MEANING ON THE REPRESENTATIONS OF WOMEN WHO BECAME PREGNANT AFTER 35 YEARS OLD
SIGNIFICADO NAS REPRESENTAÇÕES DE MULHERES QUE ENGRAVIDARAM APÓS OS 35 ANOS DE IDADE
SIGNIFICADO EN LAS REPRESENTACIONES DE LAS MUJERES QUE QEDARAN EMBARAZADAS DESPUÉS DE LOS 35 AÑOS DE EDAD

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ABSTRACT

Objective: analyzing the social representations of women who became pregnant after 35 years old. Method: a descriptive and qualitative study, anchored in the Theory of Social Representations, with 20 women who experienced pregnancy after 35, enrolled in the Service Department of Prenatal Health Units in the municipality of Jequié/Bahia, Northeastern Brazil. To build the data it was used the semi-structured interview and to analyze them, the Technical Analysis Categorical-Thematic Content. The study was approved by the Research Ethics Committee, protocol n. 158/2011. Results: the meanings of pregnancy for these women are represented by the similarity with previous pregnancies, maturity to late childbearing and the belief of late conception as a divine blessing. Conclusion: It is necessary to develop new perspectives and meanings that are beneficial, useful, and necessary for their day-to-day and to foster the implementation of public policies and actions of primary health care of these women. Descriptors: Social Perception; High Risk Pregnancy; Maternal Age; Prenatal Care.

RESUMO


RESUMEN

Objetivo: analizar las representaciones sociales de las mujeres que quedaran embarazadas después de los 35 años. Método: estudio descriptivo, cualitativo, anclado en la Teoría de las Representaciones Sociales, hecho con 20 mujeres que experimentaron el embarazo después de los 35 años, inscritas en el Departamento de Servicio de Unidades de Salud Prenatal en el municipio de Jequié/Bahia, Noreste de Brasil. Para construir los datos se utilizó la entrevista semi-estructurada y para analizarlos, la Técnica de Análisis de Contenido Categorico Temático. El estudio fue aprobado por el Comité de Ética de Investigación, el protocolo nº 158 /2011. Resultados: el significado del embarazo para estas mujeres está representado por la similitud con embarazos previos, madurez para embarazar tardía y la creencia en la concepción tardía como una bendición divina. Conclusión: es necesario desarrollar nuevas perspectivas y significados que son beneficiosos, útiles, necesarios para su día a día y para fomentar la aplicación de las políticas públicas y acciones de atención primaria de salud a estas mujeres. Descriptores: Percepción Social; Embarazo de Alto Riesgo; La Edad Materna; El Cuidado Prenatal.

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INTRODUCTION

Pregnancy in women aged older than or equal to 35 years old is defined as late gestation, becoming an increasingly common social phenomenon in many countries. However, pregnancy from that age is considered a risk factor associated with maternal, fetal and newborn morbidity and mortality, and reduced female fertility.

Study showed that pregnancy in older age is a predisposing factor for excessive weight gain and obesity factor, maternal mortality, gestational hypertension, gestational diabetes, premature rupture of membranes, preterm delivery, and postpartum hemorrhage. Moreover, it can result in cesarean birth, Apgar score less than 7 baby in the 1st and 5th minutes after birth, neonatal ICU admission, fetal respiratory distress and low birth weight.

The meanings of pregnancy for women overpass the bio-physiological barriers, being involved in reproductive patterns and changes in the psychological, emotional and sentimental aspects. For them, pregnancy can promote profound changes in all human dimensions of their life and their family. These meanings refer to the interpretation of knowledge and cultural expressions, myths, beliefs, values, thoughts, feelings, attitudes and practices related to pregnancy.

The reproductive pattern among women has diverged from years ago, where they got married and had children increasingly earlier, which can be explained by cultural, social and economic transformations in society, especially in the last third of the Twentieth century.

Thus, the postponement of the management for an older age is also related to the new standards and family conformations, placing women increasingly ahead of its decisions. Note to increasing inclusion of women in the labor market, playing the role of breadwinner and share responsibility for the maintenance of the home, resulting in the postponement of reproduction. Moreover, the availability of contraceptive methods recommended by the Ministry of Health of Brazil, the Family Planning Program, has helped women in pregnancy postponement.

