

FAMILY SUPPORT IN THE EVERYDAY LIFE OF MULTIPAROUS WOMEN

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ABSTRACT

This was an exploratory descriptive study with a qualitative approach that aimed to understand the perception of multiparous women about family and their strategies to manage their everyday lives in an inland city of the state of Paraná. Data were collected through semi-structured interviews with 15 women with four or more children who have sought the basic health unit in June/2012. Data were analyzed using Bardin's content analysis. The following categories were identified: Family connection to last a lifetime; a new member in the family, again, and family life and the strategies to manage everyday life. It was possible to identify the importance of family in the lives of these women as the primary source of support and care. Moreover, the multiparous women in this study accepted the various responsibilities assigned to them by family and society, considering motherhood natural.

Descriptors: Family relations. Perception. Women's health services.

RESUMO

Tratou-se de um estudo descritivo, exploratório, de abordagem qualitativa, que objetivou conhecer a percepção de mulheres múltiplas sobre família e suas estratégias utilizadas na condução do cotidiano familiar em um município do interior Paranaense. As informações foram coletadas por meio de entrevistas semiestruturadas realizadas com 15 mulheres, com quatro ou mais filhos e que procuraram a Unidade Básica de Saúde por livre demanda no período de Junho/2012. Os dados foram submetidos à análise de conteúdo de Bardin. Foram identificadas as categorias "Família por toda a vida", "Um novo membro, de novo" e "A convivência familiar e as estratégias na condução do cotidiano". Foi possível identificar a importância da família na vida dessas mulheres como fonte primária de apoio e cuidado. Além disso, as multigestas estudadas aceitaram as várias responsabilidades que lhes foram atribuídas, influenciadas pela família e pela sociedade, considerando a maternidade como algo natural.

Descritores: Relações familiares. Percepção. Serviços de saúde da mulher.

Título: A família como sustentação no cotidiano de mulheres múltiplas.

RESUMEN

Este fue un estudio exploratorio descriptivo con abordaje cualitativo que tuvo como objetivo conocer la percepción de las mujeres múltiplas sobre la familia y sus estrategias utilizadas en la conducción de la vida diaria de la familia en una ciudad del interior del estado de Paraná. Los datos fueron recolectados a través de entrevistas semiestructuradas realizadas con 15 mujeres con cuatro o más hijos y que buscaban la Unidad Básica de Salud en la demanda desde junio/2012. Los datos se sometieron a análisis de Bardin. Se identificaron las siguientes categorías: Familia para toda la vida, Un nuevo miembro de la nueva familia y Las estrategias en la conducción diaria. Fue posible identificar la importancia de la familia en la vida de estas mujeres como la principal fuente de apoyo y atención. Por otra parte, las multigestas aceptadas estudiaron las diferentes responsabilidades que se les asignan influenciadas por la familia y la sociedad, teniendo en cuenta la maternidad como algo natural.

Descriptores: Relaciones familiares. Percepción. Servicios de salud para mujeres.

Título: La familia como apoyo a las mujeres múltiplas en cada día.

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INTRODUCTION

The family is characterized by its complexity and their dynamism to cope with several situations in everyday life. It is the source of human learning with its own meanings and cultural practices that generate models of interpersonal relationship and individual and collective construction⁽¹⁾.

Historically, the implementation of studies aimed to understand the individual within the “family” context occurred basically after the publication of studies in the 1970’s⁽²⁾. The concern with family-based activities worldwide was resumed with the designation of 1994 as the International Year of the Family by the United Nations⁽³⁾.

There is currently a widespread discussion on the concept of family. For some authors, it is the first social institution that, together with others, seeks to ensure the permanence and well-being of its members and the community⁽¹⁾. Seeing the family as the result of an association between people is aimed to the construction of a private life, not in opposition to public life, but rather as a complement to it⁽⁴⁾. Although the family is the source of the psychosocial development of its members, must adapt to the sociocultural demands of post-modernity as an open and flexible system⁽⁵⁾. In this context, it can be said that men and women are taking new roles and challenges, in a sort of reinvention.

The inclusion of women in the labor market, policies of birth control and reduction in the number of children helped women experience a separation between sexual life and reproduction, since motherhood is no longer seen as something merely biological, but rather determined by the social and historical context where women live⁽⁶⁾.

Motherhood is no longer a compelling and compulsory destination for women, but it is still appears as an indispensable aggregator element without which family unity would not develop in the same way⁽⁷⁾. The strategies used to manage the everyday life of each family are inherent to its members, and the forms may vary according to the experiences and beliefs of each one⁽⁸⁾.

The family has undergone significant changes over time. Despite a reduction in family composition due to falling birth rates, the phenomenon of multiparity still deserves attention in some regions.

