ORIGINAL ARTICLE

SOCIAL DETERMINANTS OF HEALTH IN PRENATAL NURSING CONSULTATION*
DETERMINANTES SOCIAIS DA SAÚDE NA CONSULTA DE ENFERMAGEM DO PRÉ-NATAL
DETERMINANTES SOCIALES DE LA SALUD EN LA CONSULTA DE ENFERMERÍA PRENATAL

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ABSTRACT

Objective: to know how the Social Determinants of Health are dealt with in the Prenatal Nursing consultation in Primary Health Care. **Method:** this is a qualitative, descriptive, exploratory study, with 15 nurses, through semi-structured interviews, continuing with the thematic analysis of the data. **Results:** the understanding about the Social Determinants of Health is limited to factors related to the socioeconomic situation and the pregnant woman's family network. The performance of the multiprofessional team was revealed and the need to involve intersectoral actions was emphasized. Limits and difficulties related to the performance of nurses on the determinants and conditions that interfere in the lives of pregnant women were identified. **Conclusion:** it is revealed that, although nurses do not understand the concept broadly, acting is a reality during prenatal care. However, there are multiple barriers faced by pregnant women and there are many limits and difficulties encountered by professionals to act broadly on the Social Determinants of Health. **Descriptors:** Health Promotion; Social Determinants of Health; Primary Health Care; Nursing; Pré-natal Care; Health Equity.

RESUMO

Objetivo: conhecer como são trabalhados os Determinantes Sociais da Saúde na consulta de Enfermagem do pré-natal na Atenção Primária à Saúde. **Método:** trata-se de um estudo qualitativo, descritivo, exploratório, com 15 enfermeiras, mediante a realização de entrevistas semiestruturadas, prosseguindo-se com a análise temática dos dados. **Resultados:** limita-se a compreensão sobre os Determinantes Sociais da Saúde a fatores relacionados à situação socioeconômica e à rede familiar da gestante. Revelou-se a atuação da equipe multiprofissional e enfatizou-se a necessidade de envolver ações intersectoriais. Identificaram-se limites e dificuldades relacionados à atuação dos enfermeiros sobre os determinantes e condicionantes que interferem na vida das gestantes. **Conclusão:** revela-se que, apesar de os enfermeiros não compreenderem o conceito de modo amplo, a atuação mostra-se como uma realidade durante o pré-natal. Acrescenta-se, no entanto, que são múltiplas as barreiras enfrentadas pelas gestantes e são muitos os limites e dificuldades encontrados pelos profissionais para atuar amplamente sobre os Determinantes Sociais de Saúde. **Descritores:** Promoção da Saúde; Determinantes Sociais da Saúde; Atenção Primária à Saúde; Enfermagem; Cuidado Pré-natal; Equidade em Saúde.

RESUMEN

Objetivo: conocer cómo se abordan los Determinantes Sociales de la Salud en la consulta de Enfermería Prenatal en Atención Primaria de Salud. **Método:** estudio cualitativo, descriptivo, exploratorio, con 15 enfermeras, a través de entrevistas semiestructuradas, continuando con el análisis temático de los datos. **Resultados:** la comprensión de los Determinantes Sociales de la Salud se limita a factores relacionados con la situación socioeconómica y la red familiar de la mujer embarazada. Se reveló el desempeño del equipo multiprofesional y se enfatizó la necesidad de involucrar acciones intersectoriales. Se identificaron los límites y las dificultades relacionadas con el desempeño de los enfermeros sobre los determinantes y las condiciones que interfieren en la vida de las mujeres embarazadas. **Conclusión:** se revela que, aunque los enfermeros no entienden el concepto en general, la actuación es una realidad durante la atención prenatal. Sin embargo, las mujeres embarazadas enfrentan múltiples barreras y los profesionales enfrentan muchos límites y dificultades para actuar ampliamente sobre los Determinantes Sociales de la Salud. **Descriptores:** Promoción de la Salud; Determinantes Sociales de la Salud; Atención Primaria de Salud; Enfermería; Atención Prenatal; Equidad en Salud.

