integrate prevention, treatment of risks, screening and diagnosis into the educational process, without compromising women's autonomy and individuality. For this, the professionals need to identify how each woman experiences the motherhood process and the meaning she attributes to it^{14,15,17-20}.

Regarding interdisciplinary and educational activities, the groups of pregnant women and couples are spaces that facilitate approximation of the professionals to the population. By providing a welcoming environment, favorable to the expression of doubts, fears and desires, this collective environment encourages the participants to share their difficulties and to collectively think about possible solutions. Thus, everyone is encouraged to assume a leading stance in the face of the process and to become co-responsible for their own health^{14,20-26}. Although the strategy of assembling groups is still in development in Brazil, its contributions to maternal and children's health have already been verified, although no studies have been found exploring its contributions in the symbolic aspects of motherhood^{18-20,22}.

According to Herbert Mead²⁷, the creator of Symbolic Interactionism (SI), social interactions are moments of sharing symbols, when those involved think, predict, adapt themselves and formulate significant gestures in the face of specific situations. In these interactions, human beings manipulate the elements with which they enter into contact, according to their collective experiences, whereas they are also shaped by these elements and become capable of actively transforming themselves, the others and reality itself, as in the case of groups of pregnant couples²⁷⁻²⁹. Given the above, the objective is to know the meanings attributed to the motherhood experience by women from a group of pregnant couples.

METHOD

A qualitative and exploratory-descriptive research study, guided by the theoretical framework of Symbolic Interactionism (SI) and by the Equator: Consolidated criteria for reporting research (COREQ) instrument, a 32-item checklist for interviews and focus groups.

The study was developed in a group of pregnant women and couples from a university in southern Brazil. This is a multiprofessional extension project developed since 1996 that aims at promoting health education strategies based on the assumptions of humanization of care, autonomy and interdisciplinarity. Its target population are women with nearly three months of gestational age and their companions^{21,23,24}.

On average, a group includes nearly 25 pregnant women and their companions, whose number varied in each meeting. A total of eight consecutive meetings are held, once a week, lasting approximately three hours in the afternoon period.

The entire programmatic content is collectively developed, according to the themes that most interest the participants, such as pregnancy, delivery, breastfeeding, care with the infant, puerperium and physical structure of the maternity, among others; in addition, this content is sent to an electronic space created in the *WhatsApp*[®] application. In this space, interaction between the members is also encouraged for bonding and sharing reports related to delivery.

A reunion is held at the end of the activities, one month after the birth of the last infant. On that day, all the testimonies provided by the participants regarding their experiences were recorded and transcribed by a scholarship holder participating in the project^{21,23,24}.

In the first meeting, all the participants received a registration form containing sociodemographic (age and schooling, among others) and obstetric (gestational time, number of children and prenatal information, among others) information; as well as a Free and Informed Consent Form (FICF). Collection was only initiated after signature of the documents.

The following inclusion criteria were adopted: being a woman and participating in the group of pregnant women and couples under study; and the exclusion criterion was age equal to or below 18 years old. A total of 23 pregnant women participated in the study. In order to comply with the provisions defined by the Guidelines and Regulatory Standards for Research Involving Human Subjects set forth by the National Health Council^{30,31}, the identity of all the women was replaced with the letter M ("*Mulher*" in Portuguese) and a number, according to their participation order (M1, M2, M3...).

Data collection was conducted using the following procedures: non-participant observation (N.P.O.) of the meetings; documentary analysis of the *WhatsApp*[®] conversations (W.C.); and analysis of the recorded testimonies (R.T.)

during the reunion. On the first day, a dynamics for the elaboration of posters was also proposed. In this activity, the participants received a sheet of *Kraft* paper and color pens, and were divided into four groups. Subsequently, they were given 15 minutes to answer the following questions: What does motherhood mean to you at this moment? What does it represent in your life? At the end, all the posters were photographed and transcribed. The same questions were asked again at the reunion and the answers were recorded together with the individual testimonies.

In order to carry out the non-participant observations (N.P.O.), an observation script was previously developed to describe the characteristics of the place and record the participants' speeches (themes of interest, main doubts, knowledge shown, reports of conflicts or empowerment in the face of motherhood), as well as the professional's actions (approach of the themes, conduction of the group, reception of participants and their demands). The lead researcher made the records in a field diary at the collection time. This researcher had already monitored three groups prior to the one under study to avoid interfering in the work dynamics³².

