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REVISTA DE ENFERMAGEM DA UFSM

UFSM
Rev. Enferm. UFSM - REUFSM
Santa Maria, RS, v. 10, e63, p. 1-25, 2020
DOI: 10.5902/2179769240818
ISSN 2179-7692

Original Article Submission: 11/01/2019 Acceptance: 05/15/2020 Publication: 22/07/2020

# "We are pregnant": care rituals developed by families during the gestational process*

"Nós estamos grávidos": rituais de cuidado desenvolvidos por famílias durante o processo gestacional

"Estamos embarazados": rituales de atención desarrollados por las familias durante el proceso gestacional

**Lisie Alende Prates[I], Natália da Silva Gomes[II], Carolina Heleonora Pilger[III], Ana Paula de Lima Escobal[IV], Jussara Mendes Lipinski[V], Lúcia Beatriz Ressel[VI]**

**Resumo: Objetivo:** conhecer os rituais de cuidado desenvolvidos pelas famílias durante o processo gestacional. **Método:** pesquisa etnográfica, desenvolvida entre abril e dezembro de 2016, com três famílias que vivenciavam o processo gestacional e profissionais de saúde que as acompanhavam, em um município da região central do estado do Rio Grande do Sul. Adotou-se o modelo de Observação-Participação-Reflexão, com entrevista complementar. A análise fundamentou-se na etnoenfermagem. **Resultados:** os rituais de cuidado estavam ligados à revelação da gestação, à alimentação, à utilização de homeopatia e chás, à reorganização familiar, à preparação do quarto do bebê, às vestimentas do bebê, ao chá de fraldas, às escolhas futuras da criança, ao apadrinhamento e ao registro da gestação. **Conclusão:** os rituais de cuidado constituem elementos culturais essenciais para o cuidado à saúde da família grávida. Eles integram os familiares, mantém e fortalecem a identidade e a cultura familiar e renovam os elementos que compõem a família.

**Descritores:** Saúde da mulher; Relações familiares; Comportamento ritualístico; Cultura; Enfermagem

**Abstract: Objective:** to understand the care rituals developed by families during the gestational process. **Method:** ethnographic research, carried out between April and December 2016, with three families who experienced the gestational process and health professionals that accompanied them, in a city in the central region of the state of

* Article extracted from the doctoral thesis "Care rituals developed by families in the gestational process: an ethnographic study", defended in the Postgraduate Program in Nursing at the Federal University of Santa Maria, 2017.

[I] Nurse, PhD in Nursing, Adjunct Professor at the Federal University of Pampa (UNIPAMPA), Uruguaiana, Rio Grande do Sul (RS), Brazil, email: lisieprates@unipampa.edu.br, orcid: http://orcid.org/0000-0002-5151-0292

II Acadêmica de Enfermagem. UNIPAMPA. Uruguaiana, RS, Brazil, email: nataliasilvag_@hotmail.com, orcid: http://orcid.org/0000-0002-6952-7172

III Acadêmica de Enfermagem. UNIPAMPA. Uruguaiana, RS, Brazil, email: carolinapilger@gmail.com, orcid: http://orcid.org/0000-0001-6844-962X

IV Nurse. PhD in Nursing. Adjunct Professor at the UNIPAMPA. Uruguaiana, RS, Brazil, email: anapaulaescobal@hotmail.com, orcid: http://orcid.org/0000-0002-2601-9098

V Nurse. PhD in Nursing. Associate Professor at the UNIPAMPA. Uruguaiana, RS, Brazil, email: jussaralipinski@gmail.com, orcid: http://orcid.org/0000-0002-3907-0722

VI Nurse. PhD in Nursing. Retired Professor at the Federal University of Santa Maria. Santa Maria, RS, Brazil, email: luciaressel@gmail.com, orcid: http://orcid.org/0000-0002-2836-1997

Rio Grande do Sul. The model adopted was the Observation-Participation-Reflection, with supplementary interview. The analysis was based on the ethnonursing. **Results:** the care rituals were related to the revelation of the pregnancy, nutrition, the use of homeopathy and teas, family reorganization, the preparation of the baby's room, the baby clothing, diaper shower, to the future choices of the child, godparents and the record of the pregnancy. **Conclusion:** care rituals constitute cultural elements essential for the health care of the pregnant family. They are part of the family, maintaining and strengthening the family identity and culture and renewing the elements that compose the family.
**Descriptors:** Women's health; Family relations; Ceremonial Behavior; Culture; Nursing