The pregnancy post 35 years old may translate into both positive and negative expectations and represent major changes in the plans and desires of women. From this perspective, pregnancy can interfere with their activities of daily living, such as: education, work, political and social involvement, health, sexuality, their dreams.

That said, the choice to get pregnant at this age involves a range of factors, highlighting the living conditions of women and the family, their marital status and willingness to meet the desires of the spouse, their socioeconomic conditions, in addition to age at which pregnancy happens.

Considering the above, this study aims to analyze the social representations of women who got pregnant after 35.

METHOD

This is a descriptive study with a qualitative approach, anchored in the Theory of Social Representations, from the dimensional or procedural approach.

Social representations guide and organize social behavior and communications, intervened in various processes such as diffusion, assimilation and consolidation of knowledge, the individual and collective development, the definition of personal and social identities, the expression of groups and social transformations.

The study had as locus 2 health centers and 4 units of Family Health in the municipality of Jequié, Bahia, Brazil. The investigations were carried out between September 2011 and March 2012 and the participants were 20 women experiencing pregnancy after 35, registered in the Pre-natal care service of the said Basic Health Units and who agreed to participate voluntarily in the research.

The number of subjects was determined from the verification and confirmation of repeated information. From the moment in which the results of more cohesive and consistent formats shown repetitive and redundant information, showed the theoretical saturation data. In qualitative research the criterion of representativeness of the sample is not numeric, requiring only that the number of participants allows cover all of the problem investigated in its multiple dimensions , reaching data saturation.

To produce the empirical data was used the semi-structured interview technique. These interviews were conducted individually, digitally recorded in MP3 format and fully transcribed, ipis litteris, to ensure an accurate transcript of the accounts of participants.

To analyze the results was used the Categorical Content Analysis Technique. This analysis enabled the discovery of the meaning of the messages contained in the transcripts was used, allowing constitute the corpus, and
the holding of floating and extensive reading to understand the explicit and implicit meanings in lines and the collection of empirical categories of analysis.

The units of analysis were grouped into units of meaning to form each of the themes that emerged. Participants were identified by fictitiously alphanumeric designations of G01 to G20, in brackets at the end of each line.

Because it is a research involving human subjects, and complying with Resolution 196/96 of the National Health Council of Brazil, this study was submitted to the State University of Southwest Bahia Research Ethics Committee, obtaining assent to perform research, under protocol n. 158/2011.

### RESULTS

The biosociodemographic characteristics of participants in this study relate to the social, cultural and economic context in which they are inserted. Thus, to describe this profile and characterize the reproductive characteristics of the population studied (Table 1), greatly subsidized discussions of the categories that emerged from our interviews.

Table 1. Biosociodemographic and reproductive profile of participants. Jequié-Bahia, Brazil, 2012.

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-37</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>38-40</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>41-43</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>44-46</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Lives with a partner</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Does not live with a partner</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td><strong>Profession</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housewife</td>
<td>11</td>
<td>55</td>
</tr>
<tr>
<td>Teacher</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Maid</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Multioperator</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Autonomous</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Seamstress</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Schooling</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early years of elementary school</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Final years of elementary school</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Complete high school</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Complete higher education</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td><strong>Number of pregnancies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2-4</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>5-7</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>8 or more</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td><strong>Parity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primiparous</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Secundiparous</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Multiparous</td>
<td>12</td>
<td>60</td>
</tr>
</tbody>
</table>

The age of participants varied from 35 to 46, with the highest incidence in the age group between 35 and 37 years old (50%), followed by those aged 38-40 (25%). According to the latest Brazilian census, the pattern of fertility of Brazilian women also changed between 2000 and 2010. The trend observed hitherto rejuvenation, ie, a higher concentration level of fertility at younger ages. In 2010 we observe an increase in group participation of women over 30 years old, from 27.6% in 2000 to 31.3% in 2010.17

Regarding marital status, 40% of respondents live in a state of concubinage and 40% are married. Characterized as types of stable marriages, in a way, it contributes positively to coping with the feelings of women. The active participation of the partner is fundamental to the experience of late pregnancy elapse without major problems.18 It was observed as the occupation that 55% of participants are housewives and have no employment. Some of them even carry small paid work sporadically and informally, such as washing and ironing clothes, cleanups, help in the care of children, etc.

This reality has major implications, especially among multiparous, as for not working outside the home, have more time to care for children. However, because they are not working, the family income is simply the compensation of his or financial assistance from other family members, as the retired mother or older children.

