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Social representations of the parturition process of women who experienced teenage pregnancy

Representações sociais do processo de parturição de mulheres que vivenciaram a gravidez na adolescência

Representaciones sociales del proceso del parto de las mujeres que experimentaron el embarazo adolescente

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ABSTRACT

Objectives: The study's purpose has been to recognize the social representations of women in parturition process who experienced recurring deliveries during the adolescence. **Methods:** This is a descriptive study with a qualitative approach, which was based on the Social Representations Theory as proposed by Serge Moscovici. They were part of this study 30 women who experienced recurrent birth in adolescence. Data were collected from May to August 2015 through a semi-structured interview. Data were analyzed using the Text Analysis Discourse and the theoretical framework of the Social Representations Theory. **Results:** It was found the presence of positive and negative social representations considering both delivery routes. It was also grasped that women are able to understand the benefits of normal birth, as well as the indications of cesarean section. **Conclusion:** The women's knowledge is linked to the consensual universe, thus building negative social representations towards the parturition process that may permeat into further generations.
Descriptors: Natural childbirth. cesarean section, adolescent.

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RESUMO

Objetivos: Conhecer as representações sociais do processo de parturição de mulheres que vivenciaram partos recorrentes na adolescência. **Métodos:** Trata-se de um estudo descritivo com abordagem qualitativa, fundamentado na Teoria das Representações Sociais proposta por Serge Moscovici. Fizeram parte desta pesquisa 30 mulheres que vivenciaram o parto recorrente na adolescência. Os dados foram coletados no período de maio a agosto de 2015, por meio de entrevista semiestruturada. Os dados foram analisados por meio da análise textual discursiva e do referencial teórico da Teoria das Representações Sociais. **Resultados:** Foi constatada a presença de representações sociais positivas e negativas de ambas as vias de parto. É possível perceber que as mulheres compreendem os benefícios do parto normal, bem como as indicações do parto cesariano. **Conclusão:** O conhecimento das mulheres está atrelado ao universo consensual; desta forma, constroem representações sociais negativas do processo de parturição que vão perpassando as gerações.

Descritores: Parto normal, Cesárea, Adolescente.

RESUMEN

Objetivos: Conocer lãs representaciones sociales de las mujeres em proceso de parto que experimentaron las entregas recurrentes em la adolescencia. **Métodos:** Se realizo um estúdio descriptivo com enfoque cualitativo basado en la teoría de las representaciones sociales propuesto por Serge Moscovici. Eran parte de este estudio 30 mujeres que experimentaron el nacimiento recurrente em la adolescencia. Los datos fueron recolectados entre mayo y agosto 2015 mediante entrevista semiestructurada. Los datos fueron analizados mediante e la nálisis del discurso de texto y el marco teórico de la Teoría de las Representaciones Sociales. **Resultados:** Se encontro la presencia de las representaciones sociales positivos y negativos de las entrega. Se puede ver que las mujeres entiendan los beneficios de un parto normal, y indicaciones de cesárea. **Conclusion:** El conocimiento de las mujeres está vinculada al universo consensual, así, construir representaciones sociales negativas del proceso de parto que impregna generaciones.

Descriptores: Parto normal, Cesárea, Adolescente.

INTRODUCTION

Experiencing childbirth is a unique moment in the woman's life, which brings with it physiological, psychological and social changes. The psychological changes that permeate this moment are due to expectations about childbirth, in which the fear and anxiety that accompany the woman during the gestational process become real with the actual delivery.[1]

For the adolescent parturient the level of anxiety and fear is even higher, since the experience of childbirth is added to the changes that come along with adolescence. The adolescent lives a mixture of dreams and fantasies, surrounded by doubts and longings that can be due to the fear of dying during the delivery, the pain of childbirth, thinking that the child may be born defective and not knowing how to identify and act when facing the signs of childbirth labor and delivery.[2]

In this context, it is understood that the assistance to the delivery of adolescents needs to be based on the singularity and the integrality, aiming to reduce the negative feelings of the adolescent, and then allowing her to be the protagonist of the parturition process.