**Resumen: Objetivo:** comprender los rituales de cuidado desarrollados por las familias durante el proceso de gestación. **Método:** investigación etnográfica, llevada a cabo entre abril y diciembre de 2016, con tres familias que experimentaron el proceso gestacional y los profesionales de la salud que las acompañaron, en un municipio de la región central del estado de Rio Grande do Sul. Se adoptó el modelo Observación-Participación-Reflexión, con entrevista complementaria. El análisis se basó en la etnoenfermería. **Resultados:** los rituales de cuidado estaban relacionados con la revelación del embarazo, la nutrición, el uso de la homeopatía y tés, y a la reorganización de la familia, la preparación de la habitación del bebé, la ropa del bebé, fiesta de pañales, las opciones futuras del niño, apadrinamiento y el registro del embarazo. **Conclusión:** los rituales de cuidado constituyen elementos culturales esenciales para el cuidado de la salud de la familia embarazada. Ellos son parte de la familia, mantienen y refuerzan la identidad y la cultura de la familia y renuevan los elementos que componen la familia.
**Descriptores:** Salud de la mujer; Relaciones familiares; Conducta Ceremonial; Cultura; Enfermería

## Introduction

The gestational process can be marked by numerous repercussions in the biological, psychological, social, cultural and family areas. Despite representing a natural and physiological state, which creates physical changes in the female body, it also constitutes an event shared with the family and/or social group.[1]

Therefore, it is essential to understand the gestational process beyond the physical body, but as a family social phenomenon, since it represents a relevant event in its development cycle.[2] In this perspective, every family experiences, feels, and participates in the gestational process in accordance with the cultural context in which it is inserted.[1,3]

Culture means the system from which a group of individuals expresses their needs, values, traditions, beliefs and knowledge. The culture, in this study, is understood as a tangle of

interpretable symbols socially established, capable of directing the behavior, guiding and providing meaning to the practices and worldview of individuals.[4]

Thus, the gestational process can be influenced by the cultural context of families,[3] leading them to develop and perpetuate some rituals.[5] Rituals can be understood as acts or ceremonies whose purpose is to assist the individual to celebrate or solemnize the passage of a situation, phase or stage to another.[5] The rituals do not have explicit or direct implications, but they have the ability to express, renew and strengthen the traditions, values and basic principles of the group. They can be calendar-based, of social transition and misfortune. Among the rites of social transition are those related to the gestational process, which mark the transition of the pregnancy-puerperal cycle.[6]

During the gestational period, the family develops rites of social transition linked, mainly, to the care, aiming to protect the mother and the baby in development.[6] When performing these rituals, family members manage to reinterpret their social roles, provide support, aid and protection to the mother and baby, strengthen the affective bonds and organize the environment for the arrival of the new being.

Thus, this study is relevant as it brings the family's perspective of the process of pregnancy, anchored in the care rituals developed in this phase. This perspective is essential for the promotion of care culturally congruent with the needs of individuals, valuing and recognizing that the family and cultural context can influence the life styles, behaviors, concepts and care.

It is also important to highlight, as one of the justifications for the accomplishment; of this study, the fact that nursing has developed many researches under the cultural perspective, based on anthropology, especially in the area of women's health and using the hospital environment as the scenario for the present study, as signaled by a bibliographic review.[7] This

survey points to the need to expand the researches for objects of investigation still little explored, under the theoretical contributions of anthropology and nursing, as is the case of the care rituals.

It should be emphasized that the study is consistent with the proposals of the National Agenda for Health Research Priorities in Brazil, which encourages researches during the gestational period. Thus, the research question that guided this study, coming from a doctoral thesis,[8] was: what are the care rituals developed by the family in the gestational process? The aim, therefore, was to understand the care rituals developed by families in the gestational process.

## Method

Ethnographic study,[9] developed between April and December 2016, with three families from a medium-sized city in the inland of the state of Rio Grande do Sul, who experienced the gestational process. The access and the selection of the informants occurred from the insertion of the researcher in actions undertaken with a group of pregnant women who had no bond with any health service.

The general scenario of the study consisted in the group of pregnant women and represented the location where the informants were accessed. As for the homes of pregnant women and their families, and/or other locations that the informants judged necessary, they represented the focus scenarios. These were named this way because they were the places in which the care rituals were checked during data collection.