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INTRODUCTION

The Social Determinants of Health (SDH) was highlighted when, in 2005, the World Health Organization (WHO) created the Commission on Social Determinants of Health with the objective of promoting, at an international level, the recognition of the relevance of SDH in the life situation of individuals, populations and the need to combat the health inequities generated by them.¹

It is noteworthy that SDH are based on a strong epidemiological justification, aimed at understanding the impact of inequality on health and social welfare and centered on the role of the policy of reducing inequality, distancing itself from the traditional discourse of health promotion that is based on the individual.²

In response to the global SDH movement triggered by WHO in March 2006 in Brazil, the National Commission on Social Determinants of Health was created. This group considered the concept of health defined by WHO. in 1946, bypassing the concept of health previously understood as the mere absence of disease and understanding it as a complete physical, mental and social well-being. Thus, the conceptual model of SDH was adopted in different layers, from individual characteristics, encompassing representations of lifestyles, to community and support networks. Factors related to living and working conditions and, finally, the macro-determinant layer related to economic, social and environmental conditions were included.¹

More than a targeted approach to biological issues is required to improve the health of the population, as it is also necessary to integrate the emotional, social and spiritual dimensions that are invariably associated with health problems. It is believed that, to improve health indicators, it is necessary to understand the factors that lead to poor conditions and to intervene effectively, considering the SDH.³

In relation to maternal and child health, the gestation process is considered to be a natural physiological process and comprises a sequence of specific physical, psychological and social changes that require adaptations in the woman's body and life. Thus, prenatal care becomes a space of singular construction, influenced by the family and social set of pregnant women and from the performance of health professionals. References and relationships of these women should be considered, as they reflect directly on adherence to prenatal care, understanding of care and care provided.⁴

It is noteworthy that maternal morbidity goes beyond physiological complications and permeates all aspects of women's life, involving emotional, social, economic and institutional aspects,

reinforcing the need for more effective actions in the care of pregnant women.⁵

In prenatal care, a commitment of health professionals is involved, as it challenges them to overcome daily difficulties and seek, within the possibilities, a humanized and integral care for pregnant women. Therefore, it is believed that quality prenatal care should include the recognition of the other, that is, recognize the pregnant woman as a subject of rights, marked by a life and family history.⁶

In low-risk prenatal nursing care, biologicist behaviors in health care are transcended, therefore, it is essential to understand that recognizing the social, economic, cultural, ethnic-racial, psychological and behavioral factors of pregnancy is essential for establishing comprehensive care.⁷ Occupied by the nurse as a prominent professional in Primary Health Care (PHC), a relevant position among the categories working in prenatal care, being a qualified professional to care for women. It is expected that the nurse, when performing the actions inherent to PHC, particularly with regard to prenatal care, be able to fully understand the pregnant woman and identify determinants and conditioning factors related to pregnancy.⁸

Therefore, this study was supported by the following question: "How are the Social Determinants of Health worked in the prenatal Nursing consultation developed by Primary Health Care nurses?".

OBJECTIVE

- To know how the Social Determinants of Health are worked in the prenatal nursing consultation in Primary Health Care.

METHOD

This is a qualitative, descriptive, exploratory study conducted in six Health Units (HU) in Florianópolis / SC. The city PHC organizational system is composed of 50 HU subdivided into four health districts: North, South, Continent and Center.⁹

In total, 15 nurses who met the inclusion criteria of working in the selected HUs participated in the prenatal consultation. Nurses who were on vacation, sick leave or who did not attend at the time of the interview were excluded.

Data was collected through recorded interviews held at the HUs' office, lasting approximately 30 minutes, from March to April 2017. A semi-structured instrument was used, which had two parts: in the first, questions about professional characteristics and in the second, guide questions about SDH and prenatal.

To analyze the data, the Thematic Analysis proposed by Minayo.¹⁰ After transcribing the

interviews in full, all the material was read, starting the pre-analysis and data exploration, which were later grouped into thematic units and, finally, categorized and discussed in the light of the SDH and from PHC.

It is noteworthy that the research began only after the approval of the Health Research Project Monitoring Committee of the Municipal Health Secretariat of Florianópolis and the Ethics Committee of the Federal University of Santa Catarina, under Opinion no. 1,809,076 and CAAE no. 59301316.7.0000.0121, of November 7, 2016, being fulfilled the determinations of the Resolutions no. 466/12 and 510/2016 of the National Health Council regarding research with human beings. All participants were clarified on the study-related aspects and, by agreement, the Free and Informed Consent Term (FICT) was signed in two copies. The HU identification was kept confidential and the anonymity of the participants was safeguarded.