Nonetheless, in practice, studies indicate little or no singularity in the care provided to the adolescent parturient, because in the care space, interventionist, medicalized and professional practices that disapprove gestation in adolescence are observed, and for this reason they dispense with hostile attitudes towards the adolescents.[3-4]

In this thinking, it is understood that the process of parturition is a complex phenomenon for which multiple factors contribute, among which the social representations of normal delivery and cesarean delivery, which multiply and re-signify in function of previous experiences of the subjects (women) inserted in the society.

Hence, aiming to compose the theoretical reference of this study, we have opted for the Social Representations Theory created by Serge Moscovici in 1978, because it can be used to identify the ways of thinking and acting of the adolescents with regard to the construction and the subjectivity of the experience of childbirth adolescents.[5]

Moscovici states that "representations are always a product of interaction and communication and they take their specific form and configuration at any moment as a consequence of the balance of these processes of social influence."[6]

Based on an understanding of the social representations of women who were mothers in their teens, health professionals can transform their practices in relation to teenage pregnancy by opposing the unilateral view of risk, problem, precocity, social and transgressive social situation, to a practice that makes it possible for adolescents to experience gestation and the parturition process in a quiet and safe way.

Having these reflections in mind, this study was based on the following question: What are the social representations of the parturition process of women who experienced recurrent deliveries during the adolescence? The purpose of this study was to recognize the social representations of the parturition process of women who experienced recurrent deliveries during the adolescence

The study was based on the assumption that women who experienced recurrent deliveries during the adolescence did not receive information related to the childbirth during prenatal care, and their knowledge about the process of parturition experienced is linked to the information acquired in the space where live and exchange experiences that the social environment provides.

METHODS

This is a descriptive research with a qualitative approach, which was based on the Social Representations Theory proposed by Serge Moscovici and carried out in six Basic Health Units, a city in the Southern region of *Rio Grande do Sul* State. The study included 30 adult women who experienced recurrent childbirth during the adolescence. The choice of interviewing women, rather than adolescents, was justified by believing that time is of the essence for reflecting on the facts. Inclusion criteria were as follows: women over 20 years old; who had two or more childbirths between the ages of 10 and 19 years old, according to the chronological criteria for adolescence of the World Health Organization; residing in the urban perimeter of the municipality of *Pelotas*; being conscious and situated in time and space; agreeing

with the broadcasting and publication of the results in academic and scientific circles; allowing the use of tape recorder during interviews.

The procedure for data collection was performed using the Snowball technique, an intentional sampling method that allows the definition of a sample through the indications given by people who either share or know others with common characteristics of study interest.[7]

Data were collected over the period from May to August 2015, through a semi-structured recorded interview, based on triggering questions involving the themes: pregnancy in adolescence, childbirth and recurrence, the formation of knowledge about the process of parturition and support networks. The analysis of the data was done under the light of the Discursive Textual Analysis,[8] seeking support in the theoretical reference of the Social Representations Theory, in the Moscovician viewpoint.

The research was developed in accordance with the Resolution No. 466/2012[9] from the National Health Council. The project was approved by the Research Ethics Committee from the *Faculdade de Enfermagem-Universidade Federal de Pelotas*, Legal Opinion No. 0166 085 and *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 43861015.7.0000.5317. The Free and Informed Consent Term was signed by all the participants of the research and the anonymity was assured through the use of the initial "W" referring to the woman plus the current age and numerical order of the interview. For example: W.25.1; W.23.2.

RESULTS AND DISCUSSION

Social representations emerge from the contribution of each individual in society, which builds their knowledge in the social environment in which it is inserted, establishing behavior towards society from these representations. Thus social representations compose the vocabulary and interpretation of individuals about the objects of the world.[6]

In this thinking, the present study has the individual belonging to society, represented in the figure of the woman who experienced the process of parturition in adolescence and the object inserted in the world – the process of parturition during the adolescence. Therefore, it is understood that women acted and reacted to the parturition process from their social representations of both normal delivery and cesarean delivery.

It should be noted that social representations are not only opinions, but a set of propositions, reactions and evaluations of subjects on a given objective, and follows a logic of their own that contributes information, attitudes and the field of representation or image. The group's knowledge about a given object is called the dimension of information.[5]

In this way, the women of this study, based on common sense, presented their social representations of the parturition process, with different dimensions. Considering the normal delivery, it was found the following social representations: 'negative perceptions, positive perceptions, ambivalence of feelings, caring for oneself, the child and the family, and medicalization/intervention triggered by the cesarean section'.