The information was collected from the observation of the informants, according to a model called observation-participation-reflection (OPR) and interview. The OPR model is divided into four phases: 1) observation; 2) observation with some participation; 3) participation with some observation; and 4) reflective observation.[9]

In the first phase, there was the entrance in the general scenario, using the observation and attentive listening to reports of families in the group of pregnant women, thereby establishing a first contact with the reporters. The researcher requested authorization of the nurses that organized the group to participate in the meetings and, from the interaction with families, the process of data production began. At the first meeting as a participant of the group, the nurses requested the researcher to introduce herself and explain the proposal of her study. From the presentation and informal conversations, the researcher approached some families, also using the contact through social networking (*Facebook*®). With these interactions, it was possible to carry out the invitation of families to participate in the study.

Five families refused to participate, alleging that they divided the household with other people, a factor that, according to the interviewees, could undermine the participation and/or development of the research. Two pregnant women committed to discuss the participation in the study with the relatives, but did not return. It is also important to mention that there was no refusal among the general informants.

In the end, three nuclear pregnant families were selected. Two were formed by the pregnant woman, the companion and a son; the other family was composed just of the pregnant woman and the companion. At the beginning of data production, the first family was with 38 weeks and four days; the second family, with 25 weeks and 5 days; and the third family, with 30 weeks and 3 days of gestation.

With this, the key informants included three pregnant women and their companions and the general informants were four nurses in the team of obstetric nurses and one obstetrician. The selection criteria involved families of women who participated in the group of pregnant women. It should be emphasized that all families were planning the home birth assisted by obstetric nurses. However, the desire for planned home birth was not a variable to select

families, being a characteristic that emerged during data collection and did not configure in criterion for inclusion or exclusion of new families. In time, it is important to highlight that, during data production, the general informants were only observed, but not interviewed.

In the second phase, after the invitation and acceptance by families, it was possible to join the focus scenarios and know the context and the family routine. In this phase, the observation began to be more focused and detailed. It should be emphasized that the key informants were observed during the pre-natal consultations, conducted both at the doctor's office as at home, since they planned the completion of home birth. The pregnant women attended medical consultations and, after the 30th week of pregnancy, in a complementary way, they began to be followed-up by obstetric nurses in the household. The observation of consultations was also agreed with the health professionals. There was also the observation of the baby shower and hospital care during the gestational process. In total, there were 94 hours of observation by a researcher, in addition to the hours of interviews, which ranged from one to two hours.

The researchers sought to observe the family relations, the care rituals and the families' structures during the gestational process. The field diary was used to record and organize notes of observation/interview; theoretical notes, which contemplated the researchers' interpretations, on the occasion of data production; and methodological notes, which included the observations relating to the data production and some reminders about topics that needed to be strengthened.

In the third phase, although the observation persistently maintained, there was a more active participation of the researcher. This phase allowed for a greater approximation between researcher and key informants and the achievement of the interview technique in households, focusing in the care rituals in their cultural contexts. Only the interviews were audio recorded

and, for the application of this technique, there was no use of a structured guide, once the questions emerged from the observations carried out that needed to be deepened or clarified. The interviews were carried out in the homes of the key informants.

In the last phase, there was the exit of the focus scenarios and routing to the care rituals observed during data collection, in order to recapitulate them with the informants and evaluate the findings. Therefore, this phase culminated in the analysis of the whole process and validation of results with the informants.

The analytical procedure, anchored in ethnonursing, considered, respectively: the collection, description and documentation of the raw data; the identification and categorization of descriptors and components; the contextual analysis; and the synthesis and interpretation of the data.[9] In the first step, the information obtained in the observation and interviews were recorded and transcribed into files in Microsoft Word®, aiming to identify the point of view of the informants (*emic* dimension), basing on the theoretical reference (*etic* dimension).[9] Subsequently, all findings were re-read, in order to identify the care rituals developed by the family in the gestational process. Also in this step, from the *emic* and *etic* dimensions, it was possible to verify the symbols and meanings associated with the care rituals. For this reason, the tools available in Word® were used, such as highlight colors for text and font, which contributed to the achievement of the second step, in which the dimensions were categorized. Regarding the *emic* dimensions, the context, the meanings and the similarities were considered in the occurrence of the care rituals. In the analysis and interpretation of these data, the dimension was used.

The third step involved the analysis of recurring cultural patterns, reflecting the standardized behaviors found in focus scenarios. From all the markings in the Word® archives and categorizations previously performed, it was possible to identify issues and behaviors that

are repeated among the informants or in the same family and, with this, check standardized behaviors in these contexts. In this context, the care rituals were being revealed, in the same way as the cultural aspects of these situations. In this step, the validation of results was also performed with key informants from the provision and reading of the material drawn up. With this, the aim was to guarantee that the findings obtained on the care rituals developed by families during the gestational process were interpreted from the context in which they are developed. In the last step, the relevant themes and the theoretical formulations of the study emerged. This step occurred from the abstraction of research results, considering all the other phases.