RESULTS

♦ Professional Characteristics

Fifteen nurses, aged 24 to 55 years old, participated in the study, and ten of them were 31 to 40 years old; The time of training ranged from three to 30 years, and 12 professionals were between seven and 15 years; The time of work in PHC ranged from one to 15 years; the time worked at the Health Unit ranged from one to 13 years and, among the interviewed, only one had another employment relationship, besides PHC.

Four categories emerged as a result of data analysis: Understanding and Identifying Social Determinants of Health; Nurse's work on the Social Determinants of Health; Influence of Social Determinants of Health; Difficulties in working the Social Determinants of Health.

Understanding and Identifying Social Determinants of Health

Regarding the understanding of the SDH, it was noticed that there is a relationship with the socioeconomic level of pregnant women, highlighting income, education, housing and housing as an example. In nursing consultations, the context of life of the pregnant woman and the environment in which she is inserted was considered.

The health-disease process is cited as a result of SDH. Respondents affirm that socioeconomic factors directly influence pregnant women's health and quality of life.

[...]I understand (the SDH) as the relationship of the environment, the issues that involve and have direct affinity with the health-disease process and the quality of life of these pregnant women, such as work, housing, leisure, access to education [...]. (E2)

Of the 15 participating nurses, four mentioned that the support networks (community and family) are related to the SDH and state that the family structure and the presence or absence of the prenatal partner influence the SDH. The identification of the SDH is performed, usually during the first prenatal consultation through the history and surveys performed to fill the pregnant woman's booklet. In addition, the territorialization in health is a relevant point to identify the factors involving pregnant women and the population in the coverage area, making it possible to know the users and the place where they live.

♦ Nurse's work on the Social Determinants of Health

It is noteworthy that nurses perform individualized and collective actions considering SDH. Individual actions are restricted to the office, specifically prenatal consultations. Collective actions are related to the group of pregnant women of the Health Unit and they have the support of the Family Health Support Center (FHSC).

The multiprofessional performance stands out as a possibility of SDH performance. In addition, FHSC matriculation and FHS weekly meetings appeared in most of the interviewees' statements. Furthermore, it is known that the FHSC and the residents of the Multiprofessional Family Health Residency are essential during prenatal care plus the inclusion of SDH. The social worker, the psychologist, the nutritionist and the physical educator were the FHSC professionals mentioned during the interviews.

[...]what we can try to work on and what is not is where we get into discussions with the FHSC team, sometimes with the social worker, sometimes with the psychologist [...]. (E11)

[...]In other cases, during antenatal care, we seek a lot of help from FHSC staff, often when they are in pain, we end up working with non-medication issues such as massage, exercise, stretching [...]. (E2)

Intersectoral actions were mentioned as a form of action of the SDH. Mention is made of the articulation with the Tutelary Council, Reference Center for Social Assistance and Non-Governmental Organizations (NGOs) within the community. The health-promoting actions by the professionals were pointed out as a possibility of acting on the SDH. We highlight the encouragement of the autonomy of pregnant women, the encouragement of partner participation in prenatal consultations, the inclusion of pregnant women in collective activities and the enhancement of positive determinants.

Moreover, it is noticed that the community health agents (CHA) are essential for the action on SDH. It is stated by nurses that CHAs have special care for pregnant women, especially those

working in areas of social vulnerability, highlighting the collection and donation of clothes for the layette and emphasizing that CHAs encourage pregnant women to perform prenatal care and actively search for those who do not adhere to or leave prenatal care.

♦ Influence of Social Determinants of Health

It is believed that SDH can negatively and positively influence prenatal adherence and development. It is stated that the recognition of the conditioning factors that involve pregnant women enables greater involvement of the team with prenatal care and creates a link with the health service.

In relation to labor issues, there are several points that can influence the quality of prenatal care, because, according to them, working pregnant women have more difficulty in accessing the Health Unit and the services that are offered during pregnancy. Employment stress was also mentioned as a negative influence on prenatal quality.

[...]when they have a more understandable job, it is easier for them to come for consultation, spend more time here, do more activities here, than a pregnant woman who is not so free to do it, a less stable, perhaps less flexible job [...]. (E8)

The socioeconomic situation, such as income and food, is a factor that influences the quality of prenatal care, and the support of family and partner during pregnancy was also pointed out by the interviewees.