The only information collected from the *WhatsApp*[®] reports was that related to the postpartum period until the day of the reunion, including report of the delivery, difficulties/practicalities, and emotional exposures related to motherhood. The entire collection process took place between March and August 2018.

The analysis included mapping of the field determinants (field description performed in the N.P.O.), interpretation of the empirical facts (record of the participants' speeches made during the N.P.O.; poster dynamics; W.C.; R.T.), and grouping of the data into sense categories, according to Minayo's operational proposal. Subsequently, an exhaustive reading of the findings was performed, followed by inflection analysis and writing of the final report, with two categories divided into three subcategories each (Figure 1)³². The entire process was guided by the Symbolic Interactionism perspective.

Categories	Subcategories
Motherhood regarding a female transformation process	- Biopsychosocial changes inherent to pregnancy; - Awakening of maternal love; - Postpartum challenges and adaptations: responsibility, self-sacrifice and commitment
A mother is born: constructing a new identity	- I-mother; - I-social-mother; - I-professional-mother.

FIGURE 1: Study categories and their respective subcategories. Florianópolis, SC, Brazil, 2018.

This study was developed from a macro-project entitled "20 years of the group of pregnant women and couples: historical path, profile, impact, perceptions and contributions for those involved", approved in May 2017 by the institution's Research Ethics Committee.

RESULTS

The participants' age varied from 19 to 39 years old, with predominance of the age group between 26 and 32 years old. Two of the participants were single, 11 were married, three were in stable unions and seven did not answer. Regarding schooling, 19 and four were attending or had already finished higher education and high school, respectively. In religious terms, 10 self-identified as Catholics, two as Christians and six did not answer the question.

In relation to the gestational data, 16 women stated having planned their pregnancies, as opposed to seven who indicated unplanned pregnancies. Of them, 20 were primigravidas and three already had children. All of them attended prenatal monitoring, 13 in the private network, six in public health care and four in both systems.

In relation to gestational time, it varied from 15 to 35 weeks, which culminated in the birth of some infants before the end of the activities. Consequently, the number of participants in the collection stages was heterogeneous: 20 participated in the elaboration of posters, 19 sent their reports via *WhatsApp*[®] and only 10 attended the reunion. However, all the data were maintained, as many women who did not attend all the meetings or were not able to attend the reunion provided their reports on *WhatsApp*[®].

To organize the results, an illustration was prepared with the keywords of the posters dynamics (Figure 2) in the *WordArt* 2018 program. This image was used to guide the elaboration of the study categories and to compare the meaning attributed to motherhood before and after arrival of the newborn.



FIGURE 2: Previous meanings attributed to motherhood by women from a group of pregnant women and couples: poster elaboration activity. Florianópolis, SC, Brazil, 2018.

Motherhood regarding a female transformation process

Biopsychosocial changes inherent to pregnancy

Throughout the meetings, the women described the changes inherent to pregnancy and the effects generated on their well-being.

For me, it's a phenomenon of nature, like wind or thunder. It feels as if I'm disintegrating and that I'm only going to be a whole person again when the baby is born. I no longer have any control over myself, I'm only reacting to what my body asks. M1 (N.P.O.)

For me, pregnancy is made up of phases. Before, it was the tranquility phase, now I'm in the anxiety one. M2 (N.P.O.)

It's acceptance work every day... M3 (N.P.O.)

Pregnancy is not a disease, but it does have signs. It's very uncomfortable and there's not much empathy with what we're feeling [change in her voice]. M4 (N.P.O.)

Awakening of maternal love

In their testimonies, either pre- or post-birth, the participants attributed the affection they developed towards their children as an element of transformation, learning, accomplishment and strength.

That contraction is more intense each time [...]. Many people asked me, why feeling pain? It's not any pain. It's meaningful pain! In each contraction [...] I'd be closer to knowing the greatest love of my life! M5 (W.C.)

I changed, right?... it's a whole lot of love. All that I had like...being the older sister, taking care of my siblings [...] they come with me. Ah, you were born to be a mother, now it's finally true. M6 (R.T.)

It's love that I didn't know where it was. It seems as it already existed a long time ago [...]. It's a totally different experience. I feel more complete [...]. The baby is always first [...]. I learned to be a whole lot stronger. M7 (R.T.)

Postpartum challenges and adaptations: responsibility, self-sacrifice and commitment

The difficulties found by the women after delivery and the required adaptation were also an impact factor in their experience.

I also had bleeding... a lesion in the nipple (worse than a fissure). I'm on the eighth laser session! [...] I think that latch was wrong at the beginning and I hurt myself badly! Several times I thought I wasn't able to continue breastfeeding, I used to go to the bathroom and cry before breastfeeding... almost panic... M8 (W.C.)