Furthermore, according to the recommendations of the ethnonursing method, the criteria of rigor of confirmability, recurring patterns, saturation, meaning-in-context and transferability were adopted.[9] The research project was approved by the Research Ethics Committee at the local university, under the CAAE 53928116.6.0000.5346, on April 18, 2016, fulfilling the ethical devices of Resolution n. 466/2012. The informants read and signed the Informed Consent Form. Their identity was preserved, using the acronym KI, followed by random numbering, for the key-informants; and GI, also accompanied by numbering, for general informants.

## Results

Concerning the families who experienced the gestational process and constituted the key informants, the couples were between 24 and 35 years of age; one of the children was one year and nine months and the other, six years and 10 months. Most informants had complete higher education, with the exception of one who had complete secondary education.

At data production, two families experienced the third trimester of pregnancy and the other was in the second trimester. The three families had private health insurance, performing prenatal

consultations with a doctor and from the 30th week of gestation, they started the follow-up with obstetric nurses. The pregnant women who had children had previously undergone cesarean sections.

The analytical process resulted in the identification of four cultural patterns: "Our family will be complete": the meanings of the gestational process; "We get more spoiled": the care with diet, physical exercise and health, "In the end, the family becomes pregnant": the experience of pregnancy in the family; and "There must be love": the family is preparing for the baby's arrival. From these cultural patterns, the theme of this article emerged: "Care rituals developed by families during the gestational process".

## "Our family will be complete": the meanings of the gestational process

The gestational process needs to be considered in the cultural context in which it develops, because it encompasses the symbols and meanings of each culture. Thus, the key-informants, when referring to the process of pregnancy, mentioned the cultural meanings attributed to the experience.

> *I was trying to get pregnant* [...] *it was awesome* [...] *we had planned a lot* [...] *it has been great* [...] *wow, it is a dream*. (KI1)

> [...] *it seems the family will be complete. We will fulfill this dream. Not only will a child be born, we will become complete*. (KI3)

Pregnant women exalted the gestational process as the full realization of the family and not as the mere birth of a child. The companions also revealed similar meanings. They glimmered as a dream accomplished by the family.

> *I have always wanted children* [...] *there is nothing I want more. It is an accomplishment as a father, as a full family, there is nothing more to imagine or ask. I am completely accomplished.* (KI4)

From these meanings, the gestational process was accompanied by rituals. These began with its discovery. From the confirmation, the women and the family developed rituals associated with its revelation.

> *I saw it* [the test result] *first, I sent a picture for* [companion] *on whats and then we told our family* [...] *there is a little video of* [son] *saying he was going to be the big brother.* (KI1)

> *I made only a surprise. I placed the test and wrote some words: "better than loving one child is loving two".* (KI3)

In addition, with the discovery of the gestational process, they seek prenatal care. In this context, there is the participation and involvement of the family group.

> *In the doctor's office, the obstetrician, the companion and the child get in* [...] *during the evaluation, the son indicates in advance the steps of the general and gynecological-obstetric examinations* [...] *the couple gets excited with the son's behavior; they seem to thrill with his participation in the whole process.* (Field diary. KI3, KI6 and GI5)

**"We get more spoiled": the care with diet, physical exercise and health**

The families expressed concern with the daily routine of the pregnant woman and with elements that could harm the maternal-fetal well-being. The eating habits and activities that require physical effort of pregnant women were visualized with greater emphasis.

> *I think the family is worried with the food, spoils me a bit more, is worried with what I can eat. They did not use to care for my eating.* (KI2)

Linked to the eating, digestive discomforts were identified, such as heartburn, which led to the development of care rituals. Other situations, common to other phases of life and that also demanded care rituals were mentioned.

> *In the prenatal consultation, the key-informant 4 observes certain malaise in key-informant 1. Without her saying anything or him questioning what the problem was, he walks up to the freezer, gets the ice pot, puts some ices in the glass, and gives it to her* [...] *Days later, she mentions she has heartburn and only gets better with ice. She says that the companion and the son know it and, when they realize she is not feeling well, they immediately get the ice*. (Field diary. KI1)

**"In the end, the family becomes pregnant": the experience of pregnancy in the family**

For some informants, the gestational process has exceeded the limits of the female body, extending also to the companion and the family itself. Therefore, before the gestational process, pregnant couples and/or families were unveiled.