The sum of 45% of women in this study contradicts the current family patterns, exercising employment outside the home. Thus, women are increasingly assuming the role of breadwinner or co-responsible for the support of the home, which would become a
likely reason for the postponement of female reproduction.\textsuperscript{18-19}

Regarding educational level, it was observed that 50% of respondents had low education, having attended only the early years of primary school, and 30% completed high school. These data show that the discontinuity of education reflects the difficulty of access to information, such as contraceptive methods and risk of late pregnancy. Those who have completed high school have a higher level of knowledge and are exactly those having fewer children.\textsuperscript{20}

The analysis of the reproductive aspects reveals that 45% of women had between 02 and 04 pregnancies, with those pregnancies reached 12, an average of 5,1 pregnancies per woman. These findings contested the results of the last IBGE census in Brazil, which indicates a decline in the fertility rate, 2.38 in 2000 to 1.86 in 2010 son.\textsuperscript{17} A likely explanation for this inconvenience to be given to low education and misinformation of most of these women in this study about the methods available for family planning and the characteristics of their reproductive phase.

It was found that 60% of the participants are multiparous. According to the Ministry of Health of Brazil, despite evidence of a relative increase of gilts in this age group, the analysis of the general obstetric characteristics of pregnant women aged 35 or older also reveals the predominance of multiparous women in this age group.\textsuperscript{21}

With regard to the processing of speech through the Thematic Categorical Content Analysis,\textsuperscript{16} from the constitution of the corpus and analyzing the manifest content through anchoring and objectification,\textsuperscript{12} units of meaning that emerged were organized into three thematic categories, which are prepared to follow.

\textbf{♦ The similarity in meaning of pregnancy}

This category encompasses the units of analysis pertaining to the meanings of late gestation similar to those that occurred before 35 years old. Below are the indentations that support and anchor its constitution:

\begin{itemize}
  \item No different, all equal to the other pregnancies. (G02)
  \item Any meaning different from the other, normal. (G04)
  \item It was just like the others, same thing. (G08)
  \item For me it was all the same. I wanted to have another child because my current husband never had one. (G10)
\end{itemize}

\textbf{Normal. Like the other even. (G17)}

\textbf{It has no other meaning of my other pregnancies. I love my children and my family. (G18)}

\textbf{Being a mother is what matters. I did not feel anything different emotionally. The significance of pregnancy is the same regardless of age. (G20)}

\textbf{♦ Maturity as the meaning of pregnancy}

The following are some units of analysis that show that women represent the experience of late pregnancy with positive meaning, considering it as a point in their lives where there is greater maturity to experience motherhood.

\textbf{I think if I had before, I was not mature enough to have a child. Was already mature, I think I was already at the time, had to happen. (G01)}

\textbf{For me now being a wonderful thing, now that I’m finding that I’m even being a mother. When I first got pregnant I did not want, was young, had married a few days ago, not long married, there would not. (G03)}

\textbf{Now I realized that I’m the right age to get pregnant even. I feel more mature to take care of my baby who will be born next month already and I’m excited to have her in my arms. (G06)}

\textbf{I just realized that it was the right age to get pregnant, even though it’s dangerous for me and the baby. (G09)}

\textbf{Think of the most beautiful and important thing that could have happened to my! I did not want to get pregnant before because it would not create conditions. (G12)}

\textbf{Having my first child at 36 years old was the better choice I made in my life because now I have the maturity to deal with this situation and to give all that my child will need to live healthy and well. (G15)}

\textbf{Before I worked a lot and could not even buy a diaper for her to use. But now I have a mate who helps me with everything and I feel I’m ready to get my little girl I dreamed of having. (G19)}

\textbf{♦ Faith and religiosity in the meanings of pregnancy}

Faith and religiosity are also present as anchors for social representations of women who got pregnant after 35 years old, aiming to mean a divine blessing p fact of having a pregnancy that stage of their lives or as a situation that implies maturity, as can be observed in the sense units below:

\textbf{I think It was God. God wanted me to get pregnant at this age, happened. I think if I had before I was not mature enough to have a child. (G05)}
I tried several times to have another child and never could. But God blessed me again with this new pregnancy. (G07)

I have prayed to my Lord Jesus Christ to bless my family with this little angel to come. (G11)

Have three years I was doing treatment for pregnant and only now after 40 years God has given me and came to my husband. (G14)

It is a wonderful blessing can have a son and He will bless even more for anything bad happen to us because of the risks of age. (G16)

It was a great blessing from God, because I was not even expecting. (G13)

**DISCUSSION**

Pregnancy can be lived in fullness or be distressing. The representation that it has on a woman's life depends on her personal history and social situation of each woman and each family. When desired can mean permeated by feelings of euphoria to represent the continuity of the family experience. However, the occurrence of adverse circumstances in life can be synonymous with suffering to women.12

For some participants pregnancy after age 35 did not show any different meaning when compared to their earlier pregnancies that occurred when younger.