We learn every day. Now, my mantra is: patience is a virtue. M9 (W.C.)

We think that she [infant] has cow's milk protein allergy, so it's very tough because I've had to change my entire diet to make her calmer. M10 (R.T.)

A mother is born: constructing a new identity

I-mother

Unanimously, all the women reported the emergence of a new female identity, a role even in the adjustment and learning phase.

Sometimes the mom here feels like Wonder Woman, but ten minutes later she's already crying thinking in her mother that is leaving, not knowing whether she'll manage to take care of that human being who totally depends on you! M11 (W.C.)

There was a time when I said: I need to go out, I need to be me, I can't only be [infant's name]'s mother. Gee, I remember [the day] when I went into my car and looked in the rear view mirror and there wasn't anybody [...], I said: I'm back folks! M12 (R.T.)

I-social-mother

Many women described changes in their social relationships after the birth of their children, mainly involving their family nucleus.

I don't know if it's hormonal or what, but I see myself as that little bird, the Southern Lapwing. I've already told her [mother-in-law], darling I'm feeling like in a Southern Lapwing phase, if you touched my baby.... M12 (R.T.)

For me, it changed my view towards my relationship with him [partner] [...]. Not for the worse, but for the better [...]. My patience too [...], because without patience we go somewhat mad. I don't know, I can't romanticize motherhood right now, because it's been very difficult. M13 (R.T.)

It was really love that I wasn't expecting. We become this lioness that fights with everybody [...]. Me, in a 15-year-long relationship, [...] I've never spoken so harshly to my mother-in-law and after [infant] was born... She [mother-in-law] told my mother that she knew some [participant's name] that she hadn't known before. M14 (R.T.)

I-professional-mother

In one of the meetings, participant M15 brought about the theme of discrimination against pregnant women in work environments, stating that she had experienced this situation during the PhD selective process. According to her, some professors were banning the entrance of women who were pregnant or intended to become pregnant during the academic period, because they considered that they would tend to miss classes and extend the scholarships. After her report, other participants made their voices heard:

When I got pregnant, I felt discriminated against at work and now my professional image has changed. M1 (N.P.O.)

It was very difficult for me to tell my boss that I was pregnant. It took a long time for me to be able to do it... [...] we shouldn't experience this fear. M16 (N.P.O.)

I had many conflicts with myself for not going at the same pace and not producing as much as before. That generated a lot of stress! M17 (N.P.O.)

Nobody gets a job when pregnant. M18 (N.P.O.)

When giving her testimony, M1 stated that, some weeks before starting to attend the group, she had to miss a day of work due to health issues not related to her pregnancy. After this episode, her supervisor distanced her from her functions for concluding that her absences would become recurrent. She also reported that her boss often made her indirect suggestions by praising other women who had returned to work before the end of their statutory maternity leaves.

DISCUSSION

In the first subcategory, *Biopsychosocial changes inherent to pregnancy*, it is noticed that the changes experienced during the pregnancy period were substantial and caused physical (M4), emotional (M2), psychological (M3) and identity (M1) discomforts.

The abrupt variations inherent to the period, in addition to causing symptoms such as nausea, weakness, abdominal pain, dyspnea and back pain, among others, and affecting women's physical (as observed in M4's speech)¹⁹ and emotional (M2's speech) disposition, also limit them in the control of their bodies, making them feel that they are losing their identity (as illustrated by M1's disintegration)^{19,33,34}. The Ministry of Health (*Ministério da Saúde*, MS) itself recognizes the process as a preparation for a new phase of life and favorable to the adoption of changes and to the reflection on the meanings attributed

to *being a woman*, although requiring daily acceptance work (M3's speech)^{5,6,21,34}. From the interactionist perspective, this movement of the mothers' adjustment helps them assimilate the attitudes, gestures and symbols pertaining to the phenomenon of motherhood, so as they can recognize themselves while also being recognized by the collective³⁵.

The dynamics between the mothers and the social medium becomes more evident in the *Awakening of maternal love* and *Postpartum challenges and adaptations* subcategories. In both cases, the feeling of love described in the participants' testimonies emerged as an element intrinsic to motherhood (M6's speech) and the main responsible for coping with difficulties (M5's, M6's and M7's speeches).