'Negative perceptions' as social representations of normal delivery were present in the speech of women, who defined normal delivery as pain, or have expressed their fear of pain:

> My mother always had a cesarean section in order to give birth to my siblings, and said I had to have a cesarean section because it was better, I would not feel pain, and my fear was the pain of normal delivery. (W.21.1).

> I was always very fearful and I was scared to death of the pain of a normal delivery. (W.24.21).

When talking about normal delivery, it is very common for individuals to think and express their opinion of the physiological process permeated by intense pain, an idealization that has been passed down from generation to generation.[10] This fact can be verified in the aforementioned speeches, since the three statements relate the pain of childbirth with the knowledge coming from the social environment. In W.21.1, it is possible to see the confidence in the information received from her mother, when she chose to support herself with this information in order to justify her choice by the cesarean section.

In this context, it is possible to observe that the pain is directly linked to the social environment since the aspect linked to normal childbirth surpasses the physiological limits of the body. So, it is necessary to work in the field of providing information to adolescents during the gestation period, as well as to use pain relief techniques at the time of childbirth labor.

The social representations of normal delivery as 'positive perceptions' were present in the speeches of women who judged normal delivery as ideal, calm, practical, simple and rapid:

> Normal delivery is better because one goes there, does a little push and it is done. (W.21.9).

> I always wanted it to be a normal delivery, for recovery to be faster. (W.23.13).

> The pains were not so strong, I always say that normal delivery pain is a pain that gives and passes, I always gave birth to my children by normal delivery... I think I always had the tendency to give birth by normal delivery; one recovers much faster and does not need to be asking for help from others. (W.46.24).

The aforesaid speeches continue to refer normal delivery to the social representation rooted in society in a pain event, but now the pain is necessary for the woman to become a mother in the social environment. For women who had positive perceptions the pain was represented as necessary and anchored in the association of normal delivery with practicality and speed.

This finding is in line with the aforementioned study,[11] in which the interviewees pointed out the pain of childbirth as

a natural and essential component of motherhood. The pain was not only associated with physiological sensations, but with its meaning in the process of birth of a new life, in which suffering is acceptable and tolerable to become a mother.

In the present study, for some participants the normal delivery was represented as natural, an event in which the protagonist is the woman herself:

> Whenever I am asked about normal delivery I say it is very good, I think sometimes people are scared of this "very good", but it was my reality. (W.21.27).

> Natural delivery, the natural name already says, it hurts just in time and every woman was born to endure this pain. (W.30.29).

It was observed the social representation of positive perception of normal delivery, as a natural event in which the absence of fear emerged as a positive factor for the woman to exert her protagonism when facing childbirth.

In this thinking, these women understand the normal delivery as a natural event and that they understand the importance of their autonomy and protagonism in the process, so it is perceived that it is possible to break with the hegemonic culture of medicalization towards the childbirth event.

The influence of the social environment upon the family was also present in the statement of a participant who related normal delivery to positive perceptions:

> I think I always wanted normal delivery because my mother and my sister had a normal delivery, my mother had my younger brother at home, and because I saw my relative suffering from a cesarean section, if I were asked about childbirth, I will always say normal delivery is better. (W.25.12).

At this juncture, it is observed how much the social environment influences how the woman constructs the social representation of childbirth, revealing the need to share positive experiences about childbirth, since what was not familiar (childbirth), becomes familiar positively for the woman who experiences the motherhood, from the reports and/or experiences in the family context.

The consensual universe aims at the familiarization of objects, persons or events hitherto unfamiliar, and in this study, the childbirth. With this what was distant becomes close, what seemed abstract becomes concrete. Therefore, in order to make childbirth a familiar object, it is necessary to have a thought process based on previous conclusions and recollections in which the woman relates what has been lived in the social environment, previous experiences and information acquired, anchoring in these experiences and forming their positive and/or negative representations of the process.[6]

In the social representation 'ambivalence of feelings' the statements demonstrated the fear of interventions during childbirth labor, as well as fear of pain versus the recovery capabilities:

> I was afraid of the serum that they told me that it hurt a lot, because I was very scared of the pain, but it ended up being normal delivery... Normal delivery is better because of the rapid recovery. (W.25.5).