> *I think that everything is about pregnancy. In the end, the family becomes pregnant, because everything is on me. –"Let's go there? Oh, but you will get tired". I think the family becomes pregnant as a whole*. (KI1)

> *In the group of pregnant women, the couples are seated side by side* [...] *since the introduction of the first couple, I see that, regardless of the woman or the man being the first to introduce oneself, all companions always use the same expression: "we are pregnant"*. (Field diary. Group of pregnant women with the families as research informants)

In contrast, a companion expressed difficulty in feeling as part of this process. He said that his paternity would only become real with the baby's birth.

> *I have been part of this since the beginning, but I still think that, for men, it is when the baby is born. When the baby is born, for the man, it is paternity. Before that, it is all too subjective for us* [...] *I think that the birth is for the father what the child really represents*. (KI4)

It was also possible to observe that the family ties were solidified. The union and greater approximation of the family and other people to the social support network of pregnant women were expressed by informants.

> *I think I have been trying a lot to be always by her side and trying to update on the things I think are important for when the baby is born. I think that* [the pregnant woman] *and I are closer* [...] *I also see my brother is closer to us, I think we are chatting more*. (KI5)

> *In a consultation with the obstetric nurses, the general informants 1 and 4 invited the companion and the child to join the natural ultrasound, which is a paint on the pregnant woman's belly, demonstrating the baby's intra-uterine position. Initially, the child observes the paint suspiciously, without understanding its meaning. Gradually, he starts to interact and participate in the painting. The companion also aids* [...] *it is possible to verify that the activity makes family closer, contributes to the child's understanding of the existence of a baby in the intra-uterine environment*. (Field diary. KI3, KI5, GI1 and GI4)

Finally, the importance of the paternal contribution was highlighted. The informants stressed the importance of the companions in understanding the process of pregnancy, collaborating in raising children and being part of consultations.

> *Key-informant 2 reads a lot about pregnancy* [...] *she stresses that, many times, she reads and search for information material on his own* [...] *she highlights that he participates in the prenatal consultations and tries to prepare by reading about the care and raising children*. (Field diary. KI2)

> *Key-informant 1 highlights the companion's participation through readings, in the consultations and meetings with the obstetric nurses.* (Field diary. KI1)

**"There must be love": the family is preparing for the baby's arrival**

The gestational process may represent a period impregnated by re-organizing procedures. Among the arrangements, those linked to the baby's bedroom prevailed. In this perspective, the families revealed the cultural meaning of this environment.

> *We moved him to the other room, and bought new stuff for his bedroom. Every arrangement we make is for the family, not specifically for her* [daughter]. (KI1)

> *The first son must have a bedroom, we have to paint it, it must have this, it must have that. We get worried with material things, there must be a cradle, a wardrobe. Today, we see that there must be love. So, we are not so worried with the material stuff of her bedroom.* (KI3)

For those couples who already had children, the material resources that comprised the bedroom were a background, since the priority was the participation of the family and the inclusion of the eldest son. There was a collective and family mobilization around the construction of this space. In addition to the bedroom, there were care rituals related to the baby's clothes. The care rituals demarcate the cultural meanings that the clothes had in the cultural context of each family.

> *As I have a large female network, I end up getting many things. That is how I think, passing things to others, because everything gets new. I kept few of his* [son] *clothes, also because we do not have space, but I kept the nicest ones, the heirlooms. There are also my clothes,* [son] *used some of my clothes* [...] *we are always keeping in the family, there are some clothes of my brother, who is almost 50 years.* (KI1)

> *I kept some of his* [son] stuff [...] *there are so many clothes to which I am attached* [...] *my first child used them, I want her to use them too.* (KI3)

Associated with the exchange of clothes between generations and those provided by family and friends, there was also the diaper shower. Each pregnant woman organized this ritual, relying on the support of other women in their support network.