In this regard, French historian Badinter³⁶ asserts that naturalization of maternal love, linked to the care sphere, was nonexistent until halfway the Middle Ages. The author does not deny the existence of the feeling of love between the mothers and their children before this period, she only evidences it as a social value, encouraged by the European state powers in order to ensure population growth and maintenance of wealth. According to her, women became responsible for children's survival because they have the ability to procreate; thus, for religious and scientific orders of that time, they would be naturally able to perform this role (as observed in M6's speech)^{3,9,11,36}.

Due to the European colonialist influence in Brazilian history, the very view of the female still perpetuates in the present time¹¹. The pregnant woman's book, for example, asserts that mothers grow as women during pregnancy and develop the necessary confidence to take care of the infant³⁴. In the case of the participants, the value of love indeed assumed the symbolic form of a sense of commitment to their infants' well-being, reaching the point of mothers neglecting their own needs, regardless of whether they were physical (such as M8's nipple injury), psychological (such as M9's patience) or behavioral (such as M10's feeding adjustments).

According to the authors, mother's renunciation in favor of their children is typical of the stereotype of the modern woman which, for many years, fostered the value of surveillance among mothers^{4,6,33}. Lack of care was a reason for shame and signaled maternal neglect³⁶.

For SI, this type of association shows the drive that shapes the social phenomena of a context and the deepest feelings of the individuals who comprise it. When shared and disseminated among the interlocutors, symbols gain strength in the collective body, which ensures their incorporation and permanence^{4-6, 28,37}. However, in the second category, *A mother is born: constructing a new identity*, it was possible to identify how the incorporation of these values affected the group members' subjectivity, whether due to the emergence of ambiguous feelings (as reported by M11) or to the need of self-recognition (M12).

Some authors agree that becoming a mother and performing the maternal roles are different things and involve multiple factors, not necessarily pure instinct^{1,6,33}. However, in the *I-social-mother* subcategory, the issue of maternal instinct had repercussion in the participants' interpersonal relationships, whether in conflicts with their mothers-in-law (M12, M4) or in the relationship with the partners (M13). To illustrate these changes, the participants went through figures of animals, such as the lioness and the Southern Lapwing, symbolizing the natural desire to protect their children.

Some studies linked this impulse of maternal protection to the occurrence of the so-called maternal melancholy, or baby blues, a transient hormonal condition that affects 70% to 90% of the women after delivery. The change causes certain hypersensitivity in the mothers towards the infants' needs and, according to Psychoanalysis, it is responsible for the bonding between them^{1,2,38}.

In the case of participant M14, who stated that she could not romanticize motherhood because it has been a difficult experience, the meaning given to the phenomenon acquired another interpretation. According to SI, as she was not able to adapt, the participant began to operate outside the standards predetermined by the collective, creating a new context for herself. By including the value of patience, she re-elaborated the determinants of motherhood already existing in the couple's reality, exerting a positive effect on the relationship²⁷⁻²⁹.

The same adaptation was not observed in the last subcategory, *I-professional-mother*, where tension was observed between different roles, causing the mothers to feel afraid, stressed, guilty and discriminated (M1's, M15's and M18's reports). Similar issues were found in other studies conducted in Brazil, which identified that the mothers were more likely to having their positions changed or to losing job opportunities, reaching the point that they omitted mentioning their children in job interviews^{39,40}.

The irrational attitude towards them in work environments reflects the duality created in the 20th century, when the economic reality in Brazil forced women to leave their home spaces to pursue better financial conditions. As it prevented them from fully devoting to their maternal role, this situation imposed a double demand on women: being immaculate mothers and competent professionals, often forcing them to choose between a role or the other^{39,40}. As observed, the theme is still a source of anguish and concern for women who, since then, have been striving to reconcile both roles while facing harassment, sexism, oppression and silencing^{24-26, 39,40}.

Study limitations

The volume of data collected and the breadth of the theme stand out as study limitations, as they are not restricted to the clipping of this study. It is therefore suggested to carry out other research studies, contemplating different periods, profiles and social realities for comparisons.

FINAL CONSIDERATIONS

The meaning attributed to motherhood by the participants gained a connotation of love, unconditional care, meaning of life, responsibilities, loss of autonomy, renunciations, fear and stigma, as well as it affected all areas of their lives.

As the symbolic framework of the period carries with it the historical and cultural context in which mothers are inserted, it proved to be complex and capable of affecting the way in which they act. Likewise, the same elements became facilitators of the adaptation process, when relativized to their individual experiences.

The groups of pregnant couples contributed to this research as an educational-reflective space for the symbolic construction of motherhood, a low-cost and easy-to-implement therapeutic instrument that needs to be further studied.

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