The relationship between multiparity and contraception should be investigated because the

idea of having many children may be associated to vulnerability as its generator or enhancer, since it has a higher incidence in developing and underdeveloped countries, being related to cultural and religious factors^(9,10).

It is interesting to learn about children’s care, relationship between family and work, as well as the effective participation of men in everyday life. The growing concern of professionals involved with family health in Brazil has expanded family health nursing practices. So, nurses are essential for the understanding of the concept studied here, because they provide care and health education. Therefore, the purpose of this study was to understand the perception of multiparous women about family and their strategies to manage everyday life.

METHODOLOGY

This is a descriptive study with a qualitative approach conducted in the city of Prudentópolis, PR. The city has a population of 49,016 inhabitants, of which 15,007 are women of childbearing age, aged between 10 and 49 years, and with a high fertility rate (4.7%)⁽¹¹⁾. 15 women with four or more children who sought any type of care at the Basic Health Unit (UBS) in the referred city participated in the study. The inclusion criteria were: women with four or more children who sought the health service for any type of care during data collection. Women with fewer children and who refused to participate were excluded.

Data were collected in June 2012 by means of semi-structured interviews with questions concerning socioeconomic characterization and specific questions to contemplate the study objectives (meaning of family, advantages and disadvantages of a large family, routine care and strategy to manage everyday life in family, difficulties, easiness and needs encountered). The guiding question was: what is the meaning of family for multiparous women and which strategies are used to manage their daily lives with their families?

The data obtained were analyzed using Bardin’s content analysis, which is a set of communication analysis techniques involving systematic and objective procedures to describe the content of messages. In the initial stage (pre-analysis), the initial reading and rereading of empirical material

allowed the coding for further identification of the most significant passages, the indicators. In the second part, the codes were organized by colors, classified according to their position in the text, and associated by the approximate meaning of the words (stereotypes and connotations). In the subsequent stage, called exploration of material, the themes that converged to a common meaning were classified into the same category, resulting in three thematic categories. Finally, inferences arose based on the assumptions of an interpretation of the messages and statements⁽¹²⁾.

The interviews were conducted in a reserved place, recorded and fully transcribed, after the signing of the Free Informed Consent (TCLE). In order to preserve anonymity, each woman was identified by the abbreviations E1, E2, E3, successively. The project was approved by the Permanent Committee on Ethics in Research Involving Humans of Universidade Estadual de Maringá (COPEP), opinion no 24623/2012.

RESULTS AND DISCUSSION

Fifteen women who sought the UBS and met the inclusion criteria were interviewed. Of these, nine lived in the urban zone and six in the countryside. Their ages ranged from 25 to 49 years, and 60% of the respondents did not complete elementary school. Most of them did not work outside the home.

As for the number of living children, five (33.3%) had four children, four (26.6%) had five children, three (20%) had six children, two (13.3%) had seven children and one (6.6%) had eight children. Only one participant was pregnant, five were breastfeeding and four others were in menopause. The average age of the children was 10.3 years. Regarding the interval between pregnancies, 22 (27.5%) of the total pregnancies occurred with a minimum interval of one year, 17 (21.2%) with an interval of two years, 10 (12.5%) with an interval of three years, nine (11.2%) with an interval of four years and 13 (16.1%) with an interval longer than four years.

Three categories were identified based on the testimonies given by the mothers, as follows: Family connection to last a lifetime, A new member of the family, again, and family life and the strategies to manage everyday life:

Family: connection to last a lifetime!

Family can be understood as a dynamic phenomenon permeated by the influence of values and beliefs. In the statements of the multiparous women it was possible to observe the importance of family in their lives as a primary source of support and care.

Oh! Family is everything to us. I think so, education, religion, preparation for life – it all happens in the family. (E7)

[...] family is everything, isn't it? When you need it most, the family is on your side, no matter what time. Family is there for better and for worse: in the good times, in bad times, they are always on our side, for life. They are the only ones that do not desert us. (E1)

“Living” in family is a unique experience for each member. As a source of support for the construction of the self and the individual's character, it prepares for social life. The family is the first institution that satisfies the basic needs of people and, simultaneously, the development of personality and socialization⁽¹³⁾. This reinforces the importance of the social network for the construction of family life, representing the support structure that provides assistance in various aspects of life⁽¹⁴⁾.

Moreover, the family is formed by the relations and connections that strengthen this unit at difficult times, in order to meet the individual needs of its members and enhance the family group⁽¹⁵⁾. The family will help individuals build affection, which is necessary to overcome adversities⁽¹⁶⁾.

The family context ensured the support needed to overcome conflicts that were ignored. The members of a family admit they have rights and mutual responsibilities. Even family members who live far away can be present in such moments. Live with others involved sharing moments of happiness, disease and sadness.