> *It happened here, in the ballroom, quite simple. We invited our closest friends. Only women. My aunt made the candies, I ordered the snacks, she also made the hot dogs. We prepared the souvenirs at home. My sister and I made alfajor with Maria cookies, well homemade. I opened the gifts and was talking, guessing, but there was no painting play.* (KI3)

> *I decided to organize this blessing shower. It is one of the rituals women are doing* [...] *I really enjoy those conversation wheels, leaving notes,*

> *talking, belly painting. I t is a way of including people. Each person brings something, as we used to do back in the day, we have the gifts and, as I enjoy this exchange, I decided to do it, despite being out-fashioned, but I found it really cool* [...] *I think that is the essence, of exchanging, not a big party. It was very important for me.* (KI1)

> *I got the ideas for the baby shower from the internet, but the layout was all on me* [...] *I also thought of that sharing thing, of having something from the person. I prefer receiving something done by the person, a jelly pot, for example, than getting something bought.* (KI2)

In this phase of preparation for the baby's arrival, the families also went through a process of reflection about the values and principles to be passed to the child. The concern in relation to the child's education and choices were weighted by couples. Thus, in relation to the child's future choices, there stood out the guidance regarding religion and the choice of godparents, which constitute a care ritual developed even before the baby's birth.

> *We are not baptizing him. We will invite people we like to be the godparents, but we already mention that it is not going to be an actual baptism. We mention that the godparents are not only for gifts, they must be present, someone we can rely on, but it is not a ceremony.* (KI1)

> *Since we have no religion, we decided on home baptism.* (KI3)

> *While talking, key-informant 5 cites that, during childhood, certain religion was imposed to him. He realizes he had no autonomy to exercise his choices and, for this reason, he wants his daughter to have this possibility and to be respected.* (Field diary. KI5)

The last care ritual identified among the informants involved the woman's records of perceptions, experiences and feelings related to the gestational process. As a diary, the baby album allowed the documentation of the gestational process.

> *I got this album in the very beginning of pregnancy. I keep writing things down. The first "move". I put the first ultrasound.* (KI1)

> *I fulfill it to keep the memories so I can show* [baby]*, as if I was talking to her. I think it will be nice for her to see it, when she gets older*. (KI2)

Given the above, it is possible to consider that, for these informants, there are actions and behaviors supported in care rituals. These acts show what the most intimate, private and real aspects of these families and demonstrate the implication of cultural issues on the experience of the gestational process.

## Discussion

The meanings of the gestational process were socially and historically constructed by families, which are immersed in different cultural contexts. These meanings relate to the social value given to the gestational process, demonstrating that this is understood as a unique and transformative experience for the family group.[1]

The conceptions of the companions ratify the importance of health professionals, especially nurses, who develop prenatal care, overcoming the biologistic vision about the gestational process, extending the eye to the family, which can be designated as "pregnant family". The nurse needs to develop care actions that are not directed only to the biological manifestations,[7] Identifying the meanings and the repercussions of the gestational process in the family context and considering the perspective of all the members who compose its structure.[10]

It is fundamental to value the family, since it is responsible for providing support, protection, and guidance to pregnant women[11] and develops these functions by means of rituals.[5] In this context, it can be inferred that the pregnancy test inaugurates the gestational process, because, from it, the baby becomes, in fact, part of the family. However, despite presenting similar meanings, the ritual of revelation to the companion and/or the family can manifest differently in each family context.

I the gestational process of families, the revelation represents an act or ceremony that allows them to begin a new phase of the vital cycle, becoming a pregnant family. In the development of this rite, the values and worldview are interwoven, which guide the practices and attitudes of individuals and the group itself.[12]

During the gestational period, other rituals are being unveiled. Initially, there is a concern with the general condition of the pregnant woman, which reflects the concern of consuming the necessary nutrients for the growth and development of the fetus. With this, the eating practices are highlighted in family conversations and meetings, aiming, especially, to protect the baby's health.

Under this perspective, the eating is a phenomenon marked by symbologies, which demonstrate the characteristics of a group.[13] In this sense, a research developed in Ghana found that there are so many food prohibitions and beliefs directed to pregnant women, which are constantly emphasized by parents and family members,[14] assigning a certain maternal accountability for the care with the fetus.[11]

In contrast, in some cases, cultural norms, taboos and food beliefs can be considered basic causes of malnutrition. A study conducted in Nigeria found that pregnant women avoid certain foods, with fear of harming the development of the fetus or newborn, or prolong or complicate labor and delivery. Nevertheless, some of the foods avoided feature vital nutrients for a balanced diet. These findings emphasize the need to address myths and taboos during prenatal care.[15] Thus, it is important to consider the cultural aspects, which, many times, are not valued by health professionals.[7,13]

In this sense, the gestational process is tied to physiological changes, which can generate tolerable malaise and require simple care and problem-solving rituals, linked to the cultural context of each woman and family and directed to maternal-child protection.[16] For this reason,

the habits related to food and to the control of physical efforts tend to be issues of interest and concern for the family.[17-18]