The effectiveness of prenatal care is influenced by cultural issues that influence the effectiveness of prenatal care, since it is believed that culture influences the way the pregnant woman understands prenatal care and how she acts in situations that arise during this period.

[...]For me, the biggest determinant that still influences culture. For example, sometimes the mother is used to such a thing, in such a way. The daughter gets used to and teaches her daughter like that. Culture strikes me as the biggest determinant [...]. (E15)

In addition, the level of education stands out as another factor that directly influences prenatal care. It is believed that pregnant women with a higher degree of education tend to a better understanding related to the issues that cover the gestational period and, thus, there is a greater understanding, awareness and importance, by women, in giving the correct follow-up of prenatal follow-up.

♦ Difficulties in working the Social Determinants of Health

Health promotion actions are prioritized in individualized care, regardless of economic class. This action is seen by the interviewees as a difficulty. Regarding the economic issue, one can

also notice the difficulty of addressing income issues with pregnant women.

The lack of human resources and the actions that permeate the health sector are cited as examples of obstacles. It is observed that the professionals stated that they had little time to perform prenatal consultations due to excessive demand from users and pointed out that the lack of governance on SDH makes prenatal development difficult.

[...]I think the biggest difficulty is that many of the actions go through the health sector. I believe it should be more interconnected because, to have a prenatal, I have the necessary resources, the equipment, the professional with minimum skills to perform it, the pregnant woman has access to exams; For the clinic, we have everything we need, but when you have these other issues, it already goes beyond our resolve, generating greater difficulty [...]. (E2)

Moreover, it was evident the difficulty in performing prenatal care for adolescents, especially because they are pregnant women who, in most cases, do not have income and, in some cases, do not have the support of their partner and family. In addition, it was difficult to meet and work with the determining factors surrounding pregnant women using psychoactive substances, as some can not stop using the substances during pregnancy and, in some cases, newborns are removed from the mother right after birth.

DISCUSSION

Understanding about SDH is perceived, but in most statements this understanding is restricted to socioeconomic factors. It is understood that health should be explored from different angles and perspectives, from a holistic and multidimensional concept, where people and their SDH are represented by a circle that has the community at the center, followed by mental, spiritual factors, emotional and physical, which uniquely influence the life of each individual. The following are the economic, environmental, social and cultural factors. The age of the person and the ability to self-regulate and relate within this community are also represented as determinants that positively or negatively impact the health of this population.³

Family and community are directly related to SDH, and family support is seen as an important prenatal factor. However, in addition to family support, it is necessary to provide specialized care, which is guaranteed through strategies provided by UHS.¹¹

The identification of SDH is performed mainly in the nursing consultation, and the participants highlight the first stage of the nursing process as a tool for this identification. The Nursing process is basically constituted of five stages: History; Diagnosis; Planning; Implementation and Evaluation. This process represents the nurse's

working instrument with the objective of identifying clients' needs, presenting a proposal to their care and care and directing the nurse in the actions to be performed.¹²

The territorialization of health among the forms of identification of the SDH was highlighted. It allows the realization and characterization of the population by the territorialization performed in PHC, providing the creation of bond and responsibility between health services and users, as well as the assessment of the impacts of actions.¹³ It was possible to consider, through the creation of the National Health Promotion Policy, through health promotion actions, the use of territory recognition methodologies in all its dimensions and spaces. However, a diversity of experiences, works, programs and practices of this nature are identified, but still very limited to raise the harmful effects of certain behaviors and habits and, thus, act and standardize the lifestyles.¹⁴⁻⁵

It is possible, through the work developed by the family health teams of the study municipality, an adequate prenatal development. This finding corroborates the perspective of PHC restructuring, breaking with the traditional Brazilian health model, doctor-centered, medicated, curative and hospital-centric, constituting a health model centered on the needs of the individual, the family and the community.¹⁶

The group activities were listed as a way of acting on the SDH. These activities are constituted as a space for reflection, listening, dialogue, exchange of knowledge and experiences about the demands of motherhood and health care in the pregnancy-puerperal period. This results in group interaction in the formation of bonds between pregnant women and the multidisciplinary team, as well as the interaction with people different from their community, other women-mothers and family members with whom they did not have daily contact, enabling the expansion of interpersonal relationships and the construction of new social networks.¹⁷