> Normal, because I already knew how it was, much faster, gets there, does a little stress and it is done; hurts a lot, but it's an easy pain, that's just doing a little stress, putting out and that is it. (W.41.7).

Hence, it is verified that the two deponents associated normal delivery with the fear of pain, but at the same time they expressed the desire to experience this type of childbirth, because they understood that it is a quiet way of giving birth and the rapid recovery appeared as the anchorage of the participants to objectify their desire for normal birth.

In this study, women who experienced normal delivery have demonstrated quick recovery as the main advantage in choosing this method of delivery. Women described normal delivery as a simple, fast and quiet event, which provides independence to walk, perform domestic activities, taking care of themselves and the baby and are positive factors of the experience.[12]

Herein, it was also possible to witness this positive representation of normal childbirth, called 'caring for oneself, the child and the family'. Women are anchored to their role as a woman/mother who needs to take care of the family immediately after delivery, aiming at their desire for normal birth, as evidenced by the following statements:

> In normal delivery the child is born and I can come home to do my things within a short period of time. (W.26.3).

> I think I'm telling you that I always want a normal birth because I want to be able to do my things, take care of myself and take care of my son, sometimes I would look in the room in the hospital and the adolescents that would get cesarean could not even do the hair alone, crying with hunger because milk costs more to go down; and eating a soup, without doing selfcare right too; I think that's why I do not want go through a cesarean section never in my life. (W.23.8).

> I think the normal delivery is much better, you go to the hospital, and you come home and you can do your things, take care of your children. (W.50.11).

> I think I always want normal delivery, because we come home fast and can do everything; the pain is not as much as they say. (W.26.14).

It is believed that social representation is linked to the role that women represent before society, which must care for the home and family with love and commitment, and

when the woman is a teenager, the social environment that the girl assumes her role as an early mother, showing that she is capable of taking responsibility for her actions.

This belief, corroborates another study,[10] when it affirms that it is rooted in society that the woman during the postpartum period must (duty: be obliged to do something) assume her "natural and obligatory" role of dedication to the child and to the home, the mother's essence must arise along with the instinct to give birth, feed and protect.

And what about taking care of yourself? And what about taking care of her (as a puerperal woman who also needs care)? In the aforementioned statements, only W.23.8 suggested the need to take care of oneself in the postpartum as a real necessity, justifying their desire for normal delivery. This testimony brings to the fore the need for a singular look at women not only in childbirth labor and delivery but also in the postpartum period. Professionals and family members need to be concerned not only about the baby's health, but also about the health of the baby, and the feelings aroused by the new moment in their lives, you might ask "how do you feel?" or "do you need help?" can significantly change the experience of women during this period.

Regarding the social representations of normal delivery, the 'medicalization/intervention triggered by the cesarean section' dimension was also obtained, in which have emerged statements that evidenced the desire for normal delivery:

> The normal delivery is much better, she comes home the other day, without being crooked, with pain, or at risk of infection that even the cesarean, not to mention the terrible needle. (W.40.16).

> I did not know anything about childbirth, but I wanted it to be a normal birth because it was faster, and because I could see my son at birth, I do not know if I was a little afraid of a cesarean, I think because of the care that must be taken after the delivery and the anesthesia too, to tell you the truth in the first pregnancy I did not worry too much. (W.30.30).

The statements show that women opted for normal delivery because they understood that it is a fast and natural process and the procedures that permeate cesarean section emerged as the main anchorage of the participants to objectify their desire for normal delivery.

In this sense, women associate cesarean with some postpartum disadvantages, they justify the pain, discomfort and suture care as events that bother and opt to "tolerate" the pain of normal birth and accept experiencing it to have good Experience in the postpartum period. This fact again demonstrates that pain is not only physiological, but also fundamentally linked to the meanings and definitions that women construct and reconstruct about the parturition process.[11]

Concerning the cesarean section, the following social representations were found: the ambivalence of feelings, dependence, cesarean preference, hospitalization and postpartum care.

The ambivalence of feelings as a social representation of the cesarean section was present in the speech of two participants who were now anchored in the cesarean section as a painless procedure, and now anchored to the necessary care in the postpartum period:

> Cesarean that does not feel pain, but needs to take care of the points later. (W.25.5).