How ironic was that my sister-in-law whom I disliked so much was the person who helped me when I was in hospital for 12 days. (E6)

When I got sick my sister came from Blumenau to help me. I can also count on my nieces. My mother-in-law was also very helpful. (E2)

The presence is another element that takes the responsibility of helping and caring. Care com-

prises three components: caring for oneself, caring for the other and caring for “ourselves”; this is not merely a biological or material relationship. One caring component cannot replace the other. They are complementary⁽¹⁶⁾. Therefore, care is influenced by the cultural environment and is anchored in daily activities where people sacrifice their individual projects for the sake of larger projects that meet the needs and wishes of the family group.⁽¹⁷⁾

The meaning of family was different for each member of the family, varying according to the context. It is worth noting that there was no ready-made formula to define the relevant members of a family network: there were different family and household structures.

When I left my parents' house my children and my husband became my new family. They are the people closest to me. (E10)

Everybody is family for me. Uncle, mother, cousin, mother-in-law and even some friends, the real friends are sometimes closer to me than some family members, e.g. a distant uncle. (E15)

Family members may or may not include blood relatives, relatives-in-law for getting married, godparents and even friends that have shared significant experiences and become part of this context.⁽¹⁵⁾. Knowing the lifestyle of the subjects presupposes knowledge of their social experience. It is necessary to understand the family and its environment as a socializing agent, stressing aspects related to family structures, the social support network, family ties and their implications to human development⁽¹⁾.

A new member, again!

Throughout history, motherhood has been regarded as a social responsibility of women. They were destined to have babies and bring them up, and so the phenomenon of pregnancy was something naturally expected in family formation.

I did not use any contraceptive method because my deceased husband would not allow it. He would get angry and hit me. Once he found a pack of birth control pills and it was terrible. I had no choice but getting pregnant. (E4)

[...] It was ok with him to have children. He thought it was easy to take care of children, it was not him who

looked after them, and it was me. I myself only wanted to have two children. (E14)

The role of motherhood has always been regarded as the ultimate ideal of a woman associated with a sense of resignation, where the mother figure emerges as a way to repress the power and autonomy of women, originating a discourse of “maternal duty” and “subordination” to the husband/partner⁽¹⁸⁾. The resignation became evident in this study by means of the expressions “for him” and “to him” suggesting the prevalence of the opinions and decisions of men.

The fact that women usually stayed at home and men worked outside led to a male domination over women⁽⁴⁾. The subordination of women in the Brazilian society is present in all social strata, notably among women in situations of social vulnerability, whose rights are constantly violated⁽⁸⁾.

Understanding the phenomenon of multiparity (demonstrated here) includes, among others, the issue of gender inequality and abuse of power, the reduction of the potential of women's autonomy to organize their lives. It also includes cultural and religious factors.^(9,10)

Culture and religion were demonstrated in various reports as an aid to accept something new, which was not planned. We realized the key importance of religion in the lives of these women, and in some cases, it influenced and interfered with their choices. The birth of a new child has significantly changed routine and family life. Faith has emerged as a way to tackle and accept such changes.

I did not use any contraceptive methods in the past because my religion forbade doing this. I had already three children. So I asked my husband: does God really want us to have so many children? I will not go to this church anymore. I'll take the pill. (E12)

A child is a blessing, I think. God wanted me to have eight children, so I had eight children. God only know how hard it is. Sometimes I'd like to run away, but then God says: easy! (E8)

Cultural influence, fear, loneliness and helplessness conveyed the idea that the greater the number of children, the less likely to experience these feelings. Having many children with short time intervals makes it possible to bring

them up at the same time, with reuse of material resources. And the children can of assistance in the future.

Now I take care of my children, but when I get old, they won't desert me, and will be by my side. We look after them now and tomorrow they will care for us. (E1)

Regarding culture, it is important to stress that the city where this study was conducted was settled by Ukrainian immigrant, who retained their customs and traditions, with strong influence of religiosity. Culture and religion are perceived as having a protective function at difficult times, relieving anxieties, with the hope of better days⁽¹⁹⁾. However, in this study, religion and culture were associated to the non-use of contraceptive methods. The education process was unsuccessful with regard to these methods, once they were only used after the fourth pregnancy. Besides, these women had poor access to health services, especially in rural areas.

I did not take the pill because it made me sick. It still does: it lowers my blood pressure, but I have to take something, isn't it? (E14)

I took the pill after having four children. I did not take any pills earlier because nobody told me anything about it. I'm used to this because I don't live in the city. (E1)

I started taking the pill because I wanted to. No one told me to do it. You mean, a doctor? No, I bought them at the drugstore. (E8)

Assistance to women's health was poor in what regards sexual and reproductive rights and their power of choice. It is worth stressing the importance of carrying out actions directed to family planning of family. It was found that 27.5% of the population had very short inter-delivery intervals (less than one year), which increased the risk of complications for the health of the woman and the fetus. Committed to decrease birth rates, health professionals affirm that women are responsible for the control of their fertility, though there are no parallel investments in social care that empower women to make their own choices regarding important issues that impact their lives, and, particularly, reproduction⁽⁹⁾.