Moreover, it was found that the fascination of the reactions of being pregnant, socialized with the couple, directs the experience of gestational process from the perspective of the pregnant family. This period is marked as a social event, which goes beyond the physical dimension, characterized by changes in the woman's body, and covers a phenomenon of sociocultural dimensions, which involve the family.[19] This finding reinforces the need for nurses to promote a care to the pregnant family that encompasses the economic, social, cultural and environmental aspects and not only biological issues.[7]

In addition, the transformation of family into pregnant family can be understood as a rite of passage, in which individuals change social status.[5] When the informants stated “we are pregnant”, the representativeness of the “us” stood out. In relation to the couple, “we” can contextualize the idea that the couple’s subjects join each other’s universe[20] and, as noted in the findings, within the recognition of the transitory condition of families, the care rituals develop.

On the other hand, as highlighted by one of the key informants, the fact of not physically feeling the presence of the baby growing in his body uncovers the difficulty of the companion to develop the idea of a pregnant family. Therefore, the period of transition to parenthood requires numerous adjustments and changes in the couple, under psychological, biological and social perspectives.[21]

From this perspective, it is noteworthy that, in other countries, the paternal experience and participation in the gestational period are also surrounded by cultural issues. In Indonesia, for example, the companion decides on the services of prenatal and delivery care that should be attended by pregnant women. He defines whether she can be followed-up by a health professional or a traditional healer.[22] As for many societies of Africa, men do not participate in

the gestational process of their companions, because there is a belief that if they "accompany" them in consultations and examinations, it means they are under their control. Therefore, they choose not to be involved in prenatal care.[23] In Brazil, the paternal participation is increasingly frequent in the gestational process, even though the female figures, such as the mothers of pregnant women, are still closer in this period.[1]

In this way, considering that this event requires the participation of the companion, which not only includes his company in consultations and ultrasounds, but also his emotional involvement. In this experience, the companions and other family members can strengthen their ties and create support networks, as they simultaneously provide a favorable environment to receive the new member of the family network.

Therefore, although, culturally, for some companions, there is still the understanding that the apex of the relationship can only be reached after the birth and development of the child, being necessary to invest in the construction of ties between both still in the gestational period.[10] Above all, stimulating that the inclusion is not centered only on the provision of financial and/or instrumental security for the family. It is vital to consider other possibilities of participation and greater inclusion of the companion in the gestational process and in bonding with the new being.[21]

The nurse needs to understand the sociocultural contexts that influence the beliefs and practices and, within possibilities, without disregarding cultural traditions and values,[22] include the companions, as well as the families, so that they can be the lead and not mere recipients of care actions.[24] For this reason, it is crucial to consider the different spaces that make up the care to the maternal-child health, in addition to the prenatal consultations, such as the household context. These aspects need to be considered by the nurse, enabling him/her to develop a care with an interface between the cultural aspects of the professional, popular and family system.[7]

In the sequence, issues related to the bedroom of the first son also constitute a rite of passage. In addition to being the son, now he is also a brother, adding a new identity. Under the theoretical perspective,[5] the construction of a second bedroom or restructuring of a space that already exists represent the material passage son to another identity.

For the primigravida family, the baby's bedroom was designed in detail. The colors of the room were considered in a broader perspective, embracing the conceptions of gender and reflecting certain aspects of raising daughter, without assigning her characteristics socially expected for a girl. However, generally speaking, the arrival of a baby is able to alter significantly the family composition. The adjustments that need to occur in a context, which, apparently, was balanced and organized can even generate anxiety.[10]

The family also demonstrates concern with the clothes. The comings and goings of objects between individuals originate a delimited group and create the continuity of the social bond between people.[5] In the logic of trades is the diaper shower. This ceremony symbolizes a care ritual, which approaches the social group.[5] Thus, each pregnant woman planned the diaper shower in a particular way, under their worldview pervaded by their culture and symbolic meaning attributed to the ritual.

The diaper shower, while care ritual, in addition to the trades, allows renewing and strengthening the relationship of belonging to a restricted group, which generally involves people connected to the pregnant family.[5] Furthermore, it represents a ritual of aggregation,[5] in which the baby still in development is integrated into the family context, incorporating it within this system of values, beliefs and traditions already in operation.