> The cesarean does not hurt when it's time to give birth, but then the woman has a hard time recovering. (W.22.2).

The testimonies express the positive aspects of the cesarean section, emphasizing the absence of suffering during the procedure. Nevertheless, the deponents point out that discomfort arises in the recovery when care is needed to avoid postpartum complications.

In this aspect, pain is present in both birth routes, they report that in normal delivery, it is bearable because it is unique, which allows a brief return to daily activities, while in cesarean the pain arises after returning home, sometimes the woman needs to rely on the help of family members to care for the house, for herself and for the baby.[12]

At this juncture comes along the second social representation built by women about cesarean section, 'the dependence', this one is anchored in the need to have help from relatives in the postpartum cesarean section, women report that they need help, and for this reason, they objectified their desire for the normal delivery:

> By having a cesarean section one has to depend on others to get a glass of water, but with normal delivery you get better within 4 days, and then you can get up, and do everything. My mother when she had surgery on my last sister suffered a lot, had an infection, cried on a bed of pain, then when I got pregnant I thought about it. (W.50.11).

> If I had a cesarean section I would have to take care, clean it in order to not get rot, stay in bed without doing home things, there must always be someone in the family to take care of you. (W.23.8)

> I at least found it very difficult to have to take care of those points and have to stay depending on the others. (W.46.24).

In this context, women's concern about "not demanding help" from the people around them is perceived again, when choosing normal delivery is as if it was showing that they can be independent and take their place in society, on the other hand again the influence of the social environment is present, because women anchored themselves in their own experiences or others to justify their choices, in other words, to familiarize the process of parturition in their lives.

The 'cesarean preference' was a representation constructed by only two participants of this study:

> If you ask me or if I have another childbirth, I will certainly want the cesarean section, because it does not hurt, even though I have suffered from the infection, I have always been very afraid when it comes to pain. (W.20.28).

> I have always opted for the cesarean section, because the pain of normal delivery is horrible, and they make a cut below, I much prefer the cut of the cesarean, which I see in my belly, I know that you have companions for normal delivery, but do not think that I advocate it, no way, I think that it is horrible. (W.20.19).

The participants W.20.28 and W.20.19 linked the pain that normal delivery represents in society, thus targeting their wishes for cesarean delivery. W.20.19 demonstrates her fear of being judged by her choice for this way of delivery, evidenced by the expression "I know that she has companions for normal delivery, but do not think that I advocate (normal delivery)." The above statements consolidate the need of health professionals to offer information about the actual indications of cesarean delivery, as well as the benefits of normal delivery, but always respecting the autonomy of the woman in choosing the desired way of childbirth.

The two participants represent the minority of this study since the other women expressed the desire for normal delivery, which corroborates with the one pointed out in a study,[13] that in the present day there is the dilemma between normal delivery (maternal desire) versus cesarean delivery (biomedical model). In this dichotomy the woman emerges as a coadjuvant, transferring the responsibility of choice through the birth process to the professional since she understands that the latter has scientific knowledge and will preserve her health. In this context, many professionals believe that the surgical approach is the safest procedure to give birth.

It is believed that this scenario of decision between normal delivery or cesarean delivery is extremely subjective and subtle involving personal and sociocultural feelings and conceptions, turning into fears and fears of the process in which women want normal delivery, but most of the time, not participate in the decision.

Given this scenario, it is suitable to make the following questions: Do the physicians see any difference between the ways of delivery? Do the physicians care about the fears and doubts of women? It is a fact that, currently, we have an unfavorable scenario with an increase in unnecessary cesarean sections, all over the world. Fifteen countries with about 12 million births per year have cesarean rates at more than 30%. In Latin America, 9 of the 12 countries have rates above the 15% threshold recommended by the World Health Organization.[14] These rates continue to rise, and are not associated with the improvement in maternal and perinatal mortality rates; on the contrary, this type of delivery, when used without an indication, may increase the risk of maternal complications.[15]

In this line of thought, the Health Ministry reveals that in Brazil, cesarean birth rates have gradually increased, related to factors such as fear of pain, cultural and family influence, desire to perform tubal ligation and information during prenatal care.[16]

'Hospitalization' also emerged as a social representation of cesarean section; women associated invasive cesarean procedures with negative experiences, then justifying their choices for normal delivery:

> Considering the cesarean, no; you enter the surgical block and undergo surgery, full of physicians around you and you have no idea what can happen, and then it can still cause problems because if you do not wash well, it does not sanitize I got 10 days at home taking care of myself and I infected one point and I had to go back to the hospital and get antibiotic treatment over 10 days at home, and then I get 100% good. (W.30.29).