The multiprofessional team stands out as a fortress for acting on SDH. Professionals who participate in prenatal care in PHC, whether from FHS or FHSC, are the reality of pregnant women who perform prenatal care and articulate technical-scientific knowledge, in an attempt to intervene in order to contribute to a uneventful pregnancy.¹⁸

It is understood that quality attention is not achieved through care based on the actions of a single professional. It is necessary to develop a care line that contemplates the participation of the entire multidisciplinary team, being elaborated collectively so that, in fact, the integral care for pregnant women occurs.¹⁸

It is noted that intersectoriality was another theme highlighted by the participants as essential

to forward the SDH. This theme was highlighted in the last reformulation of the National Health Promotion Policy in 2014, as a way to promote the population's quality of life through integrated and intersectoral actions, such that the private and governmental sectors, as well as nongovernmental organizations, together with civil society, jointly participate in the debate on SDH and leverage expanded ways of intervening in health.¹⁴

Regarding the labor issue, it is extremely important that nurses and other professionals working in PHC inform pregnant women about acquired rights and be aware that work is not a barrier that discourages women to perform quality and complete pre-employment. Studies have shown that some women have faced indirect costs to use prenatal care services, most of them related to hours of care, generating food costs and implications for the routine of those who work.¹⁹

Low education and socioeconomic conditions stand out as factors that interfere with maternal health and may cause damage to the quality of prenatal care, as they increase the obstetric risk and hinder women's adherence, which contributes to the inadequacy of the process of prenatal care.²⁰

The prenatal performance is also influenced by culture, because pregnancy symbolizes a complex and unique phenomenon, which directly interacts with culture, therefore, nurses should work with pregnant women respecting these values and beliefs that each brings with them. Decisions during prenatal and postpartum are linked to culture, lifestyle and the influence of society. The importance of health teams recognizing the close relationship between mother and child is emphasized and grandparents are used as an aid during prenatal and puerperal periods.²¹

The study revealed as limiting factors that the lack of human resources has made it difficult to act on SDH. It was reported by the professionals that, due to the high demand of users, they do not have the time considered by them adequate to perform the prenatal consultation. It is noteworthy that a health team, when insufficient in number and qualification, can negatively influence the provision of care to families, and this can be a factor that generates neglect in health actions, as often the Available staff are unable to care for the full demand.²²

Adolescent pregnancy and pregnant women using psychoactive substances with a prenatal challenge were mentioned. Due to early pregnancy and the use of psychoactive substances in pregnancy, there are several social and economic implications for pregnant women. It is considered that the nurse has the competence to receive these women and their family in PHC, also counting on the help of the multiprofessional team. It is essential to understand the various

causes that led these women to use these substances during pregnancy, evaluating their aspects in order to understand the impact of this theme on the relationship of each pregnant woman and family member involved. In addition, in relation to adolescent pregnant women, it is important to welcome the young mother and encourage the return to school, the job market and rescue her self-esteem, promoting her physical and mental well-being.²³⁻⁴

CONCLUSION

It was evidenced by the data of this study, the importance of the prenatal consultation by the nurse, demonstrating that this professional acts by understanding the needs of the pregnant woman, associating them with the SDH. Understanding SDH was restricted to socioeconomic conditions, however, acting on them is a concrete reality in PHC, since prenatal care cannot be performed without this contextualization. This shows that, although nurses do not understand the concept broadly, acting is shown to be a reality during prenatal care.

It is noted, however, that the barriers faced by pregnant women throughout prenatal care are manifold and there are many limits and difficulties encountered by professionals to act widely on SDH and promote a decent and quality prenatal care, regardless of determinants and conditioning factors surrounding these women.

The multiprofessional performance and intersectoral actions in this study were highlighted, which proved essential during prenatal care, since promoting health does not depend only on the health sector. We emphasize the importance of expanding these actions by addressing the SDH, aiming at the equity and well-being of pregnant women during prenatal, childbirth and postpartum period.

It is believed that this work represents a small step in the production of knowledge about nurses' performance in PHC, considering the SDH. However, further studies are needed to unveil the nuances of action on SDH with a view to providing assistance focused on the needs of women during the process of pregnancy.

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