In the reports of the key informants, it was also possible to verify a perspective of valuing children's autonomy. More than providing affection and support, they highlight the importance of the family to protect and to respect freedom of expression and autonomy.[25] Such finding may

represent a ritual of disaggregation, in which the couple detaches from their previous roles of man and woman, and goes through a ritual of reconstitution, which adds new roles of father and mother. It is a period in which they rethink their values, expect and begin to act, but in a different way, considering the child's perspective. It is a new threshold that they need to cross.[5]

In the perspective of valuing the autonomy, some families mentioned the desire not to perform the ritual of baptism. However, they demonstrated the willingness to provide them godparents. The godparents represent, symbolically, a care ritual from parents to their children. It is, also, a ritual of union and care between the child and the godparents, whom they may assist raising.[5]

In addition, the families, in particular pregnant women, demonstrated the need to record the experience of the gestational process. To do this, they used "pregnancy albums". Observing the construction of these albums and events chosen to be recorded corroborates the idea that the gestational process represents a phase that is experienced differently in each family context and social group.[26] In this sense, it is a period marked by changes, but also permeated by values, knowledge, beliefs and care rituals.[20,26] These rituals are experienced by the whole family group, and not just by women, thus demonstrating the importance of including family members in actions that encompass the gestational period, and valuing the care rituals that permeate the gestational process of each family. From this recognition and appreciation, the nurse can acquire knowledge and skills to develop a culturally sensitive care.[22]

Finally, it is worth mentioning that a limiting factor of the study is not considering the narratives of general informants, that is, of obstetric nurses and the obstetrician, privileged, since, during the data production, they were only observed, but not interviewed. Nevertheless, there is the possibility of new investigations including these individuals, broadening the perspective on the care rituals developed in the gestational process.

Thus, this study is expected to lead to new visions, considering other cultural dimensions still little valued or considered by health professionals.[7] Furthermore, it is important to highlight the interface between the theoretical supports of cultural anthropology and nursing permitted in this survey, which was possible from the use of ethnonursing as a method of data production. This association is fundamental for the construction of forms of care culturally specific to each individual, group or family.

## Conclusion

The care rituals developed by the family involve the revelation of the gestational process for the companion and for the family, the diet care, use of simple resources in the promotion, prevention and treatment of certain physical discomforts, the reorganization of the home environment and the families themselves for the baby's arrival, the experience and the participation of the family, shared readings, purchase and exchanges of child items, the diaper or blessing shower, the choice of the godparents and the record of aspects related to the gestational process on the baby's album.

In addition, these care rituals indicate the gestational process as an event planned and desired by families, exalted as the realization of a dream, and the full accomplishment of the family. It is also a period marked by the involvement and participation of the family and, especially, the companion in prenatal care, as well as in all the care rituals related to maternal-child well-being.

Therefore, the results of this study may be considered to have important implications for the praxis of nurses in the care with women and their families, because it allows knowing the care rituals developed by the family and perceiving them as subsidies for the construction of a nursing care differentiated and culturally congruent with the needs of the pregnant family. In education, the knowledge produced by this study is expected to stimulate the appreciation of

cultural characteristics and peculiarities of each family context, contributing to the qualification of care.

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**Funding/Acknowledgment:** This work was developed with the support from the Coordination for Higher Level Personnel Improvement– Brazil (CAPES) - Funding Corse 001. Doctoral scholarship granted to Lisie Alende Prates.

## Corresponding author
Lisie Alende Prates
E-mail: lisiealende@hotmail.com
Endereço: Dr. Maia, 2160 apto 320 Uruguaiana/RS
CEP: 97501-768

## Authorship Contributions

**1 – Lisie Alende Prates**
Conception or design of the study/research; data analysis and interpretation, final review with critical and intellectual participation in the manuscript.

**2 – Natália da Silva Gomes**
Data analysis and interpretation.

**3 – Carolina Heleonora Pilger**
Final review with critical and intellectual participation in the manuscript.

**4 – Ana Paula de Lima Escobal**
Data analysis and interpretation, final review with critical and intellectual participation in the manuscript.

**5 – Jussara Mendes Lipinski**

Data analysis and interpretation, final review with critical and intellectual participation in the manuscript.

**6 – Lúcia Beatriz Ressel**
Conception or design of the study/research; data analysis and interpretation, final review with critical and intellectual participation in the manuscript.

## How to cite this article

Prates AP, Gomes SG, Pilger CH, Escobal APL, Lipinsk JM, Ressel LB. "We are pregnant": care rituals by families during the gestational process. Rev. Enferm. UFSM. 2020 [Cited: Year Month Day]; vol.10 e63: 1-25. DOI:https://doi.org/10.5902/2179769240818