> The woman that underwent a cesarean section needs to be hospitalized for a few days, and sometimes the surgical points could infected and I would not be able to take a bath on my own because it is difficult to stand. (W.24.25).

> The cesarean section is worse, you have to stay in the hospital longer; you have to be cut and then sewn. (W.26.3).

The statements demonstrate the knowledge of women built in the social environment, opted for normal delivery because they anchored in the definition of a cesarean section while a surgery that requires staying in the hospital environment.

In addition to hospitalization, 'postpartum care' also emerged as a negative social representation of the cesarean section:

> The surgical points annoy me a lot, and I have to stay for a while, I have a friend that points broke and she had to go back to the hospital, I think if I had another child I wanted it to be normal, so it could be much faster. (W.29.26).

> The woman that undergo a cesarean section needs to rest; my last childbirth was through a cesarean section, and the points became infected because I did not rest right because he was hospitalized in the Intensive Care Unit, where I went from here to there every day, there I saw how my belly, I had to take some points later to cure the infection, I fainted a day of pain, I think for all this I do not like and I do not recommend the cesarean section. (W.41.7).

> Just thinking about having a cut in the belly and having to take care after I already shiver; my friend even got infected, then they had to open up again, and there the injection in the spine, which is risky. (W.25.12).

Because during the cesarean section they will cut the belly, then it is more difficult for the woman to recover. (W.25.4).

It was observed that women were anchored to the invasive procedures of cesarean section, such as operative wound and spinal anesthesia, in order to objectify their non-desire for this way of delivery, the social environment emerged again as a decision influencer and opinion maker. The fear of procedures related to the surgical act is pointed out in other studies in which women show aversion to inflammation of the stitches, puerperal infection, hemorrhages and headache after spinal anesthesia.[12,17]

The social representations of hospitalization and postpartum care bring women closer to the reified universe – scientific knowledge; they demonstrate knowledge of the surgical procedure and justify their choice for normal delivery.

CONCLUSIONS

The present study made possible to know the social representations of the process of parturition in adolescence. These conceptions, values and cultural habits are anchored in the historical aspects linked to the meanings attributed to the normal birth and the cesarean section that was elaborated and shared in the daily life of the relations of the social environment that the women belonged. Positive and negative representations of both birth routes were found. It was possible to realize that women understand the benefits of normal delivery, as well as the indications of cesarean delivery.

Regarding normal birth, it was observed that the society is still rooted in the representation of a painful event, in which, in feeling the pain of childbirth, the woman assumes her role as a mother in society and suffers constant influence from the social environment in choosing for this delivery via.

In the social representations related to the cesarean section, the knowledge of women in this study is very close to the reified universe, since they understand the actual indications of the surgical procedure, even making possible complications possible. Still, in the choice of this way of delivery it was possible to observe that women from the study go against the high rates of elective cesarean section since only two women opted for such procedure.

It is known that social interaction allows new representations to be born in society and to orient the thinking and behavior of the subjects since they are not static, they undergo intergenerational changes at the same time they are shared by the social group. Thus, it becomes relevant to make health professionals aware that they can be a source of knowledge in the social environment, and it is extremely important to provide information about the types of delivery still in the gestation of the primiparous adolescent, since it was possible to perceive that when the woman receives information it constructs and reconstructs its representations about the process, and acts before its labor of birth and empowered child of such (re)constructed social representation.

The limitations of this study were related to the difficulty of access to the participants since in many cases the names provided by health professionals did not coincide with the address indicated, which triggered a delay in data collection.

It is recommended that further studies be conducted, deepening the social representations of the parturition process in the field of health professionals, as well as the relatives of women who were mothers in adolescence, since it is understood that both are the primary source for reconstruction, recreation, and representation of social representations of the process of parturition in adolescence.

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