Pregnancy after 35 is a positive experience, an absolutely normal period, which can be regarded as peaceful, enjoyable and allows the maintenance of all daily activities. That these representations can be based on the principle socially accepted that pregnancy is not a disease.18

After 35, pregnancy should not be meant as an abyss surrounded by dangers, given that you can live it with confidence, maturity and naturalness. For this, women should enjoy good health, to be feeding well and with proper weight for your height, adopt healthy lifestyles, regularly attend the consultations Prenatal and adequately prepare for motherhood.3

Women aged 35 years old may have the same gestational and maternal perspectives and younger women have. It is noteworthy that in this study most women become mothers before age of 35 and that the experiences in previous moments contributed positively to that experienced in late pregnancy was completely normal way.

Such experiences also contributed to them they referred to the significance of pregnancy in old age from a comparison with previous pregnancies. Thus, it was realized that for them the meaning of late pregnancy is similar to other previously experienced.

The greater maturity is a facilitative posture pregnancy. Older parents tend to be better prepared to care for the child, may decide more consciously by parenting and possess better financial conditions. Women, in particular, seem to be more motivated to motherhood and mothering at this age and to have your life organized better, think this is the right time.23

Late pregnancy can mean a permeated the perceptions and feelings of satisfaction/personal and family fulfillment, related to financial stability and maturity of the couple experience. These women represent the experience of late pregnancy as positive if the same happens with advance planning, involvement of the fellow and if it is accepted by the family.11,18

There is also the meaning and belief that pregnancy does not only depend on the will and the human condition, but also depends on divine action, causing pregnant women with coexisting sense of resignation before this pregnancy, because they believe not having total control of this process. This line of thought, pregnancy can cause insecurity due to the difficulties in implementing the plans of many pregnant women, which resort to divine and spiritual redemption helps to reduce the feeling of uncertainty about the future of their pregnancy and maternity.12

In the present study, the action was meant as divine wisdom that determines the best time for that pregnancy might happen. It still represented a meaning of resignation and divine blessing that happened in their lives in unexpected ways, especially when trying to conceive happens after other unsuccessful attempts previously to perform the desire to be a mother.

This blessing divinely conceived is anchored in the significance of pregnancy as something good, associated with women's satisfaction with prenatal and with the strong sense of resignation and religious devotion.24 As in this study, other research conducted with low-income women indicates that they tend to associate late gestation as a phenomenon or gift of divine action, which depends not only on human will.3

According to the Ministry of Health of Brazil that religiosity should be valued and respected from the first prenatal consultation. Religiosity, independent of belief, should be encouraged and religious assistance should be provided within the group in the late pregnant is inserted. In
addition, the team caring for pregnant women should avoid making religious diletantism within their own design, 25 respecting the mother and her family idiosyncrasy.

**FINAL CONSIDERATIONS**

The late pregnancy, although considered a maternal-fetal risk, has become a worldwide trend, as more women decide to get pregnant in the more mature time of life. This study grasped the meaning representations of women who became pregnant after the age of 35, is guided on longing and desire to create a new life at a more opportune time, considering the time for professional development and a desire to grow personally, influencing the late arrival of a child. Even with the risks shown, some women who believed that there is no difference in meaning of pregnancy before or after age 35 and pregnant again is a divine blessing with which she and her family were honored.

A woman’s decision to get pregnant later should be considered and valued in prenatal consultations, which are essential to preserving your health and your future child. Monitoring of health care and breaking the prejudices stigmatized by the age at which pregnancy is going process must be performed.

It is urgent to draw up new perspectives and meanings that are beneficial, useful and necessary in their day-to-day and for the formulation and implementation of public policies and actions of primary health care in prenatal and service planning family.

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