Consequently, there has been a high prevalence of unplanned pregnancies. Only two respondents

reported they have planned all their pregnancies. Nevertheless, the reports showed that the family groups generally accepted these pregnancies.

I was happy, because it could not be otherwise. Sometimes I thought, my God, what will become of me with another child to raise? We think of all the expenses with education, clothing, food, but it is ok. In fact, what else could we do? (E5)

When I found out I was pregnant again I felt as if struck by a blow to the head. I cried, denied this pregnancy, did not accept it, was afraid of it, but after a while I got used to the idea and felt happy, because a child is a blessing (E4)

The occurrence of non-planned pregnancies alone justifies the need to provide greater support to some families⁽¹⁴⁾. However, the reports showed that the women experienced this need each time they got pregnant. The reactions were denial (in a first moment), grief, distress followed by acceptance, even by their husbands.

Family life and the strategies to manage everyday life

We found that the women took the greatest responsibility for care to their children and for promoting a harmonious family environment. Their companions/husbands were responsible for the management of the financial resources. Despite this sharing of household tasks, the statements revealed that women were more burdened because they played the roles of mothers, domestic laborers and wives. Besides, it has been possible to know the attitudes of the family group in daily life and their strategies to ensure the maintenance of the individual and collective being.

He always helped me. Sometimes I bathed the children and he made supper, and sometimes it was the opposite. If necessary, he helps me. He even does the dishes. But each one does something. The older children care for the younger; they keep their shoes in place, make their beds, even the youngest children do something, but I do the heaviest domestic chores. (E5)

I have to do the laundry, ironing, care for the children, take them to school, pick them up, cook, teach, and yet there is always something left behind, for the weekend. But when Monday comes it all starts over again. (E11)

It is the woman who manages and assigns the tasks that are part of the family's everyday life, establishing a minimum structure of activities and relationships. The roles played by the family group (mother, father, son, brother, wife, etc.) highlight the importance of this assignment of tasks as a strategy to manage family life⁽¹⁾. The modern family tends to take a more participatory role regarding the division of labor. By delegating to women the care of children and home, today's society unconsciously reinforces the idea that women do not have other needs such as studying or getting a job. In this study, most respondents were devoted exclusively to family care.

Lack of financial resources was the biggest difficulty faced by multiparous women. Having a small family represented an advantage over a large family. These women were anxious to ensure a decent and different future for their children. Another difficulty was the lack of support and agreement between the husbands and/or among family members regarding family management.

I think that it is easier to take care of only one child. You spend less money buying things, there is less stuff in the house. There is only one child at school, and you are only concerned with one child. (E7)

I face difficulties because of lack of support. I lost my mother, and my mother-in-law lives next to my house. If I tell my children to do something, my mother-in-law and my husband say otherwise. I command, but my husband does not agree with me. So, it is a very difficult situation. (E6)

The monthly income of the participants came from social programs of the federal government. Vulnerability to poverty is not limited to deprivation of income. It also comprises the dynamics of family life, the access to public services, the possibility of getting a decent job and adequate remuneration⁽⁸⁾.

The behavior of parents towards their children is closely related to the establishment of rules, standards and limits, which will be the basis for the development of children, guiding them in their adult and social lives⁽²⁰⁾. The family tie is a relationship marked by close and lasting identification between their members.

FINAL CONSIDERATIONS

In the present study, the women accepted motherhood and the responsibilities assigned

by society as something natural. The domestic sphere contemplated a predominantly female territory, where the decisions of husbands prevail and women's autonomy is reduced. Culture and religion were present to help women accept new pregnancies, but on the other hand contributed to the non-use of contraceptive methods, leading to multiparity. The shortcomings of health services and the difficulty of accessing them resulted in a high prevalence of unplanned pregnancies.

The findings of this study indicated significant gaps in the care given to women during pregnancy and the perinatal period, and more than that, pointed out how this assistance does not take into account the importance of the birth of a child for the strengthening and development of the family. It can also contribute to clarify the way people live, their values and family perceptions, facilitating the construction of appropriate health care.

However, the results may not be reproducible, even if there were some degree of reproducibility, since the subjectivity in the interpretation of the findings was based on personal characteristics of the researcher, which constitutes a bias in the study, and, thus, a limitation. Further research should be conducted to add new knowledge in the field of women